



Transmittal

To NYSDEC, Division of Water
4th Floor, 625 Broadway
Albany, NY 12233-3505

Date 05-29-2015

Attention MS4 Permit Coordinator

From Cosimo Pagano III

Subject Town of Haverstraw MS4 Annual Report – 14/15 Report Period

Telephone 315 679 5741

Project Haverstraw MS4 Program

Job No. 86 14276

Drawing/ Document No.	Date	Description/Title	No. of Copies
	05-29-2015	MS4 Annual Report	2

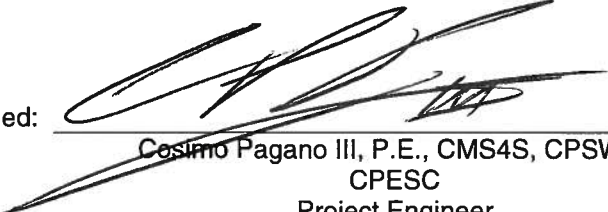
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Remarks

cc: Patrick Brady, P.E. JRSB (w/enc)

Signed:


Cosimo Pagano III, P.E., CMS4S, CPSWQ,
CPESC
Project Engineer

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SPDES ID

N	Y	R	2	0	A	2	6	5
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● This report is being submitted on behalf of an individual MS4.

Name of MS4

[illegible]

☐ **This report is being submitted on behalf of a Single Entity**

Name of Single Entity

[illegible]

☐ **This is a joint report being submitted on behalf of a coalition.**

Name of Coalition

[illegible]

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MS4 Annual Report Cover Page

MCC form for period ending March 9, 2015

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

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

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N Y R 2 0 A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2015

Name of MS4 TOWN OF HAVERSTRAW

SPDES ID

N	Y	R	2	0	A	2	6	5
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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, 2 0 1 5

Name of MS4 TOWN OF HAVERSTRAW

SPDES ID

N Y R 2 0 A 2 6 5

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

H O W A R D

MI

Last Name

P H I L L I P S

Title

T O W N S U P E R V I S O R

Address

1 R O S M A N R O A D

City

G A R N E R V I L L E

State

N Y

Zip

1 0 9 2 3 -

eMail

H P H A V E R S T R A W @ A O L . C O M

Phone

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

County

R O C K L A N D

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	1	5
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Name of MS4

T	O	W	N	O	F	H	A	V	E	R	S	T	R	A	W
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SPDES ID

N	Y	R	2	0	A	2	6	5
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Section 2 - Contact Information

Important Instructions - Please Read

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- ☒ Duly Authorized Representative
- ☒ Local Stormwater Public Contact
- ☒ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

First Name

P	A	T	R	I	C	K									
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MI

F

Last Name

B	R	A	D	Y											
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Title

M	S	4			P	R	O	G	R	A	M		M	A	N	A	G	E	R											
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Address

1		R	O	S	M	A	N		R	O	A	D																			
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City

G	A	R	N	E	R	V	I	L	L	E										
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State

N	Y
---	---

Zip

1	0	9	2	3	-						
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eMail

P	B	R	A	D	Y	@	J	R	S	B	.	O	R	G																
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Phone

(8	4	5)	4	2	9	-	2	2	0	0
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County

R	O	C	K	L	A	N	D								
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 5

Name of MS4 TOWN OF HAVERSTRAW

SPDES ID

N Y R 2 0 A 2 6 5

Section 2 - Contact Information

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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																
Title																															
P	R	I	N	C	I	P	A	L																							
Address																															
O	N	E		R	E	M	I	N	G	T	O	N		P	A	R	K		D	R	I	V	E								
City															State					Zip											
C	A	Z	E	N	O	V	I	A										N	Y	1	3	0	3	5	-						
eMail																															
m	i	c	h	a	e	l	.	t	a	m	b	l	i	n	@	g	h	d	.	c	o	m									
Phone															County																
(3	1	5)	6	7	9	-	5	8	0	0			M	A	D	I	S	O	N										

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2015

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 E Y P O I N T

State

N Y

Zip

1 0 9 8 0 -

eMail

P W T 2 @ C O R N E L L . E D U

Phone

(8 4 5) -

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, 2 0 1 5

Name of MS4 TOWN OF HAVERSTRAW

SPDES ID

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

H O W A R D

MI

T

Last Name

P H I L L I P S

Title (Clearly print title of individual signing report)

T O W N S U P E R V I S O R

Signature



Date

0 5 / 2 6 / 2 0 1 5

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

7

2	0	1	5
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

TOWN OF HAVERSTRAW

N	Y	R	2	0	A	2	6	5
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L

How many MS4s are contributed to this report?	1
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- ☐ Yes ☒ No

☐ Report(s) attached to the annual report

☐ Web Page(s) where report(s) is/are provided below

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

[illegible][illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2015

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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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

[illegible]

Other

2. Specific audiences targeted during this reporting period:

- ☒ Public Employees ☒ Contractors
☒ Residential ☒ Developers
☒ Businesses ☒ General Public
☐ Restaurants ☐ Industries
☒ Other: ☐ Agricultural

[illegible]

Other

MS4 Annual Report Form

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

2	0	1	5
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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

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SPDES ID

N	Y	R	2	0	A	2	6	5
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3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☒ Construction Site Operators Trained

Trained

			1	5
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☐ Direct Mailings

Mailings

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☒ Kiosks or Other Displays

Locations

				4
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☐ List-Serves

In List

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☐ Mailing List

In List

--	--	--	--	--

☒ Newspaper Ads or Articles

Days Run

				1
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☒ Public Events/Presentations

Attendees

			9	4
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☐ School Program

Attendees

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☐ TV Spot/Program

Days Run

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☒ Printed Materials:

Total # Distributed

	4	8	0	0
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Locations (e.g. libraries, town offices, kiosks)

T	O	W	N		H	A	L	L											
T	O	W	N		H	I	G	H	W	A	Y		G	A	R	A	G	E	
C	C	E		E	D	U	C	T	A	I	O	N		C	E	N	T	E	R
H	O	M	E		G	A	R	D	E	N		S	H	O	W				

☒ Other:

R	a	d	i	o		-		7		s	e	s	s	i	o	n	s		
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☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

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H	T	M																												

URL

W	W	W	.	T	O	W	N	O	F	H	A	V	E	R	S	T	R	A	W	.	U	S	/							
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2	0	1	5
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N	Y	R	2	0	A	2	6	5
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3. Web Page cont'.: Provide specific web addresses - not home page.

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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

N	Y	R	2	0	A	2	6	5
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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 of Haverstraw aimed to expand its public outreach efforts through the use of printed material targeted towards residents, private developers and industry, as well as through web site publications. The Town also looked to increase target audiences.

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

The Town of Haverstraw disseminated 4,800 brochures to their target audiences focused on erosion and sediment control and waste control. Information was distributed at four locations to maximize effectiveness. The Town continues to partner with the Cornell Cooperative Extension and the Stormwater Consortium of Rockland County. Through these partnerships, outreach efforts continued to include radio spots, news journal articles as well as 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 expand its efforts to include an increase in quantity of printed materials online, which includes potentially covering additional topics such as erosion and sediment control or flood mitigation. The Town is also looking to track viewers and users of its stormwater web site.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2015

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 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					1
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- ## ● Comments on SWMP Received

# Comments					0
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- ## ● 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	6
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- ## ○ Plantings

Sq. Ft.					
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- ### ○ Storm Drain Markings

#Drains				
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- ## ● Stakeholder Meetings

# Attendees					8
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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.

MS4 Annual Report Form

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2	0	1	5
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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

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2. URL(s) con't.:

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

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 HAVERSTAW
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SPDES ID							
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URL

URL

[illegible]

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 5

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Name of MS4/Coalition	TOWN OF HAVERSTRAW
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SPDES ID

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3. Where can the public access copies of this annual report, Stormwater Management Program (SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

● MS4/Coalition Office

● Annual Report ● SWMP Plan ● Comments

Department

[illegible]

Address

[illegible]

City

[illegible]

Phone

$$\left(\begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array}$$

○ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

[illegible]

City

[illegible]

Phone

$$(\quad \quad \quad) \quad \quad \quad - \quad \quad \quad$$

☐ Other

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

[illegible]

City

[illegible]

Phone

$$(\quad \quad \quad) \quad \quad \quad - \quad \quad \quad \quad \quad$$

● Web Page URL:

● Annual Report ● SWMP Plan ● Comments

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Please provide specific address of page where report can be accessed - not home page.

● eMail

○ Comments

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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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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
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2	0	1	5
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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	6
---	---

 /

2	0	1	5
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If No, is one planned?

~~XXXXXX~~ ☒ No

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

If No, is one planned for each?

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

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

MS4 Annual Report Form

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

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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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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 with regional stormwater organizations.

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. The Town Stormwater Officer also attended a range of target stormwater training sessions.

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

			8
--	--	--	---

(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 involvement with regional stormwater organizations and begin to engage social media and online services. Evaluate opportunities to expand local knowledge base on stormwater related issues including the newly released stormwater permits.

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 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
--	--	---

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

		2	0	0
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 #

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

 %

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

	4	5
--	---	---

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

- | | |
|---|---|
| <input type="radio"/> Auto Recyclers | <input type="radio"/> Landscaping (Irrigation) |
| <input type="radio"/> Building Maintenance | <input type="radio"/> Marinas |
| <input type="radio"/> Churches | <input type="radio"/> Metal Plateing Operations |
| <input type="radio"/> Commercial Carwashes | <input type="radio"/> Outdoor Fluid Storage |
| <input type="radio"/> Commercial Laundry/Dry Cleaners | <input type="radio"/> Parking Lot Maintenance |
| <input type="radio"/> Construction Vehicle Washouts | <input type="radio"/> Printing |
| <input type="radio"/> Cross-Connections | <input type="radio"/> Residential Carwashing |
| <input type="radio"/> Distribution Centers | <input type="radio"/> Restaurants |
| <input type="radio"/> Food Processing Facilities | <input checked="" type="radio"/> Schools and Universities |
| <input type="radio"/> Garbage Truck Washouts | <input type="radio"/> Septic Maintenance |
| <input type="radio"/> Hospitals | <input type="radio"/> Swimming Pools |
| <input type="radio"/> Improper RV Waste Disposal | <input type="radio"/> Vehicle Fueling |
| <input checked="" type="radio"/> Industrial Process Water | <input type="radio"/> Vehicle Maint./Repair Shops |
| <input checked="" type="radio"/> Other: | <input type="radio"/> 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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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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- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☒ None

[illegible]

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☒ Yes ☐ No

			8
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☒ Yes ☐ No

☐ Yes ☒ No

100 110

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MS4 Annual Report Form

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

Name of MS4/Coalition

TOWN OF HAVERSTRAW

SPDES ID

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8. URL(s) con't.:

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

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[illegible]

URL

[illegible]

- 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report?** ☒ Yes ☐ No

- 10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?** ☐ Yes ☐ No ☒ NT

- 11. What percent of staff in relevant positions and departments has received IDDE training?**

	1	0	$\frac{9}{10}$
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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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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 is continuing to evaluate the use of mobile technology to improve IDDE field work and reporting efficiencies.

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

The Town has continued to develop its stormwater GIS geodatabase and is preparing to improve accuracy and data (elevations, pipe diameter, etc.).

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

			1
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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 is working with the regional stormwater consortium to potentially conduct IDDE on a broader watershed scale utilizing mobile technology discussed above. The Town intends to identify opportunities to work with private Owners of stormwater treatment systems to conduct IDDE inspections on outfalls contributing to the system.

Additionally, the Town aims to identify opportunities to standardize IDDE inspection periods at

MS4 Annual Report Form

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

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Name of MS4/Coalition

TOWN OF HAVERSTRAW

SPDES ID

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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?

		1
--	--	---

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
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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><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><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><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><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><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><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><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><td></td></tr></table>							
<input type="radio"/> Other	#	<table border="1"><tr><td></td><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,

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

		1
--	--	---

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

		1
--	--	---

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

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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

NYR20A265

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

SUPERVISOR'S OFFICE

Address

ONE ROSMAN ROAD

City

GARNERVILLE

NY

Zip

10923 -

Phone

(845) 429 - 2200

○ Library

Address

City

Zip

-

Phone

() -

● Other

Address

BUILDING DEPARTMENT 1 ROSMAN RD

City

GARNERVILLE

NY

Zip

10923 -

Phone

(845) 942 - 3710

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

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Name of MS4/Coalition

TOWN OF HAVERSTRAW

SPDES ID

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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.

The Town intended to continue its effective review of construction projects.

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

The Town codes enforcement staff, in conjunction with an engineering consultant, has conducted site inspections for E&S control for each project in Town requiring SWPPP coverage.

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

			1
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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 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)

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Name of MS4/Coalition

TOWN OF HAVERSTRAW

SPDES ID

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Minimum Control Measure 5. Post-Construction Stormwater Management

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 and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Filter Systems	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Infiltration Basins	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Open Channels	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input checked="" type="radio"/> Ponds	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div>4</div></div>	<div><div></div><div></div><div>4</div></div>
<input type="radio"/> Wetlands	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Other	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes ☐ No

● Yes ○ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☒ Building Codes
 ☒ Municipal Comprehensive Plans
☐ Overlay Districts
 ☐ Open Space Preservation Program
☒ Zoning
 ☒ Local Law or Ordinance
☐ None
 ☒ Land Use Regulation/Zoning
☐ Watershed Plans
 ☐ Other Comprehensive Plan

☐ Other:

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

	1	0
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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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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

The goal is 100% review and compliance with inspection and recordkeeping requirements.

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

The Town reviewed one SWPPPs for larger-scale development projects this past year and also conducted 20 inspections. Town staff attended a range of stormwater training for green infrastructure, RPv, and fundamentals of stormwater management.

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

		2	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 aims to identify opportunities to increase knowledge base on the fundamentals of stormwater management along with changing regulations and revised permits. Additionally, the Town intends to develop a certification of compliance system for each privately owned post-construction stormwater treatment systems contributing the the Town's MS4.

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

T	O	W	N	O	F	H	A	V	E	R	S	T	R	A	W
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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 coalition

How many MS4s contributed to this report?

	0	1
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1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input 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 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	5
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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

			1	0
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		4	8	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		1	0	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				4
--	--	--	--	---
- 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 Number of times applied to the nearest tenth.) # Acres

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

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

				3
--	--	--	--	---

4. What was the date of the last training?

1	1	/	2	0	/	2	0	1	4
---	---	---	---	---	---	---	---	---	---

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

		7
--	--	---

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

1	0	0	%
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MS4 Annual Report Form

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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.

The Town aimed to maintain staff training regarding stormwater control and general awareness. Identify and evaluate SWPPP maintenance operations and evaluate needs for operational-based SWPPPs.

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

Town staff from Highway, Parks Department, and golf course facilities conducted visual observations and inspections of 11 Town-owned facilities. Additionally, inspections/cleaning of the 4 stormwater ponds were conducted 5 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?

		6	4
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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 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 documents recently released by NYSDEC.

MS4 Annual Report Form

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TOWN OF HAVERESTRAW

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
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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 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
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 ☐ 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.

--	--	--

 %

Estimate what percentage was mapped in this reporting period.

--	--	--

 %

MS4 Annual Report Form

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Name of MS4/Coalition

TOWN OF HAVERSTRAW

SPDES ID

N	Y	R	2	0	A	2	5	6
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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?

	1	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?

--	--	--

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

--	--	--

 %
- ☐ 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

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TOWN OF HAVERSTRAW

SPDES ID

N	Y	R	2	0	A	2	5	6
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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