### **MS4 Annual Report Cover Page**

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

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.

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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)

Na	me c	of Si	ngle	e En	tity												

#### 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.

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Cover Page 1 of 2



### **MS4 Annual Report Cover Page**

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

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

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### MS4 Municipal Compliance Certification(MCC) Form

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

	 SPDI	$\Xi S$ ]	ID						
Name of MS4 Town of Yorktown	N .	Y	R	2	0	А	0	0	7

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)
- O A Joint Report

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

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

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

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Name of MS4	Town of Yorktown	N	Y	R	2	0	A	0	0	7

#### **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
- O Duly Authorized Representative
- Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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

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

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Name of MS4 Town of Yorktown	N	Y	R	2	0	A	0	0	7

#### **Section 2 - Contact Information**

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- 5. Report Preparer (Consultants may provide company name in the space provided).

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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:

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

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

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

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Name of MS4 To	wn of Yorktown	N	Y	R	2	0	А	0	0	7

#### **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:

- O Principal Executive Officer/Chief Elected Official
- O 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 2 0

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Submit a separate sheet for each partner. Information provided in other formats will n accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of 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		nortin	ισ
Submit a separate sheet for each partner. Information provided in other formats will n accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.    Annual Coalition Name	o ies		) N
accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of coalition. It is not necessary to include a separate sheet for each MS4 in 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.    A			
coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. Tho, proceed to Section 4 - Certification Statement.  artner/CoalitionName			
No, proceed to Section 4 - Certification Statement.			
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ddress         1 4 8 M a r t i n e A v e n u e , R o o m 4 3 2         ity       State Zip         N h i t e P 1 a i n s       N Y 1 0 6 0 1 -         Mail       N Y 2 1 0 6 0 1 -         A s k 2 @ w e s t c h e s t e r g o v . c o m       Legally Binding Agreement in account GP-0-08-002 Part IV.G.?         What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or MM1 M u 1 t i p 1 e T a s k s         MM2 H o u s e h o 1 d M a t e r i a 1 R e c o v e r         MM3 G I S M a p p i n g         MM4         MM6	D - If a	pplica	able
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Mail d s k 2 @ w e s t c h e s t e r g o v . c o m  Legally Binding Agreement in account with GP-0-08-002 Part IV.G.?  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or M MM1 M u 1 t i p 1 e T a s k s  MM2 H o u s e h o 1 d M a t e r i a 1 R e c o v e r  MM3 G I S M a p p i n g  MM4  MM6			
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Legally Binding Agreement in account with GP-0-08-002 Part IV.G.?  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or MOMM1 Multiple Tasks  MM2 Household Material Recover		$\top$	
Legally Binding Agreement in account GP-0-08-002 Part IV.G.?  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or MOMM1 Multiple Tasks  MM2 Household Material Recover			
What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or M MM1 M u l t i p l e T a s k s	ordance ○ Yes		N
MM1       M u l t i p l e T a s k s         MM2       H o u s e h o l d M a t e r i a l R e c o v e r         MM3       G I S M a p p i n g         MM4       I S MM6			
MM2 Household Material Recover  MM3 GIS Mapping  MM4  MM5  MM6	lultiple	e I as	SKS
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Additional tasks/responsibilities		$\top$	
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Watershed Improvement Strategy Best Management Practices required for MS4s in i	imnoir	red	
watershed included in GP-0-08-002 Part IX.	ппрап	cu	

### MS4 Municipal Compliance Certification (MCC) Form

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

SPDES ID

	7
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  • Yes	g 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/CoalitionName  E a s t o f H u d s o n W a t e r s h e d	
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eMail	
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Phone Legally Binding Agreement in accordance	
	No
What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tas	ks)?
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O MM2	
O MM3	
O MM4	
O MM4	
<ul> <li>○ MM4</li> <li>○ MM5</li> <li>○ MM6</li> </ul>	
O MM4 O MM5 O MM6 Additional tasks/responsibilities	
<ul> <li>○ MM4</li> <li>○ MM5</li> <li>○ MM6</li> </ul>	

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

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

	SPL	DES	ID						
Name of MS4 Town of Yorktown	N	Y	R	2	0	А	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
Matthew	J	S l a t e r
Title (Clearly print title of individual signing report)		
T o w n S u p e r v i s o r		
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

MCC Page 4



### **MS4 Annual Report Form**

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

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### **MS4 Annual Report Form**

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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 Yorktown	SPDES ID           N         Y         R         2         0         A         0         0         7
Minimum Control Measure 1. Public Edu	ucation and Outreach
The information in this section is being reported (check one):  On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?	
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach du	aring this reporting period:
• Construction Sites	Pesticide and Fertilizer Application
● General Stormwater Management Information	Pet Waste Management
<ul> <li>Household Hazardous Waste Disposal</li> </ul>	Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	● Trash Management
○ Smart Growth	• Vehicle Washing
Storm Drain Marking	<ul><li>Water Conservation</li></ul>
• Green Infrastructure/Better Site Design/Low Impact Development	• Wetland Protection
• Other:	○ None
W i n t e r         d e i c i n g , p h o s p           Other	h o r u s e d u .
2. Specific audiences targeted during this reporting period:	
● Public Employees ● Contractors	
<ul><li>Residential</li><li>Developers</li></ul>	
● Businesses ● General Public	
○ Restaurants ○ Industries	
Other: Agricultural	
Other	

MCM 1 Page 1 of 4

### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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 Yorktown  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:  Construction Site Operators Trained #Trained
this reporting period? Check all that apply:  Construction Site Operators Trained #Trained # Trained # Mailings 3  Kiosks or Other Displays # Locations 1  List-Serves # In List # In List # In List    Newspaper Ads or Articles # Days Run    Public Events/Presentations # Attendees 9 5 7  School Program # Attendees
<ul> <li>Direct Mailings</li> <li>Kiosks or Other Displays</li> <li>List-Serves</li> <li>Mailing List</li> <li>Newspaper Ads or Articles</li> <li>Public Events/Presentations</li> <li>School Program</li> <li># Mailings</li> <li># Locations</li> <li># In List</li> <li># Days Run</li> <li># Attendees</li> <li>9 5 7</li> <li>\$ School Program</li> </ul>
● Kiosks or Other Displays # Locations 1   ○ List-Serves # In List     ○ Mailing List # In List     ○ Newspaper Ads or Articles # Days Run     ● Public Events/Presentations # Attendees 9 5 7   ○ School Program # Attendees
<ul> <li>○ List-Serves</li> <li>∅ Mailing List</li> <li>७ Newspaper Ads or Articles</li> <li>๗ Public Events/Presentations</li> <li>๗ School Program</li> <li># Attendees</li> <li># Attendees</li> <li>∰ The List</li> <li>∰ Days Run</li> <li>∰ Attendees</li> <li>∰ Attendees</li> <li>∰ Attendees</li> </ul>
<ul> <li>○ Mailing List</li> <li>○ Newspaper Ads or Articles</li> <li>● Public Events/Presentations</li> <li>○ School Program</li> <li># Attendees</li> <li># Attendees</li> <li># Attendees</li> </ul>
<ul> <li>○ Newspaper Ads or Articles</li> <li>● Public Events/Presentations</li> <li>○ School Program</li> <li># Attendees</li> <li># Attendees</li> <li># Attendees</li> </ul>
<ul> <li>Public Events/Presentations</li> <li>School Program</li> <li># Attendees</li> <li># Attendees</li> </ul>
O School Program # Attendees
● TV Spot/Program # Days Run   3   6   5
Printed Materials:  Total # Distributed
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
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### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

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#### **MS4 Annual Report Form**

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

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 Yorktown	N	Y	R	2	0	А	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 stormwater discharges on local water bodies, pollutants of concern and their sources, and the steps that can be taken to reduce pollutants in stormwater runoff and non-stormwater discharges the Town's program will make special note of the discharge of phosphorous 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 three direct mailings in this reporting period.

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



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,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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 Yorktown					N	Y	R	2	0	A	0	0	7
Minimum Control Measure 2. Pu	ıblic In	<u>V0</u>	lve	men	t/P	ar	tic!	ipa	<u>ıtic</u>	<u>)n</u>			
The information in this section is being reported (check on	ne):												
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report</li> </ul>	art?												
from many 19134s contributed to this repo	1111												
1. What opportunities were provided for public padevelopment, evaluation and improvement of the (SWMP) Plan during this reporting period? Cl	he Storn	nw	ateı	· Ma	nag			-		ran	1		
• Cleanup Events						# E	ven	ts					4
Comments on SWMP Received					# C	omr	nen	ts					0
Community Hotlines	Phone #	(	9	1 4	)	9	6	2	-	5	7	2	2
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Community Meetings					# 1	Atte	nde	es			9	5	7
○ Plantings						S	sq. F	≀t.					
O Storm Drain Markings						# D	rair	1S					
O Stakeholder Meetings					# 1	Atte	nde	es					
O Volunteer Monitoring						# E	ven	ts					
Other: A r b o r D a y S a p l i	i n g	s											
2. Was public notice of availability of this annual Program (SWMP) Plan provided?	report a	ınd	Sto	ormv	vate	er N	<b>1</b> ar	ıag	•	ent Ye		0	No
O List-Serve						# I1	n Li	st					
O Newspaper Advertising					# ]	Days	s Ru	ın					
○ TV/Radio Notices					# ]	Days	s Ru	ın					
● Other: Posted in Town	На	1	1										

MCM 2 Page 1 of 6

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

Name of MS4/Coalition Town of Yorktown



### **MS4 Annual Report Form**

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

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 Yorktown



### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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### **MS4 Annual Report Form**

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### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

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4.a. If this report was made available on the internet, what da	ate was it	po	sted?	)					
Leave blank if this report was not posted on the internet.			/		/				
4.b. For how many days was/will this report be posted?									
If submitting a report for single MS4, answer 5.a If submitt	ting a join	ıt re	eport,	ans	we	r 5.	b		
5.a. Was an Annual Report public meeting held in this report	ting perio	d?	•			Ye	es	$\circ$	No
If Yes, what was the date of the meeting?	0	5	/		/	2	0	1	9
If No, is one planned?					C	Υe	es	0	No
5.b. Was an Annual Report public meeting held for all MS4s	contribu	tin	g to t	his	rej	or	t dı	ırin	ıg
this reporting period?					C	Ye	es	0	No
If No, is one planned for each?					C	Ye	es	0	No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.					C	Ye	es		No

#### **MS4 Annual Report Form**

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

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 Yorktown		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 stormwater 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 four cleanup events in this reporting period.

C. I	How many	times wa	as this	observation	measured or	evaluated i	n this	reporting	period?
------	----------	----------	---------	-------------	-------------	-------------	--------	-----------	---------

(ex.: samples/participants/events)

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

Yes O 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,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

N Y R 2 0 A 0 0 7

Name of MS4/Coalition Town of Yorktown	N Y R 2 0 A 0 0 7
Minimum Control Measure 3. I	llicit Discharge Detection and Elimination
The information in this section is being reported (o	check one):
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to the</li> </ul>	nis report?
1. Enter the number and approx. percent of	of outfalls mapped: 4 5 5 # 1 0 0 %
2. How many of these outfalls have been so reporting period (outfall reconnaissance	reened for dry weather discharges during this inventory)?
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	○ Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	Parking Lot Maintenance
<ul> <li>Construction Vehicle Washouts</li> </ul>	○ Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	<ul><li>Restaurants</li></ul>
O Food Processing Facilities	O Schools and Universities
<ul> <li>Garbage Truck Washouts</li> </ul>	Septic Maintenance
○ Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	● Vehicle Maint./Repair Shops
Other:       G a r d e n C e n t e r	○ None s
Sewersheds:  E a s t o f H u d s o	n

### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 0 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 Yorktown	N Y R 2 0 A	0 0 7
3.b.What types of illicit discharges have	e been found during this reporting period?	
O Broken Lines From Sanitary Sewer	O Industrial Connections	
O Cross Connections	○ Inflow/Infiltration	
O Failing Septic Systems	O Pump Station Failure	
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows	
O Illegal Dumping	O Straight Pipe Sewer Discharges	
Other:	● None	
•	al illegal connections have been detected during	this
reporting period?		0
5. How many illicit discharges have been	een confirmed during this reporting period?	0
20 110 // 11011 111010 U10011U1 <b>g</b> 00 11 <b>0</b> / 0		
•	connections have been eliminated during this rep	
period?		0
7. Has the storm sewershed mapping b If No, approximately what percent was	peen completed in this reporting period?	es O No
ii No, approximatery what percent was	s completed in this reporting period?	%
8. Is the above information available in		
Is this information available on the v If Yes, provide URL(s):	web?	es • No
• ' '	e where map(s) 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, 2 0 2 0

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

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of MS4/Coalition Town of Yorktown		IN	1	I		. 0	A (	)
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Has an IDDE law been adopted for each traditional MS4			e ID	DE	) pr			
approved for all non-traditional MS4s contributing to th	11s repor	t?					Yes	
If Yes, has every traditional MS4 contributing to this rep	nort cort	ifiad	the	a <b>t</b> 41	his	low	ic	
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equivalent to the NYS Model IDDE Law?			(	• Y	es	O	INO	

#### **MS4 Annual Report Form**

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

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 Yorktown	Y	R	2	0	А	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 (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 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?

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

• Yes O No

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

● Yes ○ No

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

The Town will continue following the procedures for IDDE described in the CWWP/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,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

SPDES ID

Nan	me of MS4/Coalition Town of Yorktown NYR 2	0 A	0 0 7
	Minimum Control Measures 4 and 5.		
	<b>Construction Site and Post-Construction Control</b>		
The	e 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 requestion to the NYS SPDES General Per Stormwater Discharges from Construction Activities?		r
1b	o. Has each Town, City and/or Village contributing to this report documented that equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney cerfification or using the NYSDE Analysis Workbook?	Erosio	on and
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La ○ 09/2004 ● 0	iw. 3/2006	5 ONT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	• Yes	s O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have reviewed in this reporting period?	ve bee	<b>n</b> 2
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of pu comments related to construction SWPPPs?  • Yes	ıblic O No	O 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 SWPPP process?	the lo	

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:

<ul><li>Notices of Violation</li></ul>	#			7	O No Authority
O Stop Work Orders	#				O No Authority
O Criminal Actions	#				O No Authority
○ Termination of Contracts	#				O No Authority
O Administrative Fines	#				O No Authority
O Civil Penalties	#				O No Authority
O Administrative Orders	#				O No Authority
O Enforcement Actions or Sanctions	#				
○ Other	#				O No Authority

### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

	SPI	DES	עונ						
Name of MS4/Coalition Town of Yorktown	N	Y	R	2	0	A	0	0	7

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

	William Control Measure 4. Construction Site Stormwater Kunoff Control	Ī
The	e 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 mor during this reporting period?	e 4
2.	How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?	<b>on</b> 5
3.	What percent of active construction sites were inspected during this reporting period?	NT %
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 use the NYS  Construction Stormwater Inspection Manual?  • Yes ONO O	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 ○ No □ If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes	NT 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,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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  N Y R 2 0 A 0 0 7  6. con't:  Submit additional pages as needed.  MS4/Coalition Office  Department  Engine in eering Department  Engine in eering Department  City  Yorktown  NY 10598-  Phone  (914)962-5722  Other  Address  3 6 3 Underhill A verplanning  City  Yorktown Heights NY 10598-  Phone  (914)962-5722  Other  Address  3 6 3 Underhill A verplanning Dept  City  Yorktown Heights NY 10598-  Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.  URL  URL  URL  URL  URL  URL  URL  UR																								SPI	DES	ID						
Submit additional pages as needed.         ● MS4/Coalition Office         Department         E n g i n e e r i n g D e p a r t m e n t         Address         3 6 3 U n d e r h i 1 1 A v e n u e         City         Y o r k t o w n         Phone         ( 9 1 4 ) 9 6 2 - 5 7 2 2         City         Phone         (   9 1 4 ) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Nam	e of M	IS4/0	Coa	litio	on	Γow	n of	f Yo	rkto	own																2	0	A	0	0	7
Department				add	litio	ona	l pa	ige:	s as	s ne	ede	ed.																				
Address    City	• M	[S4/C	Coali	tio	n C	ffic	ce																									
Address    3   6   3   U   n   d   e   r   h   i   1   1   A   v   e   n   u   e										Τ.				_									Ι.									
S   S   U   N   D   E   N   I   I   A   V   E   N   U   E			$\perp$		1	n	е	е	r	1	n	g		D	е	р	a	r	t	m	е	n	t									
Y						U	n	d	е	r	h	i	1	1		А	v	е	n	u	е											
Phone (			y I																		_							1				
( 9 1 4 ) 9 6 2 - 5 7 2 2  O Library  Address  City Phone ( )		L	$\Box$	r	k	t	0	W	n										N	1 7			1	0	5	9	8	_				
O Library  Address  City  Phone  (		Pho		1	4	١	9	6	2	] _	5	7	2	2																		
Address  City  Phone (	O L	<b>\</b> ibrary				,						•																				
Phone (	J 2	-		S	I													T		ı							1					
Phone (																							L									
● Other  Address  3 6 3 U n d e r h i l l l A v e - P l a n n i n g D e p t  City  Y o r k t o w n H e i g h t s N Y 1 0 5 9 8 - Phone  ( 9 1 4 ) 9 6 2 - 5 7 2 2   O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.  URL		City	y 																				Zip					]_				
Address  3 6 3 U n d e r h i 1 1 A v e - P 1 a n n i n g D e p t  City  Y o r k t o w n H e i g h t s N Y 1 0 5 9 8 - Phone  ( 9 1 4 ) 9 6 2 - 5 7 2 2  O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.  URL		Pho	ne																									J				
Address  3 6 3 U n d e r h i 1 1 A v e - P 1 a n n i n g D e p t  City  Y o r k t o w n H e i g h t s N Y 1 0 5 9 8 - Phone  ( 9 1 4 ) 9 6 2 - 5 7 2 2  O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.  URL		(				)				_																						
3   6   3   U   n   d   e   r   h   i   1   1   A   v   e   - P   1   a   n   n   i   n   g   D   e   p   t	• O	ther																														
City  Y o r k t o w n H e i g h t s N Y  Phone  ( 9 1 4 ) 9 6 2 - 5 7 2 2   O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.  URL												_																				
Phone ( 9 1 4 ) 9 6 2 - 5 7 2 2  O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.  URL				3		U	n	d	е	r	h	i	1	1		A	V	е	_	Р	1			n	i	n	g		D	е	р	t
Phone ( 9 1 4 ) 9 6 2 - 5 7 2 2  O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.  URL				r	k	t	0	W	n		Н	е	i	g	h	t	s		N	1 2	7			0	5	9	8	]_				
O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.  URL		Pho				1				1																		J		_		
URL		(	9	1	4	)	9	6	2	_	5	7	2	2																		
	$\circ$ W	eb P	age	UR	L(s	s):	P	leas	se p	rov	ide	spe	cifi	c a	ddr	ess	who	ere	SW	PP	Ps c	an	be a	acce	esse	d -	not	ho	me	pag	e.	
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#### **MS4 Annual Report Form**

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

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

	SPL	)ES	ID						
Name of MS4/Coalition Town of Yorktown	N	Y	R	2	0	А	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 Stormwater 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. 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 construction sites inspected for stormwater controls as an indicator for measuring the overall effectiveness of the Town's compliance with the Construction Site Stormwater Runoff Control program requirements. The Town inspected 100% of active construction sites in this reporting period.

	TT	4.	411.9		4.	1		1 4 1	• 41	• 4•	• 10
•	How many	rimes	was thi	s onser	vation	measured	or	evaluated	in th	us renortin	g nerina?

					1		
(ex.:	samp	les/	'part	ici	pant	s/events	)

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

Yes	$\bigcirc$ No
-----	---------------

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

17	$\sim$	<b>N</b> T
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 Stormwater Runoff Control program requirements in the next reporting cycle. The Town will continue inspecting regulated construction sites for stormwater controls.

Zoning

○ None

## DRAFT

### **MS4 Annual Report Form**

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

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

Name of MS4/Coalition Town of Yorkto	wn		SPDES ID N Y R 2 0 A (	0 0 7
Minimum Control Mea	asure 5. Post	-Constructio	on Stormwater Managem	<u>ient</u>
The information in this section is bei	ng reported (che	ck one):		
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s conf</li> </ul>		,		
1. How many and what type of po MS4/Coalition inventoried, insp			e i	
	# Inventoried	# Inspections	# Times Maintained	
O Alternative Practices				
○ Filter Systems				
O Infiltration Basins				
Open Channels				
<ul><li>Ponds</li></ul>	2 6	3 1 3	3 1 3	
• Wetlands	8 9	8 9	8 9	
○ Other				
2. Do you use an electronic tool BMPs, inspections and main		abase, spreads	heet) to track post-constructi • Yes	
3. What types of non-structural Development/Better Site Des	-		-	
● Building Codes ● Municipal C	Comprehensive P	lans		
Overlay Districts Open Space	Preservation Preservation	ogram		

Watershed Plans Other Comprehensive Plan Other:

● Land Use Regulation/Zoning

• Local Law or Ordinance

Conservation Board

### **MS4 Annual Report Form**

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

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

	SPDES ID		
Naı	me of MS4/Coalition Town of Yorktown N Y R 2	2 0 A 0	0 7
4a	a. Are the MS4s contributing to this report involved in a regional/watershed wide plan	nning effor • Yes	
4b	o. Does the MS4 have a banking and credit system for stormwater management practi		
		$\bigcirc$ Yes	No
4c.	. Do the SWMP Plans for each MS4 contributing to this report include a protocol for		
	and approval of banking and credit of alternative siting of a stormwater manageme	ont practice O Yes	
4d		O Yes	• No
4d	and approval of banking and credit of alternative siting of a stormwater manageme	O Yes	• No
4d 5.	I. How many stormwater management practices have been implemented as part of the reporting period?	Yes  is system in	• No • this

#### **MS4 Annual Report Form**

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

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

	_	SPL	)ES	עו						
Name of MS4/Coalition Town of Yorktown		N	Y	R	2	0	А	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 Stormwater Management program will address stormwater runoff from regulated new development and redevelopment projects to the Town's MS4. The Town recommends and encourages the use of stormwater 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 stormwater BMPs inventoried as an indicator for measuring the overall effectiveness of the Town's compliance with the Post-Construction Stormwater Management program requirements. 115 BMPs have been inventoried.

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

					1	
(ex.:	samp	les/	'part	tici	pant	s/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 stormwater BMPs inventoried as an indicator for measuring the overall effectiveness of the Town's compliance with the post-construction Stormwater 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,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

		SPD	ES	ID						
Name of MS4/Coalition	Town of Yorktown	N	Y	R	2	0	А	0	0	7

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

The information in this section is being reported (check one):		
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>		
How many MS4s contributed to this report?		

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

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

		periorine	u witiiii	tile past 3
<b>Operation/Activity/Facility</b>	Addressed i	n SWMP?	<u>vears?</u>	) •
Street Maintenance	• Yes	○ No	Yes	$\bigcirc$ No
Bridge Maintenance	• Yes	○ No	<ul><li>Yes</li></ul>	○ No
Winter Road Maintenance	• Yes	○ No	• Yes	$\bigcirc$ No
Salt Storage	• Yes	○ No	Yes	$\bigcirc$ No
Solid Waste Management	• Yes	○ No	<ul><li>Yes</li></ul>	○ No
New Municipal Construction and Land Disturba	nce • Yes	○ No	Yes	$\bigcirc$ No
Right of Way Maintenance		***************************************	Yes	○ No
Marine Operations		• No	O Yes	<ul><li>No</li></ul>
Hydrologic Habitat Modification	○ Yes	• No	○ Yes	<ul><li>No</li></ul>
Parks and Open Space	• Yes	○ No	Yes	$\bigcirc$ No
Municipal Building	• Yes	○ No	<ul><li>Yes</li></ul>	○ No
Stormwater System Maintenance		○ No	• Yes	$\bigcirc$ No
Vehicle and Fleet Maintenance	• Yes	○ No	Yes	$\bigcirc$ No
Other	○ Yes	• No	O Yes	<ul><li>No</li></ul>

### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

	SPI	DES ID							
Name of MS4/Coalition Town of Yorktown	N	Y R	2	0	А	0	0	7	
2. Provide the following information about municipal operations go	ood h	ousek	eep	ing	pr	ogr	am	ıs:	
• Parking Lots Swept (Number of acres X Number of times swept)		# Acr	es					1	
• Streets Swept (Number of miles X Number of times swept)		# Mil	es			1	9	0	
<ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>			#			8	6	5	
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>			#			1	1	5	
Phosphorus Applied In Chemical Fertilizer		# Lt	s.					0	
● Nitrogen Applied In Chemical Fertilizer		# Lt	s.			2	8	1	
<ul> <li>Pesticide/Herbicide Applied         (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)</li> </ul>									
3. How many stormwater management trainings have been provide	ed to	munic	cipa	l er	npl	oye	ees		
during this reporting period?								3	
4. What was the date of the last training?	0 2	/ 0	5	/	2	0	2	0	
5. How many municipal employees have been trained in this report	ing p	eriod	?					2	
6. What percent of municipal employees in relevant positions and o stormwater management training?	lepar	tment	s re	ecei		7	0	%	

#### **MS4 Annual Report Form**

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

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

	_	SPL	)ES	עו						
Name of MS4/Coalition Town of Yorktown		N	Y	R	2	0	А	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 865 catch basins during this reporting period.

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

					1	
(ex.:	samp	les/	'part	ici	pant	s/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.

0957446993

# DRAFT Progress Report for Part IX.A

		i rogress ite	port for Fait IX.A	
Peri	mit	# NYR20A007	Watershed Name East of H	udson
MS <sup>2</sup>	4 N	ame Town of Yorktown	Reporting Period Ending (mm/dd/yyyy)	0 3 / 0 9 / 2 0 2
	De Inc str Th Th (E	rshed Improvement Strategy escribe the strategy to reduce the dischedude new sources that may have been ategy to better address new sources.  Town has included phosphorous-spene Town has also collaborated with the COHWC) to administer, coordinate and trofit plans, which are designed to attain	cific source control BMPs i East of Hudson Watershed implement the EOH regions	n their SWMP. Corporation al stormwater
<u>Pul</u>	bli	c Education & Outreach		
1.	De	scription of the education program		
	so sh pu	ne Town's Public Education and Outreaurces, impacts and reduction of phospheets are distributed in print, available of ablic events. Community, board and stall scuss stormwater.	orus. Educational brochures nline through web links, and	and informational dare distributed at
2.	Wh	no is the target audience and what is th	e message delivered to ea	ch target audience?
	Th	arget audiences are the general public (ene message is that phosphorous in storm onomy. A number of easily adopted so	water can impact heath and	I the local
		entify how many educational materials hatributed	nave been developed and	. 0
	lde on:	entify how many educational materials h	nave been developed and d	istributed that focus
		understanding the Phosphorous issue	es	0
	b.	Septic systems as a source of Phosph Non-Traditional		0
	C.	Phosphorous concerns with fertilizer u	use	0
	d.	Phosphorous concerns with grass clippings and leaves entering the	e MS4	0
	e.	Construction sites as a source of Pho	sphorus	0
	f	Phosphorous concerns with detergent	t ueo	0

PEI	RMIT#	NYR20A007							
5.	Educa	ition plan and goals for the next 6 m	onths						
		Fown plans to continue implementin ach program requirements in the nex		ublic education and					
<u>IIIi</u>	cit Dis	scharge Detection and Elimina	<u>tion</u>						
6.	Numb capac	on-Traditional MS4 (Skip Question 6 er of On-Site Wastewater Treatmer ity of less than 1000 gpd that are lo ted waterbody	nt Systems (OWTS	,	7500				
	a. Nu	umber of OWTS inspected in this re	porting		0				
	b. Nu	umber of OWTS in need of mainten	ance or rehabilitation	on	0				
	ре	umber of OWTS where maintenance rformed in this reporting period. ate the plan for OWTS that have no			0 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.								
	ins us	escribe the OWTS inspection progra spections? (eg:Septage Haulers, DO ed? Are there trends in systems tha habilitation?	DH, engineer, cons	ultant); What metho	ds are				
	perfor devel- not ha	ge haulers are required to be license rm and report to the County the resu oped a database that provides inform ad their septic systems inspected durn nsible for enforcement to ensure con	Its of the inspection nation on property ring the last three years	ns. The County has owners that have or					
7.	report	er of Illicit Discharges detected with ing period.  Imber reported in 7 that have been		ted waterbody in thi	s0				
		st of Illicit Discharge locations that h s reporting period and the target da		nated in					
		cation		Target Date (mm	ddyyyy)				
	1			1 1					

PEF	≺IVII	I # NYR20A007						
		Location		Target Date (mmddyyyy)				
				/				
				//				
				//				
				/				
				/				
Co		ruction Site Stormwater Runoff (						
8.		Non-Traditional MS4 (Skip Question 8 mber of SWPPPs reviewed and appro	,	s reporting period	, , 3			
		mber of active construction sites within ing this reporting period:	sewersheds	of impaired waterbody	5			
	a.	Number of sites reported in 9 that are	between 5000	o sqft and 1 acre	5			
	b.	Number of sites inspected in this repo	rting period	ı	5			
	c. Number of sites in need of corrective action							
d. Number of sites where corrective action was completed in this reporting period								
	e.	Discuss inspections. Discuss trends to period. State reasoning for not inspection.						
	ord	spections of active construction sites and der to ensure compliance with the appreliational measures due to heavy rain evenths and vegetated stabilization is not	oved SWPPP. ents and if wor	Erosion controls often requ	uire			
10.	Cor	nstruction Site Stormwater Runoff Con	trol plan and (	goals for the next 6 months	3			
		ne Town plans to continue implementing ater Runoff Control program in the next		ned Construction Site Storn	1			
Po	st (	Construction Stormwater Manage	ement					
11.	Nur	mber of Stormwater Management Prac	ctices (SMPs)	located in sewersheds	1 0			
		t drain to the listed waterbody						
	a.	Number reported in 11 that have beer	inspected in	this reporting period	0			
	b.	Number of SMPs in need of maintena	nce or rehabil	itation	0			
		Number of SMPs where maintenance in this reporting period.	or rehabilitation	on has been performed	0			
	d.	Number of SMPs where phosphorous	pollutant prob	olems have been	0			
		identified. Number reported in 11d where the po	llutant problen	n has been addressed.	0			
	f.	Who is responsible for performing SM	IP inspections	?				
	Hi	ghway and Engineering Departments						

PEF	RMIT # 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.								
	Describe the retrofit program. Include the funding sources and design description retrofits. Identify all retrofits that have been constructed and maintained during the 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.								
13.	Post-Construction Stormwater Management plan and goals for the next 6 months	3							
	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 EOHWC on the design of a pocket wetland and infiltration chamber.								
<u>Mu</u>	inicipal Operations Pollution Prevention/Good Housekeeping								
	☐ Non-Traditional MS4 (Skip Question 14)  Number of catch basin and manhole sumps within sewersheds discharging to listed waterbody	5 1 0 0							
	Number reported in 14 that have been inspected in this reporting period	865							
	b. Number reported in 14a cleaned in this reporting period	865							
	Number of conveyance system outfalls within sewersheds discharging to listed waterbody	3,7,5							
	a. Number reported in 15 that have been inspected in this reporting period.	8							
	b. Number reported in 15a maintained in this reporting period.	0							
	c. Number reported in 15a repaired in this reporting period.	3							
	Amount by weight in pounds of turf fertilizer containing phosphorous that was applied on municipally owned lands in this reporting period.	0							
	Describe turf management practices implemented during this reporting period. Include strategies implemented to introduce native plants to reduce fertilization and mowing								
	The Town has introduced grass cycling and also maintains a leaf composting prog Building projects are directed to minimize site disturbance.	gram.							

#### MS4 Semi Annual Report Form Certification

Semi Annual Report form for period ending			3	0	9	2	0	2	0	(MMDDYYYY)
1								ES		
Name of MS4	Town of Yorktown						N)	Y I	R	2 0 A 0 0 7

<u>Certification Statement</u> - MS4 Official (Principal Executive Officer or Ranking Elected Official) or a Duly Authorized Representative of the MS4 Official

"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, to 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 of 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-0-15-003 Part VI.J.

First Name	MI	Last Name
M a t t h e w	J	S l a t e r
Title (Clearly print title of individual signing report)		
Town Supervisor		
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