MS4 Annual Report Cover Page

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- *Resolution: Tree Service Renewal
- *4.2.2018 Central Tree Memo
- 6.7. Considering the establishment of a Residential Application Streamlining Task Force.
 - *Resolution: Residential Application Streamlining Task Force
- 6.8. Considering the establishment of a public property and street naming task force.
- 6.9. Considering rescheduling the meeting scheduled for June 26, 2018 to June 28, 2018 and canceling the meeting scheduled for August 28, 2018.
 - *Resolution: Summer Meeting Schedule Changes
- 6.10. Considering the approval of the minutes from the meeting held on May 8, 2018.
 - *Resolution: Minutes
 - *Minutes: May 8, 2018
- 7. ADMINISTRATOR'S REPORT:
- 8. OLD BUSINESS:
- NEW BUSINESS:
 - 9.1. MS4 Report by the Superintendent of Public Works
 - *MS4 Report
 - *MS4 Compliance Certification DRE
 - *MS4 Compliance Certification M. Nowak
 - *MS4 Compliance Certification LISWIC
- 10. DISCUSSION ITEM:
- 11. UNFINISHED BUSINESS
- 12. ADJOURNMENT

ACTION ON NON-AGENDA MATTERS SUBJECT TO THE CONSENT OF THE TRUSTEES PRESENT AT THE MEETING

THE NEXT REGULAR TRUSTEES MEETING June 12, 2018 and June 28, 2018

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 | SPDES ID | SPDES ID |
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MS4 Municipal Compliance Certification(MCC) Form

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

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|--|------------|-------|-------|-----|----------|-----|
| Name of MS4 Village of Rye Brook | N | Y | R 2 | 0 A | 3 | 8 0 |
| Each MS4 must submit an MCC form. | | | | | | |
| Section 1 - MCC Identification Page | | | | | | |
| Indicate whether this MCC form is being submitted to certify endorsement. • An Annual Report for a single MS4 | nt or acce | ptanc | e of: | | | |
| ○ A Single Entity (Per Part II.E of GP-0-10-002) | | | | | | |
| ○ A Joint Report | | | | | | |
| Joint reports may be submitted by permittees with legally l | binding a | greei | nents | s. | | |
| If Joint Report, enter coalition name: | | | 77.8 | | | |
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MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9 2 0 1 8

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|---|---|
| Name of MS4 Village of Rye Brook | SPDES ID N Y R 2 0 A 3 0 8 |
| Section 2 - Contact Information | |
| Important Instructions - Please Read | |
| Contact information must be provided for each of the fo | ollowing positions as indicated below: |
| Principal Executive Officer, Chief Elected Official of GP-0-08-002 Part VI.J). | r other qualified individual (per |
| 2. Duly Authorized Representative (Information for thi Authorized Representative is signing this form) | s contact must only be submitted if a Duly |
| 3. The Local Stormwater Public Contact (required per | GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c). |
| The Stormwater Management Program (SWMP) Co- coordination/implementation of SWMP). | ordinator (Individual responsible for |
| 5. Report Preparer (Consultants may provide company | name in the space provided). |
| A separate sheet must be submitted for each position filled by the same individual. If one individual fills ronce and check all positions that apply to that individual | multiple roles, provide the contact information |
| If a new Duly Authorized Representative is signing to | this report, their contact information must be |
| provided and a signature authorization form, signed Elected Official must be attached. | by the Principal Executive Officer or Chief |
| For each contact, select all that apply: | |
| Principal Executive Officer/Chief Elected Official | |
| O Duly Authorized Representative | |
| O Local Stormwater Public Contact | |
| O Stormwater Management Program (SWMP) Coordinator | |
| O Report Preparer | |
| First Name MI | Y and blance |
| First Name MI Christopher | Last Name Bradbury |
| Title | |
| Village Administra | tor |
| Address | |
| 9 3 8 King Street | |
| City | State Zip |
| Rye Brook | N Y 1 0 5 7 3 - |
| eMail cbradbury@ryebrook | .org |
| | County |
| (914)939-1121 | Westchester |

MS4 Municipal Compliance Certification (MCC) Form

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

| Partner/Coalition Name (con't.) Information Informati | | | | | | | | | | | | | | | | | | | | | | SPC | ES | lD | | | | | | |
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| Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? | Name of M | S 4 | Villa | ge of | Rye | Bro | ok | | | | | | | | | | | | | | | N | Y | R | 2 | 0 | A | 3 | 0 | 8 |
| Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? | Section 3 | -1 | Par | tn | er i | Inf | for | m s | rtic | m | | | | | | | | | | | | | | | | | | | | |
| 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 C | Did your MS | | | | | | | | | | to c | om | ple | te s | ome | е от | all | pe | rmit | Tec | quir | em | ents | du | ring | - | | _ | | _ |
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| 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 C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Partner/CoslitionName County of westchen ology SPDES Partner ID - If applicable Information Technology State Zip White Plains Name City State Zip White Plains Name County State Zip White Plains NY 10601 Mail Stw 10 westches 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 Mapping MM4 MM6 Mapping MM7 MM6 Mapping MM8 Management Practices required for MS4s in impaired | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Countty of Westchester Partner/Coalition Name (cont.) Information Information Technology WR 2 0 Address 1 4 8 Martine Avenue State Zip White Plains Ins Ny 10601 State Zip Ny 10601 Mail Stw 1 9 westchester gov.com 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 Mapping MM4 MM6 Mapping M | If No, proce | ed | to S | Sect | ion | 4 | - C | erti | fica | ıtio | n S | tate | em | ent. | ı | | | | | | | | | | | | | | | |
| Partner/Coalition Name (con't.) Information Informati | Partner/Coalit | ionl | Nam | e | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Partner/Coalition Name (con't.) Information Informati | Coun | t | У | | 0 | £ | | W | е | 8 | t | С | h | е | s | t | е | r | | | | | | | | | | | | |
| Address 1 4 8 Martine Avenue State Zip White Plains NY 10601- Mail stw 1 @ westchestergov.com Chone (914)995-3047 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 MM3 Mapping MM4 MM6 Mapping Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired | Partner/Coalit | ion | Nan | e (c | on't | .) | | | | | | | | | | | | | | | | SPU | ES | Par | tne | r ID |) - [[| fapı | olice | ble |
| 1 4 8 M a r t i n e A v e n u e State Zip W h i t e P 1 a i n s N Y 1 0 6 0 1 - Mail S t W 1 w e s t c h e s t e r g o v . c o m Chone (9 1 4) 9 9 5 - 3 0 4 7 What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks) MM1 MM3 MM4 MM4 MM5 MM6 MM4 MM6 MM4 MM6 MM7 MM6 MM8 MM8 MM8 MM6 MM8 MM8 | Info | r | m | a | t | i | 0 | n | | Т | е | C | h | n | 0 | 1 | 0 | g | Y | | | N | Y | R | 2 | 0 | Г | | | |
| State Zip W h i t e P l a i n s N Y l 0 6 0 1 - Mail s t w l @ w e s t c h e s t e r g o v . c o m Phone (9 1 4) 9 9 5 - 3 0 4 7 What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks) MM1 MM2 MM3 M a p p i n g MM4 MM5 MM6 M a p p i n g Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired | Address | | | | | | | | | | | | | | | | | | | _ | | | | | | | | | | |
| White Plains NY 10601 - Mail stw1@westchestergov.com 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 Mapping MM4 MM6 Mapping MM7 Madditional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired | 1 4 8 | M | a | r | t | i | n | е | | A | v | e | n | u | е | | | | | | | | | | | | | | | |
| Mail Stw 1 ® w e stchestergov.com Chone (914)995-3047 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 Mapping MM4 MM5 MM6 Mapping Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired | City | | | | | | | | | | | | _ | _ | | | | S | tate | | Zip | | | _ | | | | | | |
| Stw1@westchestergov.com 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 Mapping MM4 MM6 Mapping MM7 MM8 Mapping Madditional tasks/responsibilities | Whit | е | | P | 1 | a | i | n | ຣ | | | | | | | | | 1 | 1 3 | 7 | 1 | 0 | 6 | 0 | 1 | - | | | | |
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MS4 Municipal Compliance Certification(MCC) Form

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MS4 Municipal Compliance Certification(MCC) Form

| MCC form for period ending | g March 9, 2 0 1 8 |
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| | SPDES ID |
| Name of MS4 Village of Rye Brook | N Y R 2 0 A 3 0 8 |
| Section 2 - Contact Information | |
| Important Instructions - Please Read | |
| Contact information must be provided for each of the fo | ollowing positions as indicated below: |
| 1. Principal Executive Officer, Chief Elected Official of GP-0-08-002 Part VI.J). | or other qualified individual (per |
| 2. Duly Authorized Representative (Information for thi Authorized Representative is signing this form) | is contact must only be submitted if a Duly |
| 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) Co coordination/implementation of SWMP). | ordinator (Individual responsible for |
| 5. Report Preparer (Consultants may provide company | name in the space provided). |
| A separate sheet must be submitted for each position filled by the same individual. If one individual fills i | n listed above unless more than one position is |
| once and check all positions that apply to that indivi | dual. |
| If a new Duly Authorized Representative is signing provided and a signature authorization form, signed Elected Official must be attached. | |
| | |
| For each contact, select all that apply: | |
| O Principal Executive Officer/Chief Elected Official | |
| Duly Authorized Representative | |
| Local Stormwater Public Contact | |
| Stormwater Management Program (SWMP) Coordinator | |
| O Report Preparer | |
| First Name MI | Last Name |
| Michal | N o w a k |
| Title | |
| Supt. of Public Wo | r k s |
| Address | |
| 9 3 8 King Street | |
| City | State Zip |
| Rye Brook | N Y 1 0 5 7 3 - |
| eMail | |
| | |
| Phone (0 1 4) 9 2 9 0 7 5 2 | County |
| (914)939-0753 | Westchester; |

MS4 Municipal Compliance Certification (MCC) Form

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

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MS4 Municipal Compliance Certification(MCC) Form

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

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| Name of MS4 Village of Rye Brook N Y | R | 2 | 0 | A | 3 | 0 | 8 |

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 | <u>Mi</u> _ | Last Name | | |
|--|-------------|-----------|-----------|--------|
| C h r i s t o p h e r | | Brad | l b u r y | |
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| | | | Date | 4/2018 |
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Send completed form and any attachments to the DEC Central Office at:

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

| | - | | | | | | SPDES ID | |
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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.

| | SPDES ID |
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| Name of MS4/Coalition Village of Rye Brook | N Y R 2 0 A 3 0 8 |
| Minimum Control Measure 1. Public Edu | cation 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 | nt Practices |
| Check all topics that were included in Education and Outreach du | uring this reporting period: |
| Construction Sites | • Pesticide and Fertilizer Application |
| ● General Stormwater Management Information | Pet Waste Management |
| ● Household Hazardous Waste Disposal | • Recycling |
| ■ Illicit Discharge Detection and Elimination | O Riparian Corridor Protection/Restoration |
| O Infrastructure Maintenance | ● Trash Management |
| O Smart Growth | O Vehicle Washing |
| O Storm Drain Marking | O Water Conservation |
| O Green Infrastructure/Better Site Design/Low Impact Development | Wetland Protection |
| Other: | ○ None |
| Other | |
| 2. Specific audiences targeted during this reporting period: | |
| Public Employees O Contractors | |
| ● Residential ○ Developers | |
| Businesses General Public | |
| ● Restaurants ○ Industries | |
| Other: OAgricultural | |
| parking lot owners Other | |

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This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 8$

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

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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.

| ame of MS4/Coalition Village of Rye Brook | R 2 0 A 1 | 3 0 0 |
|--|--|--------------------|
| . Evaluating Progress Toward Measurable Goals MCM 1 | | |
| Jse this page to report on your progress and project plans toward achieving mean dentified in your Stormwater Management Program Plan (SWMPP), including to II.C.1. Submit additional pages as needed. | - | n Part |
| A. Briefly summarize the Measurable Goal identified in the SWMPP in this | reporting pe | riod. |
| The Village has a Questionnaire for the public to respond to. The questionnaire Village website. Information is available on the website and hard copies of information Village Hall | | |
| 3. Briefly summarize the observations that indicated the overall effectivene | ess of this Mea | surable |
| Goal. | | |
| 51 pieces of literature covering 3 subject areas in stormwater were taken from V | illage Hall. | |
| 51 pieces of literature covering 3 subject areas in stormwater were taken from V | | ? |
| 51 pieces of literature covering 3 subject areas in stormwater were taken from V | orting period | 1 marticipants, |
| 51 pieces of literature covering 3 subject areas in stormwater were taken from V | orting period | 1 participants, |
| 51 pieces of literature covering 3 subject areas in stormwater were taken from Voc. How many times was this observation measured or evaluated in this report. Has your MS4 made progress toward this Measurable Goal during this | orting period (ax.: samples/p | iod? |
| | orting period (ax.: samples/p reporting per Yes | ied? S O No |
| 51 pieces of literature covering 3 subject areas in stormwater were taken from V. C. How many times was this observation measured or evaluated in this report. D. Has your MS4 made progress toward this Measurable Goal during this in the second se | orting period (ax.: samples/p reporting per Yes Yes f this MCM d | iod? SONO NO uring |
| 2. How many times was this observation measured or evaluated in this report. 2. How many times was this observation measured or evaluated in this report. 3. Has your MS4 made progress toward this Measurable Goal during this in the symmetry of the second of the second of the next reporting cycle (including an implementation schedule). 3. Continue to make questionnaire available for public response. Continue to make | orting period (ax.: samples/p reporting per Yes Yes f this MCM d | iod? SONO NO uring |

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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SPDES ID

| Name of MS4/Coalition Village of Rye Brook | | | I | A A | R 2 | 0 | A | 3 | 0 | 8 |
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| Minimum Control Measure 2. P | ublic In | volvem | ent/ | <u>Pa</u> | rticipa | tio | n | | | |
| 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 rep | oort? | | | | | | | | | |
| What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period? | the Storn | nwater N | Vana | | | | rant | 1 | | |
| O Cleanup Events | | | | Ħ | Events | | | | | |
| O Comments on SWMP Received | | | Á | # Cor | mments | | | | | |
| Community Hotlines | Phone# | (91 | 4 |)[| 9 3 9 |] -[| 0 | 7 | 5 | 3 |
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| O Community Meetings | | | | # A | ttendees | | | | | |
| O Plantings | | | | | Sq. Ft. | | | | | |
| O Storm Drain Markings | | | | 1 | # Drains | | | | | |
| O Stakeholder Meetings | | | | # A | ttendees | | | | | |
| O Volunteer Monitoring | | | | | # Events | | | | | |
| ● Other: Sustainability | СО | m m i | t | t | e e | | | | | |
| 2. Was public notice of availability of this annu Program (SWMP) Plan provided? | al report | and Sto | rmw | ate | r Mana | gen | nen Y | | 0 | No |
| • List-Serve | | | | | # In List | | 2 | 2 | 0 | 0 |
| ● Newspaper Advertising | | | | # E | Days Run | | | | | 1 |
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| • Web Page URL: Enter URL(s) on the following to | wo pages. | | | | | | | | | _ |

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Name of MS4/Coalition Village of Rye Brook

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.

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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.

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| Name of MS4/Coalition Village of Rye Brook | | N Y | R | 2 0 | A 3 | 0 8 |
| 4.a. If this report was made available on the internet, what da | ate was l | pos | ted? | | | |
| Leave blank if this report was not posted on the internet. | 0 | 5 | 2 | 3 / | 2 0 | 1 7 |
| 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 submitted | ting a joi | nt rep | ort, | answer | 5.b | |
| 5.a. Was an Annual Report public meeting held in this report If Yes, what was the date of the meeting? | ting peri | | • 🗀 | | Yes | O No |
| it fes, what was the date of the meeting: | 0 | 5 | 2 | 3 / | 2 0 | 1 7 |
| If No, is one planned? | | | | 0 | Yes | O No |
| 5.b. Was an Annual Report public meeting held for all MS4s | contrib | ıting | to t | his rep | ort d | uring |
| this reporting period? | | | | • | Yes | O No |
| If No, is one planned for each? | | | | 0 | Yes | O No |
| 6. Were comments received during this reporting period? | | | | 0 | Yes | No |
| If Yes, attach comments, responses and changes made to SWMP in response to comments to this report. | | | | | | |

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 8$

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 | Village of Ryc Brook | | N | Y R 2 0 | A 3 0 8 |
| 7. Evaluating Pro | gress Toward Measurabl | e Goals MCM 2 | | | |
| identified in your St | oort on your progress and progress and progress and progress and progress as needed. | | _ | | |
| A. Briefly summar | rize the Measurable Goal | identified in the S | SWMPP in t | his reportin | g period. |
| Management Progr | developed for public to restam. Questions on public te in all stormwater bulleting | participation and in | | | |
| B. Briefly summar Goal. | rize the observations that | indicated the ove | rall effective | ness of this | Measurable |
| in outdoor related a | estionnaire this reporting pactivities. Arbor Day, RB intermediate Management Information | Birthday Celebration | on and Truck | | |
| C. How many time | es was this observation m | easured or evalua | ted in this re | eporting pe | |
| | | | | (ex.: sam | l l l l l l l l l l l l l l l l l l l |
| D. Has your MS4 | made progress toward th | is measurable goa | l during this | 100 | C - 17 L - 7 |
| | | | | | Yes O No |
| E. Is your MS4 on | schedule to meet the dea | idline set forth in | the SWMPP | | Yes O No |
| | rize the stormwater activing cycle (including an in | | | | |
| | estionnaire online and gathenwater information is prov | | nses received | . Continue | with public |
| | | | | | |

| Name of MS4/Coalition Village of Rye Brook | NYR20A308 |
|--|--|
| Minimum Control Measure 3. II | llicit Discharge Detection and Elimination |
| The information in this section is being reported (c | heck one): |
| On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to the | is report? |
| 1. Enter the number and approx. percent o | f outfalls mapped: 103# 100% |
| reporting period (outfall reconnaissance 3.a. What types of generating sites/sewershed | |
| reporting period? | () Landsoning (Imigation) |
| O Auto Recyclers | O Landscaping (Irrigation) |
| O Building Maintenance | O Marinas |
| O Churches | O Metal Plateing Operations |
| O Commercial Carwashes | Outdoor Fluid Storage |
| Commercial Laundry/Dry Cleaners | Parking Lot Maintenance |
| O Construction Vehicle Washouts | O Printing |
| O Cross-Connections | O Residential Carwashing |
| O Distribution Centers | ○ Restaurants |
| O Food Processing Facilities | O Schools and Universities |
| O Garbage Truck Washouts | O Septic Maintenance |
| O Hospitals | O Swimming Pools |
| O Improper RV Waste Disposal | ● Vehicle Fueling |
| O Industrial Process Water | Vehicle Maint./Repair Shops |
| O Other: | ○ None |
| | |
| O Sewersheds: | |

| | SPDES ID | | |
|--|--|-------------|----------|
| Name of MS4/Coalition Village of Rye Brook | NYR2 | 0 A 3 | 0 8 |
| 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 | O Inflow/Infiltration | | |
| O Failing Septic Systems | O Pump Station Failure | | |
| O Floor Drains Connected To Storm Sewers | Sanitary Sewer Overflows | | |
| O Illegal Dumping | O Straight Pipe Sewer Discharges | | |
| Other: | O None | | |
| • • • • | al illegal connections have been detected du | uring this | B |
| reporting period? | | | 2 |
| £ How many illigit discharges have be | en confirmed during this reporting period | , [| 2 |
| | | | |
| 6. How many illicit discharges/illegal c period? | connections have been eliminated during th | is report | ing 2 |
| | een completed in this reporting period? | ● Yes | O No |
| If No, approximately what percent was | s completed in this reporting period? | | 8 |
| 8. Is the above information available in | n GIS? | - | |
| V. 48.1. 1 | • • | Yes | ○ No |
| Is this information available on the | web? | • Yes • Yes | _ |
| If Yes, provide URL(s): | | O Yes | _ |
| If Yes, provide URL(s): | web? where map(s) can be accessed - not home pa | O Yes | _ |
| If Yes, provide URL(s): Please provide specific address of page | | O Yes | _ |
| If Yes, provide URL(s): Please provide specific address of page | | O Yes | _ |
| If Yes, provide URL(s): Please provide specific address of page | | O Yes | O No No |
| If Yes, provide URL(s): Please provide specific address of page | | O Yes | _ |
| If Yes, provide URL(s): Please provide specific address of page URL | | O Yes | _ |
| If Yes, provide URL(s): Please provide specific address of page URL | | O Yes | _ |

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This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 8$

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 Village of Rye Brook | N Y R 2 0 A 3 0 8 |
|--|--|
| 12. Evaluating Progress Toward Measurable Goals MCM 3 | |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed. | _ |
| A. Briefly summarize the Measurable Goal identified in the | SWMPP in this reporting period. |
| Number of Illicit Discharges detected and eliminated | |
| | |
| B. Briefly summarize the observations that indicated the ove | rall effectiveness of this Measurable |
| 2 illicit discharge detected and eliminated this reporting period. | |
| C. How many times was this observation measured or evalua | ated in this reporting period? |
| C. 11017 Many Chica was the observation incomment of everal | |
| D. Has were MC4 made are gross toward this process while go | (ex.: samples/participants/event |
| D. Has your MS4 made progress toward this measurable go | • 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 m the next reporting cycle (including an implementation sch | |
| Continue outfall inspections. Continue to respond immediately same and mitigate. The Village is part of an 18 member munici NYSDEC grant to gather information, map and document elemedrainage system. Field staff identifying conveyance system pip | pal consortium which received a ents of the Village's stormwater |
| | |

| | | SPDES ID | |
|-----------------------|----------------------|-----------|---------|
| Name of MS4/Coalition | Village of Rye Brook | N Y R 2 0 | A 3 0 8 |

| | Minimum Control Measures 4 and 5. | | | |
|-----|---|-------------------------|---------|-----------|
| | Construction Site and Post-Construction Control | | | |
| 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 regumechanism that provides equivalent protection to the NYS SPDES General Pern | | or | O No |
| | .Has each Town, City and/or Village contributing to this report documented that equivalent to a NYSDEC Sample Local Law for Stormwater Management and E Sediment Control through either an attorney cerfification or using the NYSDEC | rosi Ga _l | on P | |
| | Analysis Workbook? • Yes | O N | D | ONT |
| | If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Lav ○ 09/2004 ● 03 | | 6 | o nt |
| 2. | Does your MS4/Coalition have a SWPPP review procedure in place? | ● Ye | s | O No |
| 3. | How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have reviewed in this reporting period? | e bec | n | 2 |
| 4. | Does your MS4/Coalition have a mechanism for receipt and consideration of pul comments related to construction SWPPPs? • Yes | blic O N | 0 | 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 to SWPPP process? | he le | | l • 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 | # | L | | 1 | 0 | No Authority |
|------------------------------------|----|---|--|---|---|--------------|
| O Stop Work Orders | # | | | | 0 | No Authority |
| O Criminal Actions | # | | | | 0 | No Authority |
| O Termination of Contracts | #: | | | | 0 | No Authority |
| O Administrative Fines | # | | | | 0 | No Authority |
| O Civil Penalties | # | | | | 0 | No Authority |
| O Administrative Orders | # | | | | 0 | No Authority |
| O Enforcement Actions or Sanctions | # | | | | | |
| Other | # | | | | 0 | No Authority |

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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| | PD | ES | <u>ID</u> | | | | | | |
|--|--------|----|-----------|---|---|---|---|---|---|
| Name of MS4/Coalition Village of Rye Brook | J | Y | R | 2 | 0 | A | 3 | 0 | 8 |

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

| Th | 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 during this reporting period? | acre or | more 2 |
| 2. | How many construction projects disturbing at least one acre were active in you during this reporting period? | ır jurisd | iction 2 |
| 3. | What percent of active construction sites were inspected during this reporting | period? | |
| 4. | What percent of active construction sites were inspected more than once? | 1 0 | ONT |
| 5. | Do all inspectors working on behalf of the MS4s contributing to this report use | the NY | 105 |
| | Construction Stormwater Inspection Manual? • Yes | | |
| 6. | Does your MS4/Coalition provide public access to Stormwater Pollution Preve (SWPPPs) of construction projects that are subject to MS4 review and approve | | ans O NT |
| | If your MS4 is Non-Traditional, are SWPPPs of construction projects made av | | |
| | public review? | O Yes | |
| | If Yes, use the following page to identify location(s) where SWPPPs can be accessed | d. | |

| Name of MS4/Coalition Village of Rye Brook | N Y R 2 0 A 3 C 8 |
|---|------------------------------|
| 6. con't.: | |
| Submit additional pages as needed. | |
| ● MS4/Coalition Office | |
| Department | |
| Engineering | |
| Address 9 3 8 King Street | |
| 9 3 8 K i n g S t r e e t | Zip |
| Rye Brook NY | 1 0 5 7 3 - |
| Phone | |
| (914)939-0753 | |
| O Library | |
| Address | |
| | |
| City | Zip |
| | - |
| Phone | |
| (| |
| O Other | |
| Address | |
| | |
| City | Zip |
| | |
| Phone | |
| | |
| O Web Page URL(s): Please provide specific address where SWPPPs can | be accessed - not home page. |
| URL | |
| | |
| | |
| | |
| URL | |
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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.

| | | | SPDES ID | |
|---|---|--|--------------------|------------------------|
| Name of MS4/Coalition | Village of Rye Brook | | N Y R 2 0 | A 3 0 8 |
| | 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| 7. Evaluating Pro | gress Toward Measurable Goals | MCM 4 | | |
| identified in your St | ort on your progress and project pl tormwater Management Program P | ans toward achieving lan (SWMPP), inclu | g measurable goa | ıls ts in Part |
| III.C.1. Submit addi | itional pages as needed. | | | |
| A. Briefly summa | rize the Measurable Goal identifi | ed in the SWMPP | in this reporting | ; period. |
| Number of new con SWPPP's. | nstruction projects over 1 acre unde | rway. Continue ove | rsight of projects | with |
| B. Briefly summar Goal. | rize the observations that indicate | ed the overall effect | tiveness of this P | Vle as urable |
| 2 projects underway SWPPP requiremen | | ll projects over 1 acr | e for compliance | with |
| C. How many time | es was this observation measured | or evaluated in thi | s reporting peri | od? |
| | | | | 1 |
| | | | {ex.: mampl | es/participants/events |
| D. Has your MS4 | made progress toward this measu | rable goal during | this reporting p | eriod? |
| | | | • | Yes O No |
| E. Is your MS4 on | schedule to meet the deadline se | t forth in the SWM | PP? | |
| | | | | Yes O No |
| F. Briefly summar the next reporti | ize the stormwater activities plan ng cycle (including an implemen | ned to meet the go tation schedule). | als of this MCM | I during |
| Continue to administer legislation | ster and monitor all construction pr | ojects over 1 acre as | s per SWPPP's ar | nd local |
| | | | | |

Overlay Districts

O Watershed Plans

Zoning

O None

O Other:

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.

| | ~~~ | | SPDES ID | |
|---|-----------------------|------------------|-------------------------|---------------------|
| Name of MS4/Coalition Village of Rye F | Briok | | N Y R 2 | 0 A 3 0 8 |
| Minimum Control M | <u>leasure 5. Pos</u> | t-Construction | on Stormwater Mai | nagement |
| The information in this section is | being reported (che | ck one): | | |
| On behalf of an individual MS4 On behalf of a coalition How many MS4s coalities | ontributed to this | report? | | |
| How many and what type of MS4/Coalition inventoried, i | | | | your |
| | # Inventoried | # Inspections | # Times Maintained | |
| O Alternative Practices | | | | |
| • Filter Systems | 1 | 1 | | |
| ● Infiltration Basins | 1 | 1 | | |
| Open Channels | | | | |
| Ponds | | 1 | | |
| O Wetlands | | | | |
| O Other | | | | |
| 2. Do you use an electronic to BMPs, inspections and ma | | abase, spreads | heet) to track post-cor | struction Yes O No |
| 3. What types of non-structu Development/Better Site D | • | | | ct |
| ● Building Codes O Municipa | l Comprehensive l | Plans | | |

Open Space Preservation Program

Local Law or Ordinance

■ Land Use Regulation/Zoning

Other Comprehensive Plan

| Nan | ne of MS4/Coalition Village of Rye Brook | SPD N | - | | 2 | O Z | 3 | 0 | 8 |
|-----|--|----------|------|------|-------|-----|------|---|----|
| | . Are the MS4s contributing to this report involved in a regional/watershe | d w | ide | pla | | _ | | | |
| 4b. | . Does the MS4 have a banking and credit system for stormwater manage | mer | ıt p | rac | | _ | /es | 0 | No |
| | | | Ī | | | 0 | Yes | • | No |
| 4c. | Do the SWMP Plans for each MS4 contributing to this report include a pand approval of banking and credit of alternative siting of a stormwater | | | | | pra | | ? | No |
| 4d. | . How many stormwater management practices have been implemented a reporting period? | s pa | rt (| of t | his s | | | | |
| 5. | What percent of municipal officials/MS4 staff responsible for program i training on Low Impace Development (LID), Better Site Design (BSD) a Infrastructure principles in this reporting period? | _ | | | | | tend | 0 | % |

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 Village | of Rye Brook | NYR20A308 |
|--|---|--|
| 6. Evaluating Progress | Foward Measurable Goals MCM 5 | 5 |
| Use this page to report on identified in your Stormwa III.C.1. Submit additional | your progress and project plans towa ter Management Program Plan (SW pages as needed. | ard achieving measurable goals /MPP), including requirements in Part |
| A. Briefly summarize the | Measurable Goal identified in the | e SWMPP in this reporting period. |
| Number of Best Managem | nent Practices Inventoried this report | ting period |
| B. Briefly summarize the Goal. | e observations that indicated the o | verall effectiveness of this Measurable |
| 2 new BMP's inventoried maintained as needed. | this reporting period. Existing BM | IPS continue to be inspected and |
| C. How many times was | this observation measured or evalu | 1 |
| D. Has your MS4 made p | progress toward this measurable g | |
| E. Is your MS4 on schedu | ule to meet the deadline set forth i | _ |
| F. Briefly summarize the the next reporting cyc | stormwater activities planned to a le (including an implementation so | ● Yes ○ No meet the goals of this MCM during chedule). |
| Continue to inventory Bes for inspection and mainten | t Management Practices as they are lance all BMP's inventoried | brought on line. Continue to monitor |

not done already.

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 Village of Rye Brook | N | Y | R | 2 0 4 | 3 | 0 | 8 |
|---|--------------------------------------|-------------------------------------|--------------------------------------|--------------------------------|------------------------------|-------------------|------------|
| Minimum Control Measure 6. Stormwater Management | for i | Mu | nic | ipal C |)per | <u>rati</u> | <u>ons</u> |
| The information in this section is being reported (check one): | | | | | | | |
| On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? | | | | | | | |
| 1. Choose/list each municipal operation/facility that contributes of Pollutants of Concern to the MS4 system. For each operation/fs operation/facility has been addressed in the MS4's/Coalition's S Program(SWMP) Plan and whether a self-assessment has been reporting period. A self-assessment is performed to: 1) determine potentially generated by the permittee's operations and facilities offsetiveness, of existing programs and 3) identify the municipal | acility Storm perfo ine theses; 2) o | vind wat ormo e so eval | dica er N ed d urce uate | ite whe Manage luring es of pe | ther emer the ollut | the nt ants | |

that will be addressed by the pollution prevention and good housekeeping program, if it's

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

SPDES ID

| | | | Det tot Intell Tritising | THE PART OF |
|---|--------------|-------|--------------------------|----------------------|
| Operation/Activity/Facility | Addressed in | SWMP? | <u>years?</u> | |
| Street Maintenance | • Yes | O No | • Yes | O No |
| Bridge Maintenance | • Yes | ○ No | • Yes | O No |
| Winter Road Maintenance | • Yes | | • Yes | O No |
| Salt Storage | | ○ No | • Yes | O No |
| Solid Waste Management | • Yes | O No | • Yes | O No |
| New Municipal Construction and Land Disturba | | ○ No | • Yes | O No |
| Right of Way Maintenance | Yes | O No | • Yes | O No |
| Marine Operations | C 71 | • No | O Yes | No |
| Hydrologic Habitat Modification | | ○ No | • Yes | O No |
| Parks and Open Space | Yes | O No | | O No |
| Municipal Building | | ○ No | Yes | O No |
| • • | | O No | • Yes | O No |
| · · · · · · · · · · · · · · · · · · · | | | ● Yes | O No |
| Other | O Van | • No | O Yes | No |
| Stormwater System Maintenance Vehicle and Fleet Maintenance Other | • Yes | ○ No | ● Yes | O No |

| | SPDES ID | | | |
|---|---------------|----------|------|----------------------|
| Name of MS4/Coalition Village of Rye Brook | N Y R 2 | C A | 3 0 | 8 |
| 2. Provide the following information about municipal operations go | ood housekee | ping pro | grai | ns: |
| Parking Lots Swept (Number of acres X Number of times swept) | # Acres | | | 4 |
| • Streets Swept (Number of miles X Number of times swept) | # Miles | 6 4 | 1 | 0 |
| ● Catch Basins Inspected and Cleaned Where Necessary | # | | 5 0 | 0 |
| Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary | # | | | 3 |
| O Phosphorus Applied In Chemical Fertilizer | # Lbs. | | | |
| O Nitrogen Applied In Chemical Fertilizer | # Lbs. | | | $\overline{\square}$ |
| O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.) | # Acres [| | | |
| 3. How many stormwater management trainings have been provide during this reporting period? | ed to municip | al emplo | yees | 0 |
| 4. What was the date of the last training? | 0 9 / 1 6 | / 2 |) 1 | 5 |
| 5. How many municipal employees have been trained in this report | ing period? | | | 0 |
| 6. What percent of municipal employees in relevant positions and d stormwater management training? | lepartments 1 | | 0 | % |

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 | Village of Rye Brook | | N Y R 2 0 | A 3 0 8 |
|----------------------------|--|----------------------|-------------------------|-------------------------------------|
| 7. Evaluating Pro | gress Toward Measurable G | Goals MCM 6 | | |
| identified in your St | port on your progress and projectormwater Management Progressitional pages as needed. | _ | - | |
| A. Briefly summa | rize the Measurable Goal ide | entified in the SW | MPP in this reportin | g period. |
| Number of Stormw | vater Catch Basins Inspected a | and Cleaned as need | ded. | |
| B. Briefly summar Goal. | rize the observations that in | dicated the overal | l effectiveness of this | Measurable |
| on 2-3 year cleanin | tch basins inspected and clean ng cycle. Hot spots cleaned ar neduled basis. Annual Operati | inually or more oft | en as needed. Street s | |
| C. How many time | es was this observation mea | sured or evaluated | d in this reporting pe | riod? |
| | | | | 1 |
| D Has vour MS4 | made progress toward this | measurable goal d | | ples/participants/event: neriod? |
| D. Ilas your 1/104 | made progress toward this | incasui avic gvai u | T | Yes O No |
| E. Is your MS4 on | n schedule to meet the deadl | ine set forth in the | SWMPP? | |
| | rize the stormwater activition ting cycle (including an impl | | the goals of this MC | Yes O No M during |
| per Village SWMP | et and Clean Stormwater Catel P. The Village is part of an 18 gather information, map and Project underway. | member municipa | il consortium which re | ceived a |
| | | | | |

| If submitting this fo | | al Report Form | |
|---|---|--|----------------------------------|
| ii suomining this io | | eporting period ending | |
| | rm as part of a joint repo | ert on behalf of a coalition | leave SPDES ID blank. |
| | | | SPDES ID |
| ne of MS4/Coalition | | | N Y R 2 0 |
| | | | |
| Additional Wate | rshed Improvemen | at Strategy Best Ma | nagement Practices |
| | | | and and a succession |
| | | | |
| information in this section | n is being reported (check | k one): | |
| n behalf of an individual l | MS4 | | |
| on behalf of a coalition | بر منظم مع المعددالليسيسمية | | |
| now many MS | 4s contributed to this re | epon? | |
| | | | |
| 34s must answer the qu | estions or check NA a | s indicated in the table | e below. |
| MS4 Description | Anna | Check NA | (800) |
| NYC EOH Watershed | Answer | Check NA | (POC) |
| aditional Land Use | 1,2,3,4,5,6,7a-d,8a,8b,9 | 10,11,12 | Phosphorus |
| aditional Non-Land Use | 1,2,3,4,7a-d,8a,8b,9 1,2,77a-d,8a,8b,9 | 5,10,11,12 3,4,5,10,11,12 | Phosphorus |
| Onondaga Lake Watershed | 1,2,772-0,02,00,9 | 3,4,5,10,11,12 | Phosphorus |
| aditional Land Use | 1,6,7a-d,8a,9 | 2,3,4,5,8b,10,11,12 | Phosphorus |
| aditional Non-Land Use | i,6,7a-d,8n,9 | 2,3,4,5,8b,10,11,12 | Phosphorus |
| on-Traditional | 1,6,7a-d,8a,9 | 2,3,4,5,86,10,11,12 | Phosphorus |
| Greenwood Lake Watershed additional Land Use | 1,4,6,7a-d,8z,9 | 2,3,5,86,10,11,12 | Phosphorus |
| aditional Non-Land Use | 1,4,6,7a-d,8a,9 | 2,3,5,86,10,11,12 | Phosphorus |
| on-Traditional | 1,4,6,7a-d,8a,9 | 2,3,5,85,10,11,12 | Phosphorus |
| Oyster Bay aditional Land Usc | 143-10101112 | 22660-05 | • |
| aditional Non-Land Use | 1,4,7a-d,9,10,11,12 1,4,7a-d,9,10,11,12 | 2,3,5,6,8a,8b 2,3,5,6,8a,8b | Pathogens Pathogens |
| on-Traditional | 1,4,7a-d,9 | 2,3,4,5,8a,8b,10,11,12 | Pathogens |
| Peconic Estuary | | • | - |
| aditional Land Use | 1,4,7a-d,8a,9,10,11,12 | 2,3,5,6,8b | Pathogens and Nitrogen |
| | 1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9 | 2,3,5,6,8b | Pathogens and Nitrogen |
| | | 2,3,4,5,85,10,11,12 | Pathogens and Nitrogen |
| m-Traditional | - It was along | | |
| on-Traditional Oscawana Lake Watershed | | 2.3,5.86,10,11,12 | - |
| on-Traditional Oscawans Lake Watershed aditional Land Use aditional Non-Land Use | 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 2,3,5,8b,10,11,12 | Phosphorus Phosphorus |
| on-Traditional Oscawana Lake Watershed aditional Land Use aditional Non-Land Use on-Traditional | 1,4,6,7a-d,8a,9 | | Phosphorus |
| raditional Land Use raditional Non-Land Use on-Traditional LI 27 Embayments | 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 | 2,3,5,86,10,11,12 2,3,5,86,10,11,12 | Phosphorus Phosphorus Phosphorus |
| on-Traditional Oscawana Lake Watershed aditional Land Use aditional Non-Land Use on-Traditional | 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 | 2,3,5,86,10,11,12 | Phosphorus Phosphorus |

| | This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. |
|------------|---|
| Naı | me of MS4/Coalition SPDES ID N Y R 2 0 |
| 3. | Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? O Yes No N/A |
| 4. | Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? |
| 5. | Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? O Yes No N/A |
| 6. | Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? |
| 7a | . Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? O Yes O No O N/A |
| 7b | .How many projects have been sited in this reporting period? |
| 7c | . What percent of the projects included in 7b have been completed in this reporting period? |
| 7 d | .What percent of projects planned in previous years have been completed? |
| 8a | O No Projects Planned .Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? O Yes No N/A |
| 8b | e.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? O Yes O No O N/A |

| if submitting this form as part of a joint report on behalf of a coalit | ion leave SPDES | ID blan | k. | | | | |
|---|-----------------|---------|-----------|--|--|--|--|
| | SPDES ID | | | | | | |
| Name of MS4/Coalition | N Y R 2 | 0 | | | | | |
| 9. Has your MS4/Coalition developed and implemented a program | of native plan | ting? | | | | | |
| (4) | O Yes | O No | O N/A | | | | |
| 10. Has your MS4/Coalition enacted a local law prohibiting pet wast | te on municipa | l prope | rties and | | | | |
| prohibiting goose feeding? | - | | O N/A | | | | |
| 11. Does your MS4/Coalition have a pet waste bag program? | ○ Yes | O No | O N/A | | | | |
| 12. Does your MS4/Coalition have a program to manage goose | | | | | | | |
| populations? | O Yes | O No | O N/A | | | | |

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