# MS4 Annual Report Cover Page

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

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Cover Page 1 of 2

# MS4 Annual Report Cover Page

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

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

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

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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	nt or ac	ceptan	ce c	of:					
<ul> <li>An Annual Report for a single MS4</li> </ul>									
○ A Single Entity (Per Part II.E of GP-0-10-002)									
O A Joint Report									
Joint reports may be submitted by permittees with legally b	oinding	gagree	me	nts.					
If Joint Report, enter coalition name:									
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MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 

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

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

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

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Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following pe	ositions as indicated below:
1. Principal Executive Officer, Chief Elected Official or other qua GP-0-08-002 Part VI.J).	alified individual (per
2. Duly Authorized Representative (Information for this contact r Authorized Representative is signing this form)	nust only be submitted if a Duly
3. The Local Stormwater Public Contact (required per GP-0-08-0	02 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (coordination/implementation of SWMP).	Individual responsible for
5. Report Preparer (Consultants may provide company name in the	ne space provided).
A separate sheet must be submitted for each position listed about filled by the same individual. If one individual fills multiple rounce and check all positions that apply to that individual.	_
If a new Duly Authorized Representative is signing this report, provided and a signature authorization form, signed by the Prin Elected Official must be attached.	
For each contact, select all that apply:	
O Principal Executive Officer/Chief Elected Official	
Duly Authorized Representative	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	
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MCC form for period ending March 9, 2 0 1 7

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

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For each contact, select all that apply:

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

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

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Name of MS4 Town of Haverstraw  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																														
Section	Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting oeriod?																													
Did your period?	period?  O Yes O No  If Yes, complete information below.  Submit a separate sheet for each partner. Information provided in other formats will not be																													
Subn accer coali	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																													
If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName  C o r n e 1 1 C o o p e r a t i v e E x t e n s i o n o f																														
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MCC form for period ending March 9, 2 0 1 7

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Name of MS4	Town of Haverstraw	N	Y	R	2	0	A	2	6	5

#### **Section 4 - Certification Statement**

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

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

First Name	MI	Last Name
H o w a r d	T	Phillips
Title (Clearly print title of individual signing report)		
Town Supervisor		
Signature	)	Date 0 5 / 2 2 / 2 0 1 7

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

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

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

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Name of MS4/Coalition Town of Haverstraw	N Y R 2 0 A 2 6 5
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>	1
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach de	uring this reporting period:
Construction Sites	Pesticide and Fertilizer Application
● General Stormwater Management Information	Pet Waste Management
<ul> <li>Household Hazardous Waste Disposal</li> </ul>	Recycling
■ Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
■ Infrastructure Maintenance	● Trash Management
O Smart Growth	O Vehicle Washing
O Storm Drain Marking	<ul><li>Water Conservation</li></ul>
• Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
● Other:         F e r t i l i z e r L a w T r a i n i         Other	O None
2. Specific audiences targeted during this reporting period:	
Public Employees Contractors	
● Residential ● Developers	
● Businesses ● General Public	
O Restaurants O Industries	
Other: O Agricultural	
Planning and Zoning B Other	o a r d s

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 7$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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n saomitin	g tills form as part o	f a joint report of	on benair of a			ies in giani	ζ.
Γ	T				SPDES ID	207	
Name of MS4/Coalition	Town of Haverstraw				N Y R	2 0 A 2	2 6 5
4. Evaluating Prog	ress Toward Me	asurable Goal	s MCM 1				
Use this page to repoidentified in your Sto III.C.1. Submit addit	ormwater Manager	ment Program					ı Part
A. Briefly summar	ize the Measurab	le Goal identi	fied in the S	WMPP i	n this re	porting pe	riod.
The Town aimed to involving a stormwa							
B. Briefly summar Goal.	ize the observatio	ns that indica	ted the over	rall effect	iveness (	of this Mea	surable
The Town of Havers and sediment control events to maximize Extension and the S outreach efforts con	l and waste control effectiveness. The tormwater Consor	l. Information Town continutium of Rockla	was distributes to partner and County.	ted at four with Cor Through	r location nell Coo these part	ns and publ perative	
C. How many time	s was this observa	ntion measure	d or evaluat	ted in thi	-	4 8	8 0 0
D. Has your MS4 n	nade progress tov	vard this Mea	surable Goa	al during		orting peri Yes	od?
E. Is your MS4 on	schedule to meet	the deadline s	et forth in t	he SWM	PP?	• Yes	O No
F. Briefly summari	ze the stormwate				als of thi	s MCM du	ıring
The Town proposes Stormwater Consort involving a stormwa	ium of Rockland (	County and cor					ons

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 7$ 

Name of MS4/Coalition Town of Haverstraw			N Y R 2	0	A 2	6	5
Minimum Control Measure 2. I	Public Invo	lvemen	t/Participa	atio	<u>n</u>		
The information in this section is being reported (check	one):						
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this rep</li> </ul>	port?	1					
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	the Stormwa	ater Man			am		
Cleanup Events			# Events				4
● Comments on SWMP Received			# Comments				0
Community Hotlines	Phone # (		)	-			
Phone # ( 8 4 5 ) 4 2 9 - 2 2 0 0	Phone # (		)	-[			
Phone # ( )	Phone # (		)	-[			
Phone # ( )	Phone # (		)	-[			
Phone # ( )	Phone # (		)	_[			
Phone # ( )	Phone # (		)	-[			
• Community Meetings			# Attendees		1	5	6
O Plantings			Sq. Ft.				
O Storm Drain Markings			# Drains				
• Stakeholder Meetings			# Attendees			9	6
O Volunteer Monitoring			# Events				
● Other: Public Meeting	s						
2. Was public notice of availability of this annua Program (SWMP) Plan provided?	l report and	Stormw	ater Manag		nt Yes	0	No
○ List-Serve			# In List				
O Newspaper Advertising			# Days Run				
O TV/Radio Notices			# Days Run				
● Other: P u b l i c M e e t i n g	s						
O Web Page URL: Enter URL(s) on the following tw	o pages.						

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

Vame	e of	of MS4/Coalition Town of Haverstraw																N	Y	R	2	0	Α	2	6	5						
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This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

SPDES ID

ne of l	MS4/	'Coa	oalition Town of Haverstraw  on't.: ovide specific address(es) where notices can be acces																N	Y	R	2	0	A	2	6	5			
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This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 7$ 

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This report is being submitted for the reporting period ending March 9, 2 0 1 7

SPD	ES ID
Name of MS4/Coalition Town of Haverstraw N	Y R 2 0 A 2 6 5
4.a. If this report was made available on the internet, what date was it po	sted?
Leave blank if this report was not posted on the internet.	/ 0 1 / 2 0 1 7
4.b. For how many days was/will this report be posted?	1 2 0
If submitting a report for single MS4, answer 5.a If submitting a joint re-	port, answer 5.b
5.a. Was an Annual Report public meeting held in this reporting period?  If Yes, what was the date of the meeting?  0 5	Yes       ○ No           2 2   2 0 1 7
If No, is one planned?	○ Yes ○ No
5.b. Was an Annual Report public meeting held for all MS4s contributing	g 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?  If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.	○ Yes • No

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 7$ 

	SPDES ID
Name of MS4/Coalition Town of Haverstraw	N Y R 2 0 A 2 6 5
	/
7. Evaluating Progress Toward Measurable Goals MCM 2	
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 S	WMPP in this reporting period.
Continue active involvement in the Rockland County Stormwater stormwater organizations. Begin to engage social media and onli	
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
The Town Stormwater Officeer maintained active attendance at t Consortium meetings and attended various stormwater training su utilizing online resources and social media relating to stormwater	essions. The Town has begun
C. How many times was this observation measured or evalua	ted in this reporting period?
Control many cannot have care control months and control of control	10
	(ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal	l during this reporting period?  ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	
E. 13 your 14154 on senedule to meet the dedunite set to the in t	• Yes O No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	8
Continue active involvements with regional stormwater organiza regarding stream cleanup events.	tions and expand local information

This report is being submitted for the reporting period ending March 9, 2 0 1 7

Name of MS4/Coalition Town of Haverstraw		SPDES ID    N   Y   R   2   0   A   2   6   5
Minimum Control Measure 3. 1	<u>llicit Discharge Dete</u>	ction and Elimination
The information in this section is being reported (	check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to the</li> </ul>	nis report? 1	
1. Enter the number and approx. percent of	of outfalls mapped:	2 0 0 # 1 0 0 %
2. How many of these outfalls have been so reporting period (outfall reconnaissance	inventory)?	1 9 5
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for ins	pection during this
O Auto Recyclers	O Landscaping (Irrigation	)
O Building Maintenance	O Marinas	
○ Churches	O Metal Plateing Operation	ons
O Commercial Carwashes	Outdoor Fluid Storage	
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenan	ce
O Construction Vehicle Washouts	O Printing	
O Cross-Connections	O Residential Carwashing	
O Distribution Centers	O Restaurants	
O Food Processing Facilities	• Schools and Universitie	es
O Garbage Truck Washouts	O Septic Maintenance	
○ Hospitals	O Swimming Pools	
O Improper RV Waste Disposal	O Vehicle Fueling	
■ Industrial Process Water	O 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
O Sewersheds:		
M i n i s c e o n g o ,	Hudson,	M a h w a h

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

		SPDES	S ID					
Name of MS4/Coalition Town of Haverstraw		NY	R	2 (	0 A	2	6	5
3.b. What types of illicit discharges have	been found during this report	ting p	erio	d?				
O Broken Lines From Sanitary Sewer	O Industrial Connections	01						
O Cross Connections	○ Inflow/Infiltration							
O Failing Septic Systems	O Pump Station Failure	*						
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows							
O Illegal Dumping	O Straight Pipe Sewer Discharges	s						
Other:	● None	3040		J		41:		
4. How many illicit discharges/potentia reporting period?	i megai connections have been	uete	cieu	aur	ıng			0
5. How many illicit discharges have been $\frac{1}{L}$	en confirmed during this repor	rting	perio	d?				0
<ul><li>6. How many illicit discharges/illegal coperiod?</li><li>7. Has the storm sewershed mapping beautiful.</li></ul>	een completed in this reporting	g peri			• Y			0
If No, approximately what percent was  8. Is the above information available in Is this information available on the v If Yes, provide URL(s):	GIS?	100?			• Yo		10	
Please provide specific address of page	where map(s) can be accessed -	not h	ome j	pago	э.			
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This report is being submitted for the reporting period ending March 9, 2 0 1 7

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,  $2 \mid 0 \mid 1 \mid 7$ 

Name of MS4/Coalition Town of Haverstraw	N Y R 2 0 A 2 6 5
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans towar 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.
The Town aimed to move forward with field mapping and mobinspections.	ile applciation development for IDDE
B. Briefly summarize the observations that indicated the over Goal.	erall effectiveness of this Measurable
The Town secured grant funding to update strowmater maps, de inspections through the Stormwater Consortium of Rockland Commence in 2017/2018	
C. How many times was this observation measured or evaluation	ated in this reporting period?
D. Has worm MSA made managed toward this managed to	(ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable go	e Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sch	9
Complete stormwater field mapping and implementation of molinspections.	pile application for IDDE

This report is being submitted for the reporting period ending March 9, 2 0 1 7

		SPDES I	D				
Name of MS4/Coalition Town of Haverstraw		N Y I	R 2	0 A	2	6 5	
Minimum Control Measures Construction Site and Post-Constru		<u>-</u>	<u>I</u>				
The information in this section is being reported (check one):							
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>							
1a. Has each MS4 contributing to this report adopted a law, or mechanism that provides equivalent protection to the NYS Stormwater Discharges from Construction Activities?				_	r	0 <b>N</b> o	)
1b. Has each Town, City and/or Village contributing to this re equivalent to a NYSDEC Sample Local Law for Stormwat Sediment Control through either an attorney cerfification Analysis Workbook?	er Mana	gement the NY	t and	Erosi	on a		
If Yes, Towns, Cities and Villages provide date of equivalent		nple Loo 19/2004		aw. 03/2006	5	o ni	
2. Does your MS4/Coalition have a SWPPP review procedure	e in plac	e?		• Ye	S	O No	)
3. How many Construction Stormwater Pollution Prevention reviewed in this reporting period?	Plans (S	WPPP:	s) ha	ve bee	n	4	
4. Does your MS4/Coalition have a mechanism for receipt an comments related to construction SWPPPs?	d consid		of pu	ublic O No	) (	O NI	•
If Yes, how many public comments were received during this	reporting	period	?_			0	
5. Does your MS4/Coalition provide education and training for SWPPP process?	or contra	actors a	ıbout	the lo			

period for construction active do not have authority:	itie	s, indicate the n	umber of actions, or note those for which you
O Notices of Violation	#		O No Authority
O Stop Work Orders	#		○ No Authority
O Criminal Actions	#		○ No Authority
O Termination of Contracts	#		○ No Authority
O Administrative Fines	#		O No Authority
O Civil Penalties	#		O No Authority
O Administrative Orders	#		O No Authority
O Enforcement Actions or Sanctions	#		
O Other	#		O No Authority

6. Identify which of the following types of enforcement actions you used during the reporting

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 7$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Nam	ne of MS4/Coalition Town of Haverstraw  SPDES ID  N Y R 2	0 A 2	6 5
	Minimum Control Measure 4. Construction Site Stormwater Runo	ff Cont	<u>trol</u>
The	information in this section is being reported (check one):		
• 0	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
	How many construction projects have been authorized for disturbances of one a during this reporting period?	icre or r	<b>nore</b> 0
	How many construction projects disturbing at least one acre were active in you during this reporting period?	r jurisdi	iction 0
3.	What percent of active construction sites were inspected during this reporting p	period?	• NT
4.	What percent of active construction sites were inspected more than once?	1 0	● NT
	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual? • Yes	the NYS	S ONT
	Does your MS4/Coalition provide public access to Stormwater Pollution Preven (SWPPPs) of construction projects that are subject to MS4 review and approva		ons
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made avapublic review?		
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	i.	

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 7$  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,  $2 \mid 0 \mid 1 \mid 7$ 

Name of MS4/Coalition Town of Haverstraw	SPDES ID  N Y R 2 0 A 2 6 5
7. Evaluating Progress Toward Measurable Go	als MCM 4
Use this page to report on your progress and project identified in your Stormwater Management Program III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal iden	tified in the SWMPP in this reporting period.
Conduct effective review of construction projects a knowledge sharing regarding the newly released G (GP-0-15-002).	
B. Briefly summarize the observations that indic Goal.	cated the overall effectiveness of this Measurable
The Town's stormwater representative has been inf	formed of and is aware of modifications.
C. How many times was this observation measure	red or evaluated in this reporting period?
D. Has your MS4 made progress toward this me	ex.: samples/participants/event asurable goal during this reporting period?
D. Has your Me I made progress toward this me	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline	
	• Yes • No
F. Briefly summarize the stormwater activities p the next reporting cycle (including an implem	
Continue effective review of changing stormwater	regulations and expansion of knowledge base.

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$  7

				SP	DE2 ID		
Name of MS4/Coalition	Town of Haverstraw			N	Y R	2 0 A 2	6 5
<u>Minimum</u>	Control Mea	sure 5. Post-	·Constructio	n Stormw	ater N	<u> Ianageme</u>	<u>ent</u>
The information in th	nis section is bein	g reported (chec	k one):				
<ul><li>On behalf of an inc</li><li>On behalf of a coa</li><li>How m</li></ul>		ributed to this r	eport?	1			
1. How many and MS4/Coalition is						has your	
		#	#	# Times			
		Inventoried	Inspections	Maintaine	<b>i</b> 1		
O Alternative Practic	ees			2			
O Filter Systems							
O Infiltration Basins							
Open Channels							
Ponds		3	1 2	9			
O Wetlands							
O Other							
2. Do you use an o BMPs, inspecti		. •	base, spreadsl	heet) to trac	k post-	•constructio ● Yes	on O No
3. What types of a Development/B					Low In	npact	
<ul><li>Building Codes</li></ul>	Municipal C	omprehensive Pl	ans				
Overlay Districts	Open Space	Preservation Pro	gram				
<ul><li>Zoning</li></ul>	• Local Law o	r Ordinance					
O None	Land Use Ro	egulation/Zoning					
O Watershed Plans	O Other Comp	rehensive Plan					
Other:							

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

				SPD	ES	ID						
Nar	ne of MS4/Coalition Town of Haverstraw			N	Y	R	2	0	A	2	6	5
4a.	Are the MS4s contributing to this report involved in a regional	/water	she	ed w	ide	pla	ann	-	<b>eff</b>		?	No
4b.	Does the MS4 have a banking and credit system for stormwater	r man	age	men	t p	rac	tic		Ye	s		No
4c.	Do the SWMP Plans for each MS4 contributing to this report is and approval of banking and credit of alternative siting of a sto		-					t pr		ice?	•	No
4d.	How many stormwater management practices have been imple reporting period?	mente	d a	s pa	rt o	f t	his	sys	tem	in	this	S
5.	What percent of municipal officials/MS4 staff responsible for p training on Low Impace Development (LID), Better Site Design Infrastructure principles in this reporting period?	_		_					itte	nde 1		%

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 7$ 

	SPDES ID
Name of MS4/Coalition Town of Haverstraw	N Y R 2 0 A 2 6 5
6. Evaluating Progress Toward Measurable Goals MC	M 5
Use this page to report on your progress and project plans t	oward achieving measurable goals
identified in your Stormwater Management Program Plan (	
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-co	nstruction stormwater management
technology through informational meetings and on-line in	
B. Briefly summarize the observations that indicated the Goal.	e overall effectiveness of this Measurable
The Town continued education of staff members on emerg management through informational meetings	ing post-construction stormwater
,	
C. How many times was this observation measured or o	
D. Has your MS4 made progress toward this measurab	ex.: samples/participants/events)  le goal during this reporting period?
20 Mai your Marie progress toward this mensural	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set for	th in the SWMPP?
	• Yes O No
F. Briefly summarize the stormwater activities planned the next reporting cycle (including an implementation	
The Town aims to maintain educational outreach and cont	nue review of SWPPP's for conformance
with post-construction stormwater management.	

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 7$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPL	DES	ID						
Name of MS4/Coalition	Town of Haverstraw	N	Y	R	2	0	А	2	6	5

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

The information in this section is being reported (check one):	
On behalf of an individual MS4	
On behalf of a coalition	-

How many MS4s contributed to this report?

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

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

	perro	illieu within the past 3
Operation/Activity/Facility	Addressed in SWMP?	years?
Street Maintenance	● Yes ○ No	● Yes ○ No
Bridge Maintenance	O Yes • No	○ Yes • No
Winter Road Maintenance	• Yes • No	● Yes ○ No
Salt Storage	• Yes O No	• Yes • No
Solid Waste Management	• Yes O No	● Yes ○ No
New Municipal Construction and Land Disturba	nce ■ Yes O No	● Yes ○ No
Right of Way Maintenance	O Yes • No	
Marine Operations	○ Yes • No	○ Yes • No
Hydrologic Habitat Modification		○ Yes • No
Parks and Open Space	<b>a</b>	● Yes ○ No
Municipal Building	● Yes ○ No	● Yes ○ No
Stormwater System Maintenance		● Yes ○ No
Vehicle and Fleet Maintenance		● Yes ○ No
Other	○ Yes • No	O Yes O No

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 7$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SLDES	עו				
Name of MS4/Coalition Town of Haverstraw		NY	R 2	0 .	A 2	6	5
2. Provide the following information about municipal operat	ions goo	d hous	sekeep	ing	proş	gran	ns:
• Parking Lots Swept (Number of acres X Number of times swep	ot)	# 1	Acres				9
• Streets Swept (Number of miles X Number of times swept)		# 1	Miles		4	0	0
Catch Basins Inspected and Cleaned Where Necessary			#			9	0
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>			#			1	2
Phosphorus Applied In Chemical Fertilizer		#	Lbs.				0
Nitrogen Applied In Chemical Fertilizer		#	Lbs.				0
Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	lumber of	# <b>A</b> o	cres		9	0.	0
3. How many stormwater management trainings have been p during this reporting period?	orovided	to mu	nicipa	l en	iplo	yees	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	reportin	g perio	od?			2	2
6. What percent of municipal employees in relevant positions stormwater management training?	and dep	oartme	ents re		r <b>e</b> 1 0	0	%

This report is being submitted for the reporting period ending March 9, 2 0 1 7

is businessing this form us pure of a Joine report on commit of a	SPDES ID								
Name of MS4/Coalition Town of Haverstraw	N Y R 2 0 A 2 6 5								
Tumo of the modulation									
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 S	WMPP in this reporting period.								
Continue training and knowledge transfer regarding stormwater for control practices and post-construction stormwater management pupdated stormwater design manual (2015) and revised permit required.	practices in accordance with								
Conduct routine maintenance activities such as street sweeping ar	nd catch basin cleaning.								
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable								
Town staff from Highway, Parks Departments and golf course factobservations and inspections of 11 Town-owned facilities. Additional stormwater ponds were conducted 12 times this year. The Town's Parks, Highway and Town golf course actively participated in quartown facilities.	onally, inspections/cleaning of 3 point person, staff and Directors of								
C. How many times was this observation measured or evaluat	ed in this reporting period?								
	4 5								
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	he SWMPP?  ● Yes ○ No								
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation scheen	et the goals of this MCM during								
Continue training and knowledge transfer regarding stormwater for control practices and post-construction stormwater management pupdated stormwater design manual.									

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

		SF	SPDES ID							
Name of MS4/Coalition	Town of Haverstraw	N	Y	R	2	0	A	2	6	5

#### 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)
NYC EOH Watershed	-		-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	=	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay		-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Usc	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Usc	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	×=	:=	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1.	Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? • Yes	O No	O N/A
2.	Has 100% of the MS4/Coalition conveyance system been mapped in GIS? ○ Yes	No	O N/A
	If N/A, go to question 3.		
	If No, estimate what percentage of the conveyance system has been mapped so far.	3	3 0 %
	Estimate what percentage was mapped in this reporting period.		0 %

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

		SP	DES ID		
Naı	ne of MS4/Coalition Town of Haverstraw	N	Y R 2	0 A	2 6 5
3.	Does your MS4/Coalition have a Stormwater Conveyance and Maintenance Plan Program?	System (inf	rastructu • Yes	re) Insp O No	oection
4.	Estimate the percentage of on-site wastewater treatment sy and maintained or rehabilitated as necessary in this report			inspec	
5.	Has your MS4/Coalition developed a program that provid NYSDEC SPDES General Permit for Stormwater Dischar (GP-0-08-001) to reduce pollutants in stormwater runoff for disturb five thousand square feet or more?	ges from C	onstructio	n Activ	rities
6.	Has your MS4/Coalition developed a program to address prunoff from new development and redevelopment projects equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Actithe New York State Stormwater Design Manual Enhanced Standards?	that disture NYS DEC	b greater SPDES ( 0-08-001),	than or General includ	•
7a.	Does your MS4/Coalition have a retrofitting program to rephosphorus/nitrogen/pathogen loading?	educe erosio	on or O Yes	O No	● N/A
7b.	How many projects have been sited in this reporting period	d?			0
	What percent of the projects included in 7b have been com What percent of projects planned in previous years have b		-	ing peri	od?
			• No	Projects	Planned
8a.	Has your MS4/Coalition developed and implemented a turn procedures policy that addresses proper fertilizer application lands?	-	_		O N/A
8b.	Has your MS4/Coalition developed and implemented a turprocedures policy that addresses proper disposal of grass of municipally owned lands?	_			O N/A

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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	2 6 5
9. Has your MS4/Coalition developed and implemented a program of		_	O N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste prohibiting goose feeding?		-	rties and
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?	• Yes	O No	O N/A