3258632975

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2014

This cover page must be completed by the report preparer.
Joint reports require only one cover page.

SPDES ID: NYR20A467

Choose one:

● **This report is being submitted on behalf of an individual MS4.**

Fill in SPDES ID in upper right hand corner.

Name of MS4: TOWN OF PLATTEKILL

OR

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

(Per Part II.E of GP-0-10-002)

Name of Single Entity:

OR

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

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition:

SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2014

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

SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF PLATTEKILL

SPDES ID: NYR20A467

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:

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF PLATTEKILL

SPDES ID: NYR20A467

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: JOSEPH | MI: G | Last Name: CROCE

Title: TOWN SUPERVISOR

Address: PO BOX 45 - 1915 ROUTE 44/55

City: MODENA | State: NY | Zip: 12548 -

eMail:

Phone: (845) 883-7331 | County: ULSTER

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF PLATTEKILL

SPDES ID: NYR20A467

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: DAVID | MI: B | Last Name: CLOUSER

Title: TOWN ENGINEER

Address: ONE PARADIES LANE - SUITE 200

City: NEW PALTZ | State: NY | Zip: 12561-

eMail: dbsea@dcaengrs.com

Phone: (845) 255-9600 | County: ULSTER

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF PLATTEKILL

SPDES ID: NYR20A467

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: NYR20

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.

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF PLATTEKILL

SPDES ID: NYR20A467

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: JOSEPH

MI: G

Last Name: CROCE

Title (Clearly print title of individual signing report): TOWN SUPERVISOR

Signature

Date: / / 2014

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

1100364151

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 PLATTEKILL

SPDES ID: NYR20A467

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

URL

URL

URL

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 PLATTEKILL

SPDES ID: NYR20A467

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. 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

E-WASTE DROP-OFF AT TRANSFER STAT

Other

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ○ Businesses
- ○ Restaurants
- ○ Other:
- ○ Contractors
- ● Developers
- ● General Public
- ○ Industries
- ○ Agricultural

Other

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 PLATTEKILL

SPDES ID: NYR20A467

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	
○ Direct Mailings	# Mailings	
● Kiosks or Other Displays	# Locations	1
○ List-Serves	# In List	
○ Mailing List	# In List	
○ Newspaper Ads or Articles	# Days Run	
○ Public Events/Presentations	# Attendees	
○ School Program	# Attendees	
○ TV Spot/Program	# Days Run	
● Printed Materials:	Total # Distributed	50

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

TOWN HALL KIOSK

● Other:

PLANNING BOARD MTGS

○ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

URL

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 PLATTEKILL

SPDES ID: NYR20A467

3. Web Page con't.: Provide specific web addresses - not home page.

URL

URL

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 PLATTEKILL

SPDES ID: NYR20A467

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.

STORMWATER LITERATURE AVAILABLE FOR PUBLIC AT TOWN HALL. HAVE SWPPPs AVAILABLE FOR THE PUBLIC AT TOWN HALL.

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

LAST YEAR'S ANNUAL REPORT WAS MADE AVAILABLE AT TOWN HALL AND LIBRARY. APPROXIMATELY 50 STORMWATER-RELATED BROCHURES WERE TAKEN BY THE PUBLIC OR OTHER VISITORS.

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

50

(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).

POST INFORMATION ON THE TOWN'S WEBSITE: PUBLIC HEARING NOTICE, ANNUAL REPORT, IDDE ORDINANCE, COUNTY OR NYSDEC SPONSORED HOUSEHOLD HAZARDOUS WASTE DISPOSAL EVENTS, MAP OF MS4 AREA, AND A NEWS ARTICLE FROM THE SUPERVIOSR SUMMARIZING THE REVISED MS4 BOUNDARIES, PROGRAM OBJECTIVES, AND RELEVENCE TO REDUCING POLLUTANTS.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 PLATTEKILL

SPDES ID: NYR20A467

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. 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: 2
- ○ Comments on SWMP Received — # Comments:
- ● Community Hotlines — Phone #: (845) 883-7331
  - Phone #: ( ) -
  - Phone #: ( ) -
  - Phone #: ( ) -
  - Phone #: ( ) -
  - Phone #: ( ) -
  - Phone #: ( ) -
  - Phone #: ( ) -
  - Phone #: ( ) -
  - Phone #: ( ) -
- ○ Community Meetings — # Attendees:
- ○ Plantings — Sq. Ft.:
- ○ Storm Drain Markings — # Drains:
- ○ Stakeholder Meetings — # Attendees:
- ○ Volunteer Monitoring — # Events:
- ● Other: PLANNING BOARD PUBLIC HEARINGS

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ● Yes ○ No

- ○ List-Serve — # In List:
- ● Newspaper Advertising — # Days Run: 7
- ○ TV/Radio Notices — # Days Run:
- ● Other: ANNUAL REPORT INTERNET NOTICE
- ● Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 PLATTEKILL

SPDES ID: NYR20A467

2. URL(s) con't.:

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

URL: www.town.plattekill.ny.us/government/document-center

URL:

URL:

URL:

URL:

URL:

URL:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 PLATTEKILL

SPDES ID: NYR20A467

2. URL(s) con't.:

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

URL

URL

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 PLATTEKILL

SPDES ID: NYR20A467

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: TOWN CLERK'S OFFICE - TOWN HALL

Address: PO BOX 45 - 1915 ROUTE 44/55

City: MODENA NY Zip: 12548-

Phone: (845) 883-7331

● Library ● Annual Report ○ SWMP Plan ○ Comments

Address: 2047 ROUTE 32

City: MODENA NY Zip: 12548-

Phone: (845) 883-7286

● Other ○ Annual Report ● SWMP Plan ○ Comments

Address: PLANNING OFFICE - TOWN HALL

City: MODENA NY Zip: 12548-

Phone: (845) 883-7331

● Web Page URL: ● Annual Report ○ SWMP Plan ● Comments

www.townofplattekill.ny.us/government/document-center

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

○ eMail ○ Comments

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 PLATTEKILL

SPDES ID: NYR20A467

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 / 14 / 2014

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? 05 / 15 / 2013

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, 2014

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 PLATTEKILL

SPDES ID: NYR20A467

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.

HELD PUBLIC HEARING ON MAY 15, 2013 FOR THE 2012 ANNUAL REPORT (PERIOD ENDING MARCH 9, 2013).

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

NO COMMENTS WERE RECEIVED FROM THE PUBLIC.

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).

POST THE CURRENT ANNUAL REPORT ON THE TOWN'S WEBSITE AND ASK FOR VOLUNTEERS TO ORGANIZE A CLEAN-UP EVENT. CREATE A MAILING LIST FOR ALL MS4 PROPERTY OWNERS. CONTINUE TO OFFER TRANSFER STATION COUPONS ($20 FOR FREE) TO TOWN RESIDENTS FOR THE MONTH OF JULY.

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 PLATTEKILL

SPDES ID: NYR20A467

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. Enter the number and approx. percent of outfalls mapped: 45 # 73 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 15

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

- ○ Auto Recyclers
- ○ Building Maintenance
- ○ Churches
- ○ Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ○ Construction Vehicle Washouts
- ○ Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ● Other: DISCHARGES TO ROADSIDE DITCHES
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ● Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ○ Restaurants
- ○ Schools and Universities
- ○ Septic Maintenance
- ○ Swimming Pools
- ○ Vehicle Fueling
- ○ Vehicle Maint./Repair Shops
- ○ None
- ○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 PLATTEKILL

SPDES ID: NYR20A467

3.b.What types of illicit discharges have been found during this reporting period?

- ○ 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

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

7. **Has the storm sewershed mapping been completed in this reporting period?** ○ Yes ● No
   If No, approximately what percent was completed in this reporting period? 0 %

8. **Is the above information available in GIS?** ○ Yes ● No
   Is this information available on the web? ○ Yes ● No
   If Yes, provide URL(s):

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

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 PLATTEKILL

SPDES ID: NYR20A467

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

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?

67 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 PLATTEKILL

SPDES ID: NYR20A467

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.

SETUP A PROCEDURE FOR STAFF TO CONDUCT, TRACK, AND RECORD DRY WEATHER INSPECTIONS.

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

HIGHWAY AND BUILDING DEPARTMENTS STAFF ACTIVELY LOOK FOR ILLICIT DISCHARGES AS THEY PERFORM DAILY REQUIRED TASKS THROUGHOUT THE TOWN. HIGHWAY DEPARTMENT STAFF PERFORMED DRY WEATHER INSPECTIONS OF 15 OUTFALLS.

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

15

(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).

MAP ALL OUTFALLS IN THE TOWN'S MS4 AREA. CONDUCT DRY WEATHER INSPECTIONS OF ALL OUTFALLS AND PHOTOGRAPH THOSE ON PUBLIC PROPERTY OR WITHIN DRAINAGE DISTRICTS.

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWNN OF PLATTEKILL

SPDES ID: NYR20A467

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? ___

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 cerfification 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? 2

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

If Yes, how many public comments were received during this reporting period? 0

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

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

○ Notices of Violation	#		○ No Authority
○ Stop Work Orders	#		○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 PLATTEKILL

SPDES ID: NYR20A467

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 one acre or more during this reporting period?** 0

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

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

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.

7482169883

MS4 Annual Report Form

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Name of MS4/Coalition: TOWN OF PLATTEKILL

SPDES ID: NYR20A467

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: PLANNING OFFICE - TOWN HALL

Address: PO BOX 45 - 1915 ROUTE 44/55

City: MODENA NY Zip: 12548-

Phone: (845) 883-7331

○ Library

Address:

City: Zip: -

Phone: ( ) -

○ Other

Address:

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

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Name of MS4/Coalition: TOWN OF PLATTEKILL

SPDES ID: NYR20A467

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.

CONTINUE STORMWATER REVIEWS BY PLANNING BOARD AND TOWN ENGINEER TO INSURE PROJECTS MEET THE REQUIREMENTS OF THE MS4 GENERAL PERMIT.

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

DETAILED REVIEWS OF ALL SWPPP'S WERE CONDUCTED BY PLANNING BOARD AND TOWN ENGINEER TO INSURE ALL REQUIREMENTS WERE MET. SEVERAL APPLICANTS WERE REQUIRED TO MODIFY THEIR SWPPP TO INSURE PROPER COMPLIANCE. ALL PROJECTS UNDER CONSTRUCTION WERE INSPECTED.

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 COMPREHENSIVE AND DETAILED REVIEW OF ALL SWPPPS TO INSURE ALL REQUIREMENTS OF THE LATEST STORMWATER MANAGEMENT DESIGN MANUAL AND SPDES MS4 GENERAL PERMIT HAVE BEEN MET. UPDATE MAP OF ACTIVE CONSTRUCTION SITES WITHIN THE TOWN'S MS4 AREA.

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 PLATTEKILL

SPDES ID: NYR20A467

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
○ Alternative Practices			
● Filter Systems		1	0
○ Infiltration Basins			
○ Open Channels			
● Ponds		8	8
○ Wetlands			
○ Other			

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

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Name of MS4/Coalition: TOWN OF PLATTEKILL

SPDES ID: NYR20A467

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?

2

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?

0 %

MS4 Annual Report Form

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Name of MS4/Coalition: TOWN OF PLATTEKILL

SPDES ID: NYR20A467

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 TOWN ENGINEER WILL CONDUCT POST-CONSTRUCTION INSPECTIONS AS REQUESTED. HIGHWAY DEPARTMENT STAFF WILL INSPECT AND MAINTAIN ALL EXISTING STORMWATER SYSTEMS SUCH AS PONDS, OUTLET STRUCTURES, AND FILTERS. MAINTENANCE WOULD GENERALLY CONSIST OF MOWING GRASS AROUND PONDS AND CHECKING OUTLET STRUCTURES FOR PROPER FUNCTIONING.

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

THE TOWN ENGINEER CONDUCTED A FINAL INSPECTION BEFORE ANY NEW STORMWATER MANAGEMENT PRACTICE/FACILITY WENT ON-LINE. BASED ON HIGHWAY DEPARTMENT STAFF OBSERVATIONS, MAINTENANCE DREDGING IS NOT NECESSARY AT THIS TIME IN ANY POND AND ALL STORMWATER PRACTICES ARE FUNCTIONING PROPERLY.

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

16

(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).

HIGHWAY AND BUILDING DEPARTMENTS STAFF AND TOWN ENGINEER WILL CONTINUE TO LOOK FOR AND REPORT ANY POST-CONSTRUCTION VIOLATIONS. THE MAP OF STORMWATER MANAGEMENT PRACTICES WILL CONTINUE TO BE UPDATED AS CONSTRUCTION IS COMPLETED AND A SPREADSHEET OF INSPECTIONS AND MAINTENANCE WILL BE CREATED.

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 PLATTEKILL

SPDES ID: NYR20A467

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.**

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

MS4 Annual Report Form

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Name of MS4/Coalition: TOWN OF PLATTEKILL

SPDES ID: NYR20A467

2. Provide the following information about municipal operations good housekeeping programs:

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
● Streets Swept (Number of miles X Number of times swept)	# Miles	46
○ Catch Basins Inspected and Cleaned Where Necessary	#	
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	8
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 0

4. What was the date of the last training? 11 / 28 / 2012

5. How many municipal employees have been trained in this reporting period? 0

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 73 %

MS4 Annual Report Form

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Name of MS4/Coalition: TOWN OF PLATTEKILL

SPDES ID: NYR20A467

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.

TOWN WILL KEEP DETAILED RECORDS OF ALL POST-CONSTRUCTION AND MAINTENANCE ACTIVITIES SUCH AS SWEEPING ROADS AND INSPECTIONS OF EACH OUTFALL MONITORED AND CLEANED.

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

A DETAILED RECORD HAS BEEN MAINTAINED FOR ALL POST-CONSTRUCTION MAINTENANCE ACTIVITIES INCLUDING MOWING/MAINTAINING STORMWATER PRACTICES AND ROAD SWEEPING ACTIVITIES. MUNICIPAL CATCHBASINS AND STORMWATER SYSTEMS CHECKED AND MAINTAINED AS REQUIRED.

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

26

(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).

OUTFALS WILL BE INSPECTED AND CLEANED AS NECESSARY. SIGNS WILL BE INSTALLED ON TOWN ROADS IN MS4 AREAS.

6327042251

MS4 Annual Report Form

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Name of MS4/Coalition: TOWN OF PLATTEKILL

SPDES ID: NYR20A467

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? ___

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 PLATTEKILL

SPDES ID: NYR20A467

3. **Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?** ○ Yes ○ No ● N/A

4. **Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?** ____ %

5. **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?** ____

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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Name of MS4/Coalition: TOWN OF PLATTEKILL

SPDES ID: NYR20A467

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