



### MS4 Annual Report Cover Page

MCC form for period ending March 9, 

2	0	1	8
---	---	---	---

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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





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

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID  
N Y R 2 0 A 0 0 7

**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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County



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

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID  

N	Y	R	2	0	A	0	0	7
---	---	---	---	---	---	---	---	---

**Section 3 - Partner Information**

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  Yes  No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

eMail

Phone

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  Yes  No

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

- MM1
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

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

MCC form for period ending March 9, 2 0 1 8

Name of MS4

SPDES ID  
N Y R 2 0 A 0 0 7

**Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name  MI  Last Name

Title (Clearly print title of individual signing report)

Signature  


Date  /  /

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator  
Division of Water  
4th Floor  
625 Broadway  
Albany, New York 12233-3505





### MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition 

T	o	w	n	o	f	Y	o	r	k	t	o	w	n
---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID  

N	Y	R	2	0	A	0	0	7
---	---	---	---	---	---	---	---	---

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

- |  |                     |  |   |   |   |   |   |
|--|---------------------|--|---|---|---|---|---|
| <input type="radio"/> Construction Site Operators Trained    | # Trained           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Direct Mailings             | # Mailings          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td>2</td></tr></table> |   |   |   |   | 2 |
|  |                     |  |   | 2 |   |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays    | # Locations         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td></tr></table> |   |   |   |   | 1 |
|  |                     |  |   | 1 |   |   |   |
| <input type="radio"/> List-Serves                            | # In List           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input type="radio"/> Mailing List                           | # In List           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input type="radio"/> Newspaper Ads or Articles              | # Days Run          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Public Events/Presentations | # Attendees         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td>6</td><td>2</td><td>2</td><td> </td></tr></table> |   | 6 | 2 | 2 |   |
|  | 6                   | 2  | 2 |   |   |   |   |
| <input type="radio"/> School Program                         | # Attendees         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> TV Spot/Program             | # Days Run          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td>3</td><td>6</td><td>5</td><td> </td></tr></table> |   | 3 | 6 | 5 |   |
|  | 3                   | 6  | 5 |   |   |   |   |
| <input checked="" type="radio"/> Printed Materials:          | Total # Distributed | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |

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

T	o	w	n	H	a	l	l												
L	i	b	r	a	r	y													

Other:

N	o	L	i	t	t	e	r	i	n	g	S	i	g	n	s				
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

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

URL

w	w	.	y	o	r	k	t	o	w	n	n	y	.	o	r	g	/	e	n	g	i	n	e	e	r	i	n	g	a	n	
d	s	e	w	e	r	/	s	t	o	r	m	w	a	t	e	r															

URL

w	w	.	y	o	r	k	t	o	w	n	n	y	.	o	r	g	/	e	n	g	i	n	e	e	r	i	n	g	a	n		
d	s	e	w	e	r	/	f	a	q	s	-	s	t	o	r	m	w	a	t	e	r											

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2018

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 A 0 0 7

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

URL

www.yorktownny.org/engineeringandsewer/fertilizer-notice

URL

www.yorktownny.org/engineeringandsewer/bio-baggies-pet-waste

URL

www.yorktownny.org/engineeringandsewer/rain-gardens

URL

www.yorktownny.org/engineeringandsewer/stormwater-posters

URL

www.yorktownny.org/engineeringandsewer/rain-barrels

URL

www.yorktownny.org/engineeringandsewer/stormwater-education-outrreach

URL

www.yorktownny.org/engineeringandsewer/only-rain-down-drain

**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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 Yorktown

SPDES ID

N	Y	R	2	0	A	0	0	7
---	---	---	---	---	---	---	---	---

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

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

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

The Town's Public Education and Outreach program will be tailored to describe topics related to the impacts of storm water discharges on local water bodies, pollutants of concern and their sources, and the steps that can be taken to reduce pollutant in storm water runoff and non-storm water discharges. The Town's program will make special note of the discharge of phosphorus in the East of Hudson watershed.

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

The Town has chosen to evaluate the number of direct mailings distributed as an indicator for measuring the overall effectiveness of the Town's compliance with the Public Education and Outreach program requirements. The Town continues to meet its compliance goal by distributing two direct mailings in this reporting period.

**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).**

The Town plans to continue evaluating the number of direct mailings distributed as an indicator for measuring the overall effectiveness of the Town's compliance with the Public Education and Outreach program requirements in the next reporting cycle. The Town plans to continue distributing information throughout the next reporting period.



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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	A	0	0	7
---	---	---	---	---	---	---	---	---

2. URL(s) con't.:

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

URL

w	w	.	y	o	r	k	t	o	w	n	n	y	.	o	r	g	/	e	n	g	i	n	e	e	r	i	n	g	a	n	
d	s	e	w	e	r	/	s	t	o	r	m	w	a	t	e	r	-	r	e	p	o	r	t	s							

URL


URL


URL


URL


URL


URL








**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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 Yorktown
------------------

SPDES ID  

N	Y	R	2	0	A	0	0	7
---	---	---	---	---	---	---	---	---

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

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

0	5
---	---

 / 

1	5
---	---

 / 

2	0	1	8
---	---	---	---

**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 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
---	---

 / 

--	--

 / 

2	0	1	7
---	---	---	---

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, 

2	0	1	8
---	---	---	---

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 Yorktown
------------------

SPDES ID  

N	Y	R	2	0	A	0	0	7
---	---	---	---	---	---	---	---	---

**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.**

The Town's Public Involvement and Participation program will incorporate stewardship activities that help to reduce pollutants of concern (e.g., phosphorus in the East of Hudson watershed) and encourage the general public, residents, employees and businesses to become involved in storm water management and environmental stewardship events.

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

The Town has chosen to evaluate the number of cleanup events as an indicator for measuring the overall effectiveness of the Town's compliance with the Public Involvement and Participation program requirements. The Town held two cleanup events in this reporting period.

**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).**

The Town plans to continue evaluating the number of cleanup events as an indicator for measuring the overall effectiveness of the Town's compliance with the Public Involvement and Participation program requirements in the next reporting cycle.







**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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 Yorktown
------------------

SPDES ID  

N	Y	R	2	0	A	0	0	7
---	---	---	---	---	---	---	---	---

**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 (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.**

The Town Illicit Discharge Detection and Elimination program will focus on identifying, locating, eliminating, reducing and preventing illicit discharges to the maximum extent practicable, including the discharge of phosphorus to the East of Hudson watershed.

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

The Town has chosen to evaluate the number of illicit discharges confirmed as an indicator for measuring the overall effectiveness of the Town's compliance with the IDDE program requirements. There were no illicit discharges detected during this reporting period.

**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).**

The Town will continue following the procedures for IDDE described in the CWP/USEPA Illicit Discharge Detection and Elimination: A Guidance Manual for Program Development and Technical Assistance. Illicit discharges will be investigated and eliminated according to the authority provided by the Town Illicit Discharges, Activities and Connections local law on a case-by-case basis.

**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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 Yorktown
------------------

SPDES ID  

N	Y	R	2	0	A	0	0	7
---	---	---	---	---	---	---	---	---

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

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

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

How many MS4s contributed to this report? 

--	--	--

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

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

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

09/2004  03/2006  NT

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

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

		8
--	--	---

**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

		0
--	--	---

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

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

- Notices of Violation # 

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

 No Authority
- Stop Work Orders # 

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

 No Authority
- Criminal Actions # 

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

 No Authority
- Termination of Contracts # 

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

 No Authority
- Administrative Fines # 

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

 No Authority
- Civil Penalties # 

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

 No Authority
- Administrative Orders # 

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

 No Authority
- Enforcement Actions or Sanctions # 

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

 No Authority
- Other # 

				5	
--	--	--	--	---	--

 No Authority

**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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 Yorktown
------------------

SPDES ID  

N	Y	R	2	0	A	0	0	7
---	---	---	---	---	---	---	---	---

**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? 

		8
--	--	---

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

		5
--	--	---

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

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

 %

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

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

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

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



**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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 Yorktown

SPDES ID

N	Y	R	2	0	A	0	0	7
---	---	---	---	---	---	---	---	---

**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.**

The Town's Construction Site Storm Water Runoff Control program will provide equivalent protection to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activity. This includes reviewing SWPPPs submitted to the Town for projects disturbing an acre or greater of land. The Town program will take note of any potential discharges of phosphorus to the East of Hudson watershed through the SWPPP review and approval process.

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

The Town has chosen to evaluate the percentage of regulated (i.e., land disturbance of an acre or greater) construction sites inspected for storm water controls as an indicator for measuring the overall effectiveness of the Town's compliance with the Construction Site Storm Water Runoff Control program requirements. The Town inspected 100% of active construction sites in this reporting period.

**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).**

The Town plans to continue evaluating the percentage of regulated construction sites inspected as an indicator for measuring the overall effectiveness of the Town's compliance with the Construction Site Storm Water Runoff Control program requirements in the next reporting cycle. The Town will continue inspecting regulated construction sites for storm water controls.



**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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 Yorktown
------------------

SPDES ID  

N	Y	R	2	0	A	0	0	7
---	---	---	---	---	---	---	---	---

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? 

		2
--	--	---

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

	1	0
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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 Yorktown
------------------

SPDES ID  

N	Y	R	2	0	A	0	0	7
---	---	---	---	---	---	---	---	---

**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.**

The Town Post-Construction Storm Water Management program will address storm water runoff from regulated (i.e., land disturbances of an acre or greater) new development and redevelopment projects to the Town's MS4. The Town recommends and encourages the use of storm water retrofits in new development and redevelopment projects. The Town is an active member of the East of Hudson Watershed Corporation, which has helped with new retrofit installation.

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

The Town has chosen to evaluate the number of post-construction storm water BMPs inventoried as an indicator for measuring the overall effectiveness of the Town's compliance with the Post-Construction Storm Water Management program requirements. 111 BMPs have been inventoried.

**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).**

The Town plans to continue evaluating the number of post-construction storm water BMPs inventoried as an indicator for measuring the overall effectiveness of the Town's compliance with the Post-Construction Storm Water Management program requirements in the next reporting cycle. The Town will also continue working with the East of Hudson Watershed Corporation to reach phosphorus reduction requirements.

**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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 Yorktown
------------------

SPDES ID  

N	Y	R	2	0	A	0	0	7
---	---	---	---	---	---	---	---	---

**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 checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other.....	<input type="radio"/> Yes <input 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	8
---	---	---	---

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 Yorktown

SPDES ID

N	Y	R	2	0	A	0	0	7
---	---	---	---	---	---	---	---	---

**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 

		1	8	7
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

	1	1	3	2
--	---	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

		1	1	1
--	--	---	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

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

				1
--	--	--	--	---
- Pesticide/Herbicide Applied # Acres 

			4	5
--	--	--	---	---

  
(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	3	/	2	8	/	2	0	1	7
---	---	---	---	---	---	---	---	---	---

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

		2
--	--	---

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

	7	0	%
--	---	---	---

**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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 Yorktown
------------------

SPDES ID

N	Y	R	2	0	A	0	0	7
---	---	---	---	---	---	---	---	---

**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.**

The Town Pollution Prevention and Good Housekeeping for Municipal Operations program will address operations that collect, store or release nutrients, sediments, wastes or other potential pollutants of concern (e.g., discharges of phosphorus to the East of Hudson watershed).

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

The Town has chosen to evaluate the number of catch basins inspected annually as an indicator for measuring the overall effectiveness of the Town's compliance with the Pollution Prevention and Good Housekeeping for Municipal Operations program requirements. The Town inspected and cleaned when necessary 1,132 catch basins during this reporting period.

**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).**

The Town plans to continue the ongoing catch basin inspection and cleaning schedule during the next reporting cycle. The Town will continue to follow the BMPs outlined in the NYSDEC Municipal Pollution Prevention and Good Housekeeping Assistance Document as applicable.

**Progress Report for Part IX.A**

Permit #  Watershed Name   
 MS4 Name  Reporting Period Ending   
 (mm/dd/yyyy)

**Watershed Improvement Strategy**

Describe the strategy to reduce the discharge of phosphorous to this waterbody. Include new sources that may have been identified and any modifications to the strategy to better address new sources.

The Town has included phosphorous-specific source control BMPs in their SWMP. The Town has also collaborated with the East of Hudson Watershed Corporation (EOHWC) to administer, coordinate and implement the EOH regional storm water retrofit plans, which are designed to attain the phosphorus removal requirements.

**Public Education & Outreach**

1. Description of the education program

The Town's Public Education and Outreach program incorporates topics related to the sources, impacts and reduction of phosphorus. Educational brochures and informational sheets are distributed in print, available online through web links, and are distributed at public events. Community, board and stakeholder meetings as well as cable TV spots, discuss storm water.

2. Who is the target audience and what is the message delivered to each target audience?

Target audiences are the general public (e.g., public employees, residents, businesses). The message is that phosphorous in storm water can impact health and the local economy. A number of easily adopted source control practices are also suggested.

3. Identify how many educational materials have been developed and distributed \_\_\_\_\_ 1

4. Identify how many educational materials have been developed and distributed that focus on:

a. understanding the Phosphorous issues \_\_\_\_\_ 0

b. Septic systems as a source of Phosphorus \_\_\_\_\_ 0  
 Non-Traditional MS4

c. Phosphorous concerns with fertilizer use \_\_\_\_\_ 0

d. Phosphorous concerns with grass clippings and leaves entering the MS4 \_\_\_\_\_ 0

e. Construction sites as a source of Phosphorus \_\_\_\_\_ 0

f. Phosphorous concerns with detergent use \_\_\_\_\_ 0

PERMIT # NYR20A007

5. Education plan and goals for the next 6 months

The Town plans to continue implementing the established public education and outreach program requirements in the next 6 months.

**Illicit Discharge Detection and Elimination**

Non-Traditional MS4 (Skip Question 6-6e)

6. Number of On-Site Wastewater Treatment Systems (OWTS) with a design capacity of less than 1000 gpd that are located in sewersheds that drain to the listed waterbody 7 5 0 0

a. Number of OWTS inspected in this reporting 2 5 0 0

b. Number of OWTS in need of maintenance or rehabilitation 0

c. Number of OWTS where maintenance or rehabilitation has been performed in this reporting period. 0

d. State the plan for OWTS that have not been addressed in 6c this reporting period

The County issues remedy orders to all owners who have not had their septic systems inspected and maintained as required. Violations are issued if a property owner remains non-compliant.

e Describe the OWTS inspection program: Who is responsible for performing OWTS inspections? (eg:Septage Haulers, DOH, engineer, consultant); What methods are used? Are there trends in systems that need maintenance vs systems that need rehabilitation?

Septage haulers are required to be licensed by Westchester County. The haulers perform and report to the County the results of the inspections. The County has developed a database that provides information on property owners that have or have not had their septic systems inspected during the last three year period. The County is responsible for enforcement to ensure compliance.

7. Number of Illicit Discharges detected within sewershed of listed waterbody in this 0 reporting period.

a. Number reported in 7 that have been eliminated \_\_\_\_\_

b. List of Illicit Discharge locations that have not been eliminated in this reporting period and the target date for elimination

Location	Target Date (mmddyyyy)
<input style="width: 400px; height: 15px;" type="text"/>	___/___/_____
<input style="width: 400px; height: 15px;" type="text"/>	___/___/_____
<input style="width: 400px; height: 15px;" type="text"/>	___/___/_____
<input style="width: 400px; height: 15px;" type="text"/>	___/___/_____

PERMIT # NYR20A007

Location

Five empty rectangular boxes for location information.

Target Date (mmddyyyy)

Five sets of date entry fields (mm/dd/yyyy) for target dates.

**Construction Site Stormwater Runoff Control**

Non-Traditional MS4 (Skip Question 8)

- 8. Number of SWPPPs reviewed and approved during this reporting period 3
9. Number of active construction sites within sewersheds of impaired waterbody during this reporting period: 25
a. Number of sites reported in 9 that are between 5000 sqft and 1 acre 5
b. Number of sites inspected in this reporting period 25
c. Number of sites in need of corrective action 5
d. Number of sites where corrective action was completed in this reporting period 2
e. Discuss inspections. Discuss trends that may have been observed in this reporting period. State reasoning for not inspecting all active construction sites. (if applicable)

Inspections of active construction sites are ongoing and will result in remedy orders in order to ensure compliance with the approved SWPPP. Erosion controls often require additional measures due to heavy rain events and if work continues during the winter months and vegetated stabilization is not feasible.

10. Construction Site Stormwater Runoff Control plan and goals for the next 6 months

The Town plans to continue implementing the established Construction Site Storm Water Runoff Control program in the next 6 months.

**Post Construction Stormwater Management**

- 11. Number of Stormwater Management Practices (SMPs) located in sewersheds that drain to the listed waterbody 7
a. Number reported in 11 that have been inspected in this reporting period 2
b. Number of SMPs in need of maintenance or rehabilitation 2
c. Number of SMPs where maintenance or rehabilitation has been performed in this reporting period. 7
d. Number of SMPs where phosphorous pollutant problems have been identified. 0
e. Number reported in 11d where the pollutant problem has been addressed. 0
f. Who is responsible for performing SMP inspections?

Highway Superintendent and Engineering

PERMIT # NYR20A007

- g. Is the criteria in Ch 5, 6, and 10 of the NYS Stormwater Management Design Manual being applied? (If no, please describe deviations) Y  N

- h. State procedures to identify sites with post construction controls that are not functioning as designed (ie, rill erosion, pollutant bypass)?

Inspections followed by maintenance by Highway Department.

12. Describe the retrofit program. Include the funding sources and design description of retrofits. Identify all retrofits that have been constructed and maintained during this reporting period.

Retrofits are constructed through an IMA with the East of Hudson Watershed Corporation. Funding is provided by NYCDEP. No new retrofits were constructed in this 6-month reporting period; and seven retrofits needed to be maintained.

13. Post-Construction Stormwater Management plan and goals for the next 6 months

The Town will continue to partner with the East of Hudson Watershed Corporation and will work to achieve phosphorus compliance using regional storm water retrofits. The Town is currently working with the EOH on the design of a pocket wetland with forebay.

**Municipal Operations Pollution Prevention/Good Housekeeping**

- Non-Traditional MS4 (Skip Question 14)

14. Number of catch basin and manhole sumps within sewersheds discharging to listed waterbody 5 1 0 0  
 a. Number reported in 14 that have been inspected in this reporting period 1 1 3 2  
 b. Number reported in 14a cleaned in this reporting period 6 1 1
15. Number of conveyance system outfalls within sewersheds discharging to listed waterbody 1 0 0  
 a. Number reported in 15 that have been inspected in this reporting period. 4 7  
 b. Number reported in 15a maintained in this reporting period. 0  
 c. Number reported in 15a repaired in this reporting period. 0
16. Amount by weight in pounds of turf fertilizer containing phosphorous that was applied on municipally owned lands in this reporting period. 0

17. Describe turf management practices implemented during this reporting period. Include strategies implemented to introduce native plants to reduce fertilization and mowing

Town has introduced grass cycling and also maintains a leaf composting program. Building projects are directed to minimize site disturbance. Due to many winter storms knocking down trees this year, the Town allowed residents and landscapers to drop off downed trees at the compost facility

