



**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2017

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

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

**MCC form for period ending March 9,** 2 0 1 7

Name of MS4	Town of Haverstraw
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SPDES ID

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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)
- A Joint Report

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

If Joint Report, enter coalition name:

[illegible]

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

MCC form for period ending March 9, 2017

Name of MS4	Town of Haverstraw
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SPDES ID

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## **Section 2 - Contact Information**

### Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name	MI	Last Name
H o w a r d	T	P h i l l i p s

Title																				
T	o	w	n		S	u	p	e	r	v	i	s	o	r						

[illegible]

City										State		Zip										
G	a	r	n	e	r	v	i	l	l	e	N	Y	1	0	9	2	3	-				

eMail

S	u	p	e	r	v	i	s	o	r	@	t	o	w	n	o	f	h	a	v	e	r	s	t	r	a	w	.	o	r	g		
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Phone	County
( 8 4 5 ) 4 2 9 - 2 2 0 0	R o c k l a n d



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

MCC form for period ending March 9,	2	0	1	7
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Name of MS4 | Town of Haverstraw

SPDES ID

N	Y	R	2	0	A	2	6	5
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For each contact, select all that apply:

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

First Name	MI	Last Name
P a t r i c k	F	B r a d y

Title																			
M	S	4		P	r	o	g	r	a	m		M	a	n	a	g	e	r	

Address																			
1		E	c	o	l	o	g	y		R	o	a	d						

City													State		Zip												
H	a	v	e	r	s	t	r	a	w							N	Y	1	0	9	9	3	-				

[illegible]

Phone	County
( 8 4 5 ) 4 2 9 - 5 7 1 5	R o c k l a n d

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

MCC form for period ending March 9, 2017

Name of MS4 | Town of Haverstraw

SPDES ID

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For each contact, select all that apply:

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

First Name										MI	Last Name														
M	i	c	h	a	e	l				E	T	a	m	b	l	i	n								

[illegible][illegible]

City													State		Zip									
C	a	z	e	n	o	v	i	a					N	Y	1	3	0	3	5	-				

[illegible]

Phone ( 3 1 5 ) 6 7 9 - 5 8 0 0 County M a d i s o n

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

MCC form for period ending March 9, 2017

Name of MS4 Town of Haverstraw

SPDES ID

N Y R 2 0 A 2 6 5

**Section 3 - Partner Information**

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

☐ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C o r n e l l C o o p e r a t i v e E x t e n s i o n o f

Partner/Coalition Name (con't.)

R o c k l a n d C o u n t y

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 0 P a t r i o t H i l l s D r i v e

City

S t o n y P o i n t

State

N Y

Zip

1 0 9 8 0 -

eMail

B L M 2 4 8 @ c o r n e l l . e d u

Phone

( 8 4 5 ) 6 7 7 - 8 2 2 3

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 P u b l i c O u t r e a c h P r i n t e d M a t l .

☒ MM2 P r e s e n t a t i o n s - P u b l i c E v e n t s

☐ MM3

☐ MM4

☐ MM5

☒ MM6 E m p l o y e e T r a i n i n g

Additional tasks/responsibilities

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



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

MCC form for period ending March 9, 2017

Name of MS4 | Town of Haverstraw

SPDES ID

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## **Section 4 - Certification Statement**

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

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

First Name

H	o	w	a	r	d									
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MI

T

Last Name

P	h	i	l	l	i	p	s							
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Title (Clearly print title of individual signing report)

T	o	w	n	S	u	p	e	r	v	i	s	o	r
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Signature

*Handwritten signature: James B. Kelly*

Date \_\_\_\_\_

0	5	/	2	2	/	2	0	1	7
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Send completed form and any attachments to the DEC Central Office at:

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



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Town of Haverstraw

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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Haverstraw

SPDES ID

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

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

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

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

☒ Construction Sites

☒ General Stormwater Management Information

☒ Household Hazardous Waste Disposal

☒ Illicit Discharge Detection and Elimination

☒ Infrastructure Maintenance

☐ Smart Growth

☐ Storm Drain Marking

☒ Green Infrastructure/Better Site Design/Low Impact Development

☒ Other:

☒ Pesticide and Fertilizer Application

☒ Pet Waste Management

☒ Recycling

☐ Riparian Corridor Protection/Restoration

☒ Trash Management

☐ Vehicle Washing

☒ Water Conservation

☐ Wetland Protection

☐ None

F	e	r	t	i	l	i	z	e	r		L	a	w		T	r	a	i	n	i	n	g										
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Other

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

☒ Public Employees

☒ Contractors

☒ Residential

☒ Developers

☒ Businesses

☒ General Public

☐ Restaurants

☐ Industries

☒ Other:

☐ Agricultural

P	l	a	n	n	i	n	g		a	n	d		Z	o	n	i	n	g		B	o	a	r	d	s							
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Other

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

Town of Haverstraw

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N	Y	R	2	0	A	2	6	5
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- [illegible]



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Haverstraw

SPDES ID

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

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

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

The Town aimed to further educate the general public by making 5,600 impressions this year involving a stormwater quality message through printed material and other appropriate media.

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

The Town of Haverstraw disseminated 4,200 brochures to their target audiences focused on erosion and sediment control and waste control. Information was distributed at four locations and public events to maximize effectiveness. The Town continues to partner with Cornell Cooperative Extension and the Stormwater Consortium of Rockland County. Through these partnerships, outreach efforts continues to include radio spots, news journals and presentations.

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

4	8	0	0
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(ex.: samples/participants/events)

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

The Town proposes to update their stormwater mapping through grant funds secured by the Stormwater Consortium of Rockland County and continue to work toward increasing impressions involving a stormwater quality message

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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Name of MS4/Coalition	Town of Haverstraw
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SPDES ID

N	Y	R	2	0	A	2	6	5
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## **Minimum Control Measure 2. Public Involvement/Participation**

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

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

How many MS4s contributed to this report?	1
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**1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:**

## ● Cleanup Events

# Events					4
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### ● Comments on SWMP Received

# Comments					0
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## ● Community Hotlines

Phone #	(				)				-			
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Phone# ( 8 4 5 ) 4 2 9 - 2 2 0 0

Phone# (    )    -

Phone# ( 

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Phone # ( 











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Phone # (    )    -

Phone# (    )    -

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Phone # (    )    -

Phone # (     )     -

Phone # (    )    -

- Community Meetings

# Attendees			1	5	6
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## ○ Plantings

Sq. Ft.				
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### ○ Storm Drain Markings

# Drains					
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## ● Stakeholder Meetings

# Attendees				9	6
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☐ Volunteer Monitoring

# Events					
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[illegible]

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

☒ Yes    ☐ No

○ List-Serve

# In List					
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○ Newspaper Advertising

# Days Run				
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### ○ TV/Radio Notices

# Days Run					
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[illegible]

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

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

Town of Haverstraw

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## URL

URL

URL

URL

URL

URL

URL

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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 Haverstraw

SPDES ID

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

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

URL

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URL

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[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]





**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Haverstraw

SPDES ID

N	Y	R	2	0	A	2	6	5
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**4.a. If this report was made available on the internet, what date was it posted?**

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

0	6
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 / 
 

0	1
---	---

 / 
 

2	0	1	7
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**4.b. For how many days was/will this report be posted?**

1	2	0
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**
☒ Yes   ☐ No

If Yes, what was the date of the meeting?

0	5
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 / 
 

2	2
---	---

 / 
 

2	0	1	7
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If No, is one planned?

☐ Yes   ☐ No
**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**
☐ Yes   ☒ No

If No, is one planned for each?

☐ Yes   ☒ No
**6. Were comments received during this reporting period?**
☐ Yes   ☒ No

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

**MS4 Annual Report Form**

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2	0	1	7
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Name of MS4/Coalition

Town of Haverstraw

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

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

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

Continue active involvement in the Rockland County Stormwater Consortium and other regional stormwater organizations. Begin to engage social media and online services.

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

The Town Stormwater Officer maintained active attendance at the Rockland County Stormwater Consortium meetings and attended various stormwater training sessions. The Town has begun utilizing online resources and social media relating to stormwater.

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

		1	0
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(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

Continue active involvements with regional stormwater organizations and expand local information regarding stream cleanup events.

**MS4 Annual Report Form**

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

2	0	1	7
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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 Haverstraw

SPDES ID

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

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

		1
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1. Enter the number and approx. percent of outfalls mapped: 

		2	0	0
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 # 

1	0	0
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 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 

1	9	5
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3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

☐ Auto Recyclers

☐ Landscaping (Irrigation)

☐ Building Maintenance

☐ Marinas

☐ Churches

☐ Metal Plateing Operations

☐ Commercial Carwashes

☐ Outdoor Fluid Storage

☐ Commercial Laundry/Dry Cleaners

☐ Parking Lot Maintenance

☐ Construction Vehicle Washouts

☐ Printing

☐ Cross-Connections

☐ Residential Carwashing

☐ Distribution Centers

☐ Restaurants

☐ Food Processing Facilities

☒ Schools and Universities

☐ Garbage Truck Washouts

☐ Septic Maintenance

☐ Hospitals

☐ Swimming Pools

☐ Improper RV Waste Disposal

☐ Vehicle Fueling

☒ Industrial Process Water

☐ Vehicle Maint./Repair Shops

☒ Other:

☐ None

1	1		T	o	w	n		o	w	n	e	d		p	r	o	p	e	r	t	i	e	s						
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☐ Sewersheds:

M	i	n	i	s	c	e	o	n	g	o	,		H	u	d	s	o	n	,		M	a	h	w	a	h				
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**This report is being submitted for the reporting period ending March 9,**

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

Name of MS4/Coalition	Town of Haverstraw
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SPDES ID

N	Y	R	2	0	A	2	6	5
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**3.b. What types of illicit discharges have been found during this reporting period?**

- ☐ Broken Lines From Sanitary Sewer      ☐ Industrial Connections  
☐ Cross Connections      ☐ Inflow/Infiltration  
☐ Failing Septic Systems      ☐ Pump Station Failure  
☐ Floor Drains Connected To Storm Sewers      ☐ Sanitary Sewer Overflows  
☐ Illegal Dumping      ☐ Straight Pipe Sewer Discharges  
☐ Other:      ☒ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		C
--	--	---

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

		C
--	--	---

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

		0
--	--	---

**7. Has the storm sewershed mapping been completed in this reporting period?**

☒ Yes    ☐ No

If No, approximately what percent was completed in this reporting period?

			%
--	--	--	---

**8. Is the above information available in GIS?**

☒ Yes      ☐ No

**Is this information available on the web?**

☐ Yes    ☒ No

If Yes, provide URL(s):

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

URL

[illegible]

URL

[illegible]

2	0	1	7
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N	Y	R	2	0	A	2	6	5
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	5	0	%
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**MS4 Annual Report Form**

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

2	0	1	7
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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 Haverstraw

SPDES ID

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

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

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

The Town aimed to move forward with field mapping and mobile application development for IDDE inspections.

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

The Town secured grant funding to update strowmater maps, develop mobile application for IDDE inspections through the Stormwater Consortium of Rockland County. The work is anticipated to commence in 2017/2018

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Complete stormwater field mapping and implementation of mobile application for IDDE inspections.

**MS4 Annual Report Form**

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

2	0	1	7
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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 Haverstraw

SPDES ID

N	Y	R	2	0	A	2	6	5
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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

		1
--	--	---

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

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

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

☐ 09/2004 ☒ 03/2006 ☐ NT

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

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

		4
--	--	---

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

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

		0
--	--	---

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



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

<input type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

**MS4 Annual Report Form**

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

2	0	1	7
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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 Haverstraw

SPDES ID

N	Y	R	2	0	A	2	6	5
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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

		1
--	--	---

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

		0
--	--	---
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		0
--	--	---
  3. What percent of active construction sites were inspected during this reporting period? ☒ NT 

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

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

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

 %
  5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT
  6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

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



### MS4 Annual Report Form

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

2	0	1	7
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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 Haverstraw
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SPDES ID

N	Y	R	2	0	A	2	6	5
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#### 7. Evaluating Progress Toward Measurable Goals MCM 4

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

Conduct effective review of construction projects and evaluate opportunities for additional knowledge sharing regarding the newly released General Permit for Construction Activities (GP-0-15-002).

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

The Town's stormwater representative has been informed of and is aware of modifications.

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

			1
--	--	--	---

*(ex.: samples/participants/events)*

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

Continue effective review of changing stormwater regulations and expansion of knowledge base.



## 7

2	0	1	7
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Name of MS4/Coalition

Town of Haverstraw

N	Y	R	2	0	A	2	6	5
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The information in this section is being reported (check one):

- |   |  |  |   |
|---|--|--|---|
| How many MS4s contributed to this report? |  |  | 1 |
|---|--|--|---|

		1
--	--	---

[illegible]

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9,**

2	0	1	7
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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 Haverstraw

SPDES ID

N	Y	R	2	0	A	2	6	5
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**4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?**☒ Yes ☐ No**4b. Does the MS4 have a banking and credit system for stormwater management practices?**☐ Yes ☒ No**4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?**☐ Yes ☒ No**4d. How many stormwater management practices have been implemented as part of this system in this reporting period?**

		0
--	--	---

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

	1	0
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	1	7
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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 Haverstraw

SPDES ID

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

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

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

Continue education of staff members on emerging post-construction stormwater management technology through informational meetings and on-line inquiries

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

The Town continued education of staff members on emerging post-construction stormwater management through informational meetings

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

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

(ex.: samples/participants/events)

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

The Town aims to maintain educational outreach and continue review of SWPPP's for conformance with post-construction stormwater management.

**MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9, 

2	0	1	7
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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 Haverstraw

SPDES ID

N	Y	R	2	0	A	2	6	5
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

☒ On behalf of an individual MS4☐ On behalf of a coalitionHow many MS4s contributed to this report? 

		1
--	--	---

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

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



**MS4 Annual Report Form**

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

2	0	1	7
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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 Haverstraw

SPDES ID

N	Y	R	2	0	A	2	6	5
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**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

				9
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

		4	0	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			9	0
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

			1	2
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

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

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

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

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

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

				4
--	--	--	--	---

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

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

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

	2	2
--	---	---

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

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

 %

**MS4 Annual Report Form**

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

2	0	1	7
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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 Haverstraw

SPDES ID

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

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

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

Continue training and knowledge transfer regarding stormwater funding, erosion and sediment control practices and post-construction stormwater management practices in accordance with updated stormwater design manual (2015) and revised permit requirements.

Conduct routine maintenance activities such as street sweeping and catch basin cleaning.

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

Town staff from Highway, Parks Departments and golf course facilities conducted visual observations and inspections of 11 Town-owned facilities. Additionally, inspections/cleaning of 3 stormwater ponds were conducted 12 times this year. The Town's point person, staff and Directors of Parks, Highway and Town golf course actively participated in quarterly and annual inspections for Town facilities.

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

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

(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

Continue training and knowledge transfer regarding stormwater funding, erosion and sediment control practices and post-construction stormwater management practices in accordance with updated stormwater design manual.

## MS4 Annual Report Form

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

2	0	1	7
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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 Haverstraw

SPDES ID

N	Y	R	2	0	A	2	6	5
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### Additional Watershed Improvement Strategy Best Management Practices

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

		1
--	--	---

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
<b>NYC EOH Watershed</b>	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
<b>Onondaga Lake Watershed</b>	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
<b>Greenwood Lake Watershed</b>	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>Oyster Bay</b>	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
<b>Peconic Estuary</b>	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
<b>Oscawana Lake Watershed</b>	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>LI 27 Embayments</b>	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? ☒ Yes ☐ No ☐ N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? ☐ Yes ☒ No ☐ N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

	3	0
--	---	---

 %

Estimate what percentage was mapped in this reporting period.

		0
--	--	---

 %



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Haverstraw

SPDES ID

N	Y	R	2	0	A	2	6	5
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☒ Yes ☐ No ☐ N/A
4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 

	5	0
--	---	---

 %
5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ☒ Yes ☐ No ☐ N/A
6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ☒ Yes ☐ No ☐ N/A
- 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ☐ Yes ☐ No ☒ N/A
- 7b. How many projects have been sited in this reporting period? 

		0
--	--	---
- 7c. What percent of the projects included in 7b have been completed in this reporting period? 

		0
--	--	---

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

		0
--	--	---

 %
- ☒ No Projects Planned
- 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ☒ Yes ☐ No ☐ N/A
- 8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? ☒ Yes ☐ No ☐ N/A



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Haverstraw

SPDES ID

N	Y	R	2	0	A	2	6	5
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**9. Has your MS4/Coalition developed and implemented a program of native planting?**

☒ Yes   ☐ No   ☐ N/A

**10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?**

☒ Yes   ☐ No   ☐ N/A

**11. Does your MS4/Coalition have a pet waste bag program?**

☒ Yes   ☐ No   ☐ N/A

**12. Does your MS4/Coalition have a program to manage goose populations?**

☒ Yes   ☐ No   ☐ N/A