



Emily Lloyd
Commissioner

Paul V. Rush, P.E.
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Katonah, NY 10536
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May 25, 2016

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

**Re: NYCDEP MS4 Annual Report Submittal
U.S. Mail - Overnight**

To Whom It May Concern:

Pursuant to the requirements of the New York State Department of Environmental Conservation (NYSDEC) SPDES General Permit for Storm Water Discharges from Municipal Separate Storm Sewer Systems (MS4), we are transmitting to you the attached documents as summarized below:

- Completed and Signed MS4 Municipal Compliance Certification (MCC) Form, and Annual Report Form
- Annual Report Comments Sheet
- Photocopy of MCC Form

Please feel free to contact me at the phone number listed below if you require any additional information. Thank you for your time and consideration in this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Fred Barilla', written over the word 'Sincerely,'.

Fred Barilla
Associate Project Manager
Bureau of Water Supply
fbarilla@dep.nyc.gov

5 Jay Street
Katonah, NY 10536
T: (914) 232-8790
F: (914) 232-7003

Attachments

CC: Ron Bogart, NYCDEP
Matt Giannetta, NYCDEP
Mike Meyer, NYCDEP
Karen Emmerich, Freshwater Consultants

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2016

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

SPDES ID
N Y R 2 0 A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 NYC Department of Environmental Protection - BofI

SPDES ID
N Y R 2 0 A 5 2 9

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: P a u l MI: V Last Name: R u s h , P . E .

Title: D e p u t y C o m m i s s i o n e r , B W S

Address: 7 8 7 0 S t a t e R o u t e 4 2

City: G r a h a m s v i l l e State: N Y Zip: 1 2 7 4 0 -

eMail: p r u s h @ d e p . n y c . g o v

Phone: (8 4 5) 3 4 0 - 7 8 0 0 County: S u l l i v a n

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 NYC Department of Environmental Protection - EoE

SPDES ID
N Y R 2 0 A 5 2 9

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
R a l p h V M a r c h i t e l l i

Title
C h i e f - E a s t e r n O p e r a t i o n s

Address
5 J a y S t r e e t

City State Zip
K a t o n a h N Y 1 0 5 3 6 -

eMail
r m a r c h i t e l l i @ d e p . n y c . g o v

Phone County
(9 1 4) 2 3 2 - 8 5 5 6 W e s t c h e s t e r

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 NYC Department of Environmental Protection - EoH

SPDES ID
N Y R 2 0 A 5 2 9

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
F r e d B a r i l l a

Title
A s s o c i a t e P r o j e c t M a n a g e r A P M - I I

Address
5 J a y S t r e e t

City State Zip
K a t o n a h N Y 1 0 5 3 6 -

eMail
f b a r i l l a @ d e p . n y c . g o v

Phone County
(9 1 4) 2 3 2 - 8 7 9 0 W e s t c h e s t e r

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 NYC Department of Environmental Protection - EoH

SPDES ID

N Y R 2 0 A 5 2 9

Section 2 - Contact Information**Important Instructions - Please Read**Contact information must be provided for each of the following positions as indicated below:

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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	K a r e n	MI	H	Last Name	E m m e r i c h
Title	S t o r m w a t e r C o n s u l t a n t				
Address	7 4 L a f a y e t t e A v e . S u i t e 5 0 1				
City	S u f f e r n	State	N Y	Zip	1 0 9 0 1 -
eMail	f w c o n s u l t a n t s @ a o l . c o m				
Phone	(9 1 4) 8 5 0 - 2 6 6 7	County	R o c k l a n d		

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 NYC Department of Environmental Protection - EoH

SPDES ID
N Y R 2 0 A 5 2 9

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

Partner/Coalition Name (con't.) SPDES Partner ID - If applicable
N Y R 2 0

Address

City State Zip

eMail

Phone () -

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- MM1
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition NYC Department of Environmental Protection - EoH

SPDES ID
N Y R 2 0 A 5 2 9

Water Quality Trends

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

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

How many MS4s are contributed to this report? [][][]

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. Yes No

If Yes, choose one of the following

- 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.

URL
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 f / w s s t a t e 1 5 . p d f

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URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: NYC Department of Environmental Protection - EoH

SPDES ID
N Y R 2 0 A 5 2 9

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
- Direct Mailings
- Kiosks or Other Displays
- List-Serves
- Mailing List
- Newspaper Ads or Articles
- Public Events/Presentations
- School Program
- TV Spot/Program
- Printed Materials:

# Trained				
# Mailings				
# Locations				4
# In List		9	5	0
# In List		6	0	0
# Days Run				
# Attendees		4	0	0
# Attendees				
# Days Run				
Total # Distributed		2	5	0

Locations (e.g. libraries, town offices, kiosks)

K	a	t	o	n	a	h	D	E	P	O	f	f	i	c	e	
V	a	l	h	a	l	l	a	D	E	P	O	f	f	i	c	e
E	a	s	t	v	i	e	w	P	r	e	c	i	n	c	t	
D	E	P	L	a	n	d	M	g	t	.	O	f	f	i	c	e

Other:

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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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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

NYC Department of Environmental Protection - EoB			
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SPDES ID

N	Y	R	2	0	A	5	2	9
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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.

DEP continues to provide educational material to its staff, contractors and the public. A weekly newsletter, 'Pipeline' is emailed to staff, which provides information on water quality & supply issues, safety & department programs & activities. The Bureau of Water Supply also has a monthly publication, 'Tributary,' that periodically focuses on watershed protection & stormwater management. DEP reports 1,134 webpage views of last year's MS4 report.

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

DEP's newsletter reaches 6,000+ staff, & provides info on stormwater management, watershed protection, clean drinking water reports, history of the NYC water system, & science & education. BWS sponsors cleanup events at the West Branch & Croton reservoirs & at Lake Gleneida, & DEP staff participate in the annual Eaglefest, providing watershed information to the general public. DEP's Take Your Child to Work days & Learn to Fish days are effective public outreach.

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).

DEP & BWS newsletters continue to provide valuable info to staff on a range of water supply issues. Information will continue to be available at kiosks, and BWS hopes add an info kiosk at the new lab in Hawthorne. Annual cleanup events increase in popularity. BWS has created an MS4 info computer-based training session for its staff. MS4 report interviews have provided a wealth of info for both the staff & the consultant, & will continue.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: NYC Department of Environmental Protection - EoH

SPDES ID
N Y R 2 0 A 5 2 9

2. URL(s) con't:

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

URL

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/ w a t e r s h e d p r o t e c t i o n / s t o r m w a t e r
m s 4 . s h t m l

URL

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/ w a t e r s h e d p r o t e c t i o n / s t o r m w a t e r
m a n a g e m e n t . s h t m l

URL

h t t p : / / w w w . n y c . g o v / h t m l / d e p / h t m l
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o r u s . s h t m l

URL

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URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition NYC Department of Environmental Protection - EoH SPDES ID
N Y R 2 0 A 5 2 9

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
N Y C D E P E a s t o f H u d s o n B W S O f f i c e

Address
5 J a y S t r e e t

City Zip
K a t o n a h N Y 1 0 5 3 6 -

Phone
(9 1 4) 2 3 2 - 8 7 9 0

- Library Annual Report SWMP Plan Comments

Address

City Zip

Phone
() -

- Other Annual Report SWMP Plan Comments

Address

City Zip

Phone
() -

- Web Page URL: Annual Report SWMP Plan Comments

h t t p : / / w w w . n y c . g o v / h t m l / d e p / h t m
l / w a t e r s h e d p r o t e c t i o n / s t o r m w a t
e r m s 4 . s h t m l

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

- eMail Comments

m s 4 i n f o @ d e p . n y c . g o v

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition NYC Department of Environmental Protection - EoH

SPDES ID
N Y R 2 0 A 5 2 9

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.

05 / 02 / 2016

4.b. For how many days was/will this report be posted?

365

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?

/ /

If No, is one planned?

Yes No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

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

MS4 Annual Report Form

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

2	0	1	6
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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

NYC Department of Environmental Protection - EoH
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SPDES ID

N	Y	R	2	0	A	5	2	9
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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.

Public outreach: DEP has an information booth at the annual Eaglefest event at Croton Point Park, which over 300 people attend. Three reservoir cleanup events are held in the fall (Muscoot Reservoir, Lake Gkeneida & the New Croton Reservoir), and several are held in the spring at the Amawalk & Muscoot reservoirs and along Croton Avenue. A local sportsman's club participates in an April cleanup at the West Branch Reservoir, and BWS intends to continue this as an annual event.

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

Participation in the cleanup events is increasing, and the Eaglefest continues to be an important opportunity to distribute information to the public. The sportsmen/women are now active participants in the spring cleanup of the West Branch Reservoir. DEP also hosted a booth at the Rockland County Community College Hunting & Fishing Expo, and distributed watershed information at that event.

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).

BWS staff will continue to promote & support cleanup events. The website is updated regularly, so a variety of information is available to the public on watershed topics. Printed information on phosphorus loading, fertilizers, septic system maintenance, invasive species and water conservation are available at 4 kiosks and at public events such as Eaglefest. The annual MS4 report is available on line at the DEP East of Hudson website throughout the year.

MS4 Annual Report Form

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

2	0	1	6
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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

NYC Department of Environmental Protection - EoH
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SPDES ID

N	Y	R	2	0	A	5	2	9
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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.

DEP staff receive annual spills prevention training, and certain staff receive petroleum bulk storage training. Twenty-three incidents occurred this past year, ranging from oil spills due to car/truck/airplane accidents to the discovery of unknown containers, residential oil tank leaks, vehicle fires and failing septic systems. DEP Hazmat staff cleaned up any spills at BWS facilities, and assisted with spills or incidents that threatened the reservoirs. 17% of outfalls were inspected.

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

Outfall reconnaissance continues. DEP's Hazmat Team handles incidents throughout the East of Hudson watershed, as well as assists BWS staff during the outfall dry weather flow monitoring tasks. 30 new outfalls were discovered during dry weather sampling, and have been mapped by the Department's surveyor. Field maintenance staff assist in cleaning outfalls of debris, removing vegetation around the pipes, and downed & diseased trees.

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).

DEP's Hazmat staff handle a wide-range of illicit discharge incidents, such as abandoned containers with unknown substances and a variety of spills. Survey staff continue to update the outfall maps.

MS4 Annual Report Form

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

2	0	1	6
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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

NYC Department of Environmental Protection - EoH
--

SPDES ID

N	Y	R	2	0	A	5	2	9
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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?

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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
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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?

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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></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Other	#	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						<input type="radio"/> No Authority

MS4 Annual Report Form

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

2	0	1	6
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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

NYC Department of Environmental Protection - EoH
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SPDES ID

N	Y	R	2	0	A	5	2	9
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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. How many construction projects have been authorized for disturbances of ^{5,000 SF} ~~one-acre~~ or more during this reporting period?

		1
--	--	---

2. How many construction projects disturbing at least ^{5,000 SF} ~~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

--	--	--

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? Yes No

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition NYC Department of Environmental Protection - EoH

SPDES ID
N Y R 2 0 A 5 2 9

6. con't:

Submit additional pages as needed.

MS4/Coalition Office

Department

Address

City Zip

Phone
() -

Library

Address

City Zip

Phone
() -

Other

Address
P o s t e d o n j o b s i t e s

City Zip

Phone
() -

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

URL

URL

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

NYC Department of Environmental Protection - EoH
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SPDES ID

N	Y	R	2	0	A	5	2	9
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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.

SWPPPs are required at all work sites. DEP staff inspect all active construction sites, and DEP's engineering staff review all SWPPPs for projects in the watershed.

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

BWS staff receive training in a range of topics, including erosion & sediment control (NYSDEC 4-hour course), hydrology, hydraulics, post-construction stormwater management, green infrastructure and smart growth, 'Living in a TMDL,' EPA's jurisdiction on the waters of the U.S., wet pond design, erosion control for roadway projects, and extensive spills training are some of the training sessions attended by staff.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

DEP staff receive ongoing erosion control training. Related stormwater training continues for engineering staff. SWPPP review and construction site inspections will continue.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

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. 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 checked="" type="radio"/> Alternative Practices	<input type="text" value=""/> <input type="text" value="3"/>	<input type="text" value=""/> <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value="0"/>
<input checked="" type="radio"/> Filter Systems	<input type="text" value=""/> <input type="text" value="1"/>	<input type="text" value=""/> <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value="1"/>
<input type="radio"/> Infiltration Basins	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>
<input type="radio"/> Open Channels	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>
<input checked="" type="radio"/> Ponds	<input type="text" value="1"/> <input type="text" value="8"/>	<input type="text" value="5"/> <input type="text" value="0"/>	<input type="text" value="1"/> <input type="text" value="8"/>
<input type="radio"/> Wetlands	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>
<input type="radio"/> Other	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? 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:

MS4 Annual Report Form

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

2	0	1	6
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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

NYC Department of Environmental Protection - EoH
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SPDES ID

N	Y	R	2	0	A	5	2	9
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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?

		3
--	--	---

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?

	5	0
--	---	---

 %

MS4 Annual Report Form

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

2	0	1	6
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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

NYC Department of Environmental Protection - EoH
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SPDES ID

N	Y	R	2	0	A	5	2	9
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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

DEP inspects its on-site stormwater practices on an annual basis, at minimum. Maintenance is done as needed. Water quality sampling at the UV facility outfalls to the Mine Brook continue.

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

DEP maintains an inventory of its stormwater practices and maintenance schedules. As new practices come on-line, they will be added to the inventory and the maintenance schedule. DEP staff have been issued gas cards at local gas stations since DEP fuel depots were closed.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

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).

DEP continues the closure of extraneous facilities, and plans to remove structures and pavement from these unused sites, restoring them to natural conditions. Also, fuel depots were closed to reduce the risk of spills and the expense of maintaining these facilities in the watershed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

SPDES ID

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.

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

MS4 Annual Report Form

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

2	0	1	6
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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

NYC Department of Environmental Protection - EoH
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SPDES ID

N	Y	R	2	0	A	5	2	9
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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	4
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

				2
--	--	--	--	---
- Catch Basins Inspected and Cleaned Where Necessary #

			8	5
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			1	9
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

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

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

			4	.	0
--	--	--	---	---	---

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

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

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

4. What was the date of the last training?

1	2	/	1	0	/	2	0	1	5
---	---	---	---	---	---	---	---	---	---

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

		9	3
--	--	---	---

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

		8	0
--	--	---	---

 %

MS4 Annual Report Form

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

2	0	1	6
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Name of MS4/Coalition

NYC Department of Environmental Protection - EoH									
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SPDES ID

N	Y	R	2	0	A	5	2	9
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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

Well-maintained facilities are a priority in the watershed. Sewage disposal systems are inspected every 3 years, catch basins are cleaned and roads and parking lots are swept on an annual basis; road salt is stored under cover. Staff receive extensive annual training in spills and chemical bulk storage requirements. DEP has closed 2 of its fueling stations and removed bulk storage tanks at several facilities in an effort to minimize environmental risks.

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

DEP has instituted a voucher system so that fleet vehicles can go to a local car wash for vehicle washing instead of washing at the fleet facilities. Pet waste facilities are in place at the Kensico Dam site, and will be installed at other popular walking sites near the reservoirs. Stormwater BMPs are routinely inspected and maintained as needed. Additional training is planned for staff on the function and maintenance of the stormwater practices.

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

--	--	--	--

(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 SWMP?

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).

DEP continues to close unused facilities around the watershed, & will demolish the structures & return the sites to their natural state, reducing impervious surface area around the reservoirs. The car wash voucher system was re-instituted, is now in effect, & the number of departments using the service is increasing. The street sweeper is shared among several facilities, & sweepings are reused when possible, and disposed as solid waste when not used. Monthly facility inspections continue.

MS4 Annual Report Form

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

2	0	1	6
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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

NYC Department of Environmental Protection - EoH																																							
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SPDES ID

N	Y	R	2	0	A	5	2	9
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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?

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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
11 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

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

2	0	1	6
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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

NYC Department of Environmental Protection - EoH																																							
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SPDES ID

N	Y	R	2	0	A	5	2	9
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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	0
---	---	---

 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? Yes No N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? Yes No N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A

7b. How many projects have been sited in this reporting period?

		0
--	--	---

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

		0
--	--	---

 %

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

	2	0
--	---	---

 %

No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? Yes No N/A

MS4 Annual Report Form

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

2	0	1	6
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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

NYC Department of Environmental Protection - EoH									
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SPDES ID

N	Y	R	2	0	A	5	2	9
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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

2016 NYCDEP East of Hudson MS4 Report Comments:

1. Comment: MCM 1, page 2 of 4 – There are currently 4 information kiosks, not five.

Response: The response was corrected to state that 4 kiosks exist.

2. Comment: MCM 1, page 2 of 4, Other: Remove Catskill-Delaware UV Plant.

Response: Corrected.

3. Comment: MCM 1, page 4 of 4, F.: The MS4 training is an independent powerpoint presentation.

Response: The description now states that the BWS has created a computer-based MS4 information training program for its staff.

4. Comment: MCM 2, page 6 of 6, A.: Note that the DEP had a booth at the Rockland County Community College Hunting & Fishing Expo.

Response: Item added to description.

5. Comment: MCM 2, page 6 of 6, B.:– Remove statement regarding separate category for East of Hudson MS4 program.

Response: Statement removed – inaccurate.

6. Comment: MCM 2, page 6 of 6, F.: Information is available at 4 kiosks, not 5.

Response: The response was corrected.

7. Comment: MCM 5, page 2 of 3, 4a.: Although East of Hudson's Bureau of Water Supply participates in a regional watershed planning effort, it is the only MS4 contributing to this report.

Response: The response to the report questions was corrected to 'No.'

8. Comment: MCM 5, page 3 of 3, B.: Add statement that DEP staff now have gas cards that can be used at local gas stations.

Response: The statement was added.

9. Comment: MCM 5, page 3 of 3, F.: Fuel depots have been closed, not consolidated.

Response: The response was corrected.

10. Comment: MCM 6, page 3 of 3, A.: DEP has closed two fuel depots, not consolidated the depots.

Response: The response was corrected

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 NYC Department of Environmental Protection - B011

SPDES ID
N Y R 2 0 A 5 2 9

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name
P a u l V R u s h , P . E .

Title
D e p u t y C o m m i s s i o n e r , B W S

Address
7 8 7 0 S t a t e R o u t e 4 2

City State Zip
G r a h a m s v i l l e N Y 1 2 7 4 0 -

eMail
p r u s h @ d e p . n y c . g o v

Phone County
(8 4 5) 3 4 0 - 7 8 0 0 S u l l i v a n

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 NYC Department of Environmental Protection - EoB

SPDES ID
N Y R 2 0 A 5 2 9

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: R a l p h MI: V Last Name: M a r c h i t e l l i

Title: C h i e f - E a s t e r n O p e r a t i o n s

Address: 5 J a y S t r e e t

City: K a t o n a h State: N Y Zip: 1 0 5 3 6 -

eMail: r m a r c h i t e l l i @ d e p . n y c . g o v

Phone: (9 1 4) 2 3 2 - 8 5 5 6 County: W e s t c h e s t e r

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 NYC Department of Environmental Protection - EOH

SPDES ID
N Y R 2 0 A 5 2 9

Section 2 - Contact Information

Important Instructions - Please Read

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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)
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4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

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

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

For each contact, select all that apply:

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

First Name MI Last Name
F r e d B a r i l l a

Title
A s s o c i a t e P r o j e c t M a n a g e r A P M - I I

Address
5 J a y S t r e e t

City State Zip
K a t o n a h N Y 1 0 5 3 6 -

eMail
f b a r i l l a @ d e p . n y c . g o v

Phone County
(9 1 4) 2 3 2 - 8 7 9 0 W e s t c h e s t e r

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 NYC Department of Environmental Protection - EoH

SPDES ID

N Y R 2 0 A 5 2 9

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	K a r e n	MI	H	Last Name	E m m e r i c h
Title	S t o r m w a t e r C o n s u l t a n t				
Address	7 4 L a f a y e t t e A v e . S u i t e 5 0 1				
City	S u f f e r n	State	N Y	Zip	1 0 9 0 1 -
eMail	f w c o n s u l t a n t s @ a o l . c o m				
Phone	(9 1 4) 8 5 0 - 2 6 6 7	County	R o c k l a n d		

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 NYC Department of Environmental Protection - FoH

SPDES ID
N Y R 2 0 A 5 2 9

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

Partner/Coalition Name (con't.) SPDES Partner ID - If applicable
N Y R 2 0

Address

City State Zip

eMail

Phone () -

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- MM1
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

