



**MS4 Annual Report Cover Page**

**MCC form for period ending March 9,**

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

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

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

Name of MS4

SPDES ID  
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**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

|  |                                |  |
|--|--------------------------------|--|
| First Name                             | MI                             | Last Name                                  |
| <input type="text" value="D a v i d"/> | <input type="text" value="B"/> | <input type="text" value="C l o u s e r"/> |

Title

Address

|  |                                  |  |
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| City   | State                            | Zip                                      |
| <input type="text" value="N e w P a l t z"/> | <input type="text" value="N Y"/> | <input type="text" value="1 2 5 6 1 -"/> |

eMail

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|--|--|
| Phone  | County                                   |
| <input type="text" value="( 8 4 5 ) 2 5 6 - 9 6 0 0"/> | <input type="text" value="U l s t e r"/> |



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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 4 6 7

**Section 4 - Certification Statement**

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

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

First Name  MI  Last Name

Title (Clearly print title of individual signing report)

Signature  


Date

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





### 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 

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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

- |   |                     |  |   |   |  |   |   |
|---|---------------------|--|---|---|--|---|---|
| <input type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |  |   |   |
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| <input type="radio"/> Direct Mailings                     | # Mailings          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |  |   |   |
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| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td></tr></table> |   |   |  |   | 1 |
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| <input type="radio"/> List-Serves                         | # In List           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |  |   |   |
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| <input type="radio"/> Mailing List                        | # In List           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |  |   |   |
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| <input type="radio"/> Newspaper Ads or Articles           | # Days Run          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |  |   |   |
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| <input type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |  |   |   |
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| <input type="radio"/> School Program                      | # Attendees         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |  |   |   |
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| <input type="radio"/> TV Spot/Program                     | # Days Run          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |  |   |   |
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Locations (e.g. libraries, town offices, kiosks)

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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Plattekill

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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.**

Stormwater literature and SWPPPS are available to the public at Town Hall.

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

The prior year's annual report was made available at Town Hall and the library, as well as posted online. 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?**

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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).**

Post information on the town's website: public hearing notice, annual report, County or NYSDEC sponsored household hazardous waste disposal information with dates, program objectives described and ways to reduce pollutants.

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Name of MS4/Coalition 

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### Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report? 

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

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| <input checked="" type="radio"/> Cleanup Events  | # Events   | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td></tr></table>   |   |   |   |   | 1 |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| <input type="radio"/> Comments on SWMP Received  | # Comments   | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| <input checked="" type="radio"/> Community Hotlines  | Phone #  | ( <table border="1" style="display: inline-table;"><tr><td>8</td><td>4</td><td>5</td></tr></table> ) <table border="1" style="display: inline-table;"><tr><td>8</td><td>8</td><td>3</td></tr></table> - <table border="1" style="display: inline-table;"><tr><td>7</td><td>3</td><td>3</td><td>1</td></tr></table> | 8 | 4 | 5 | 8 | 8 | 3 | 7 | 3  | 3 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| <input checked="" type="radio"/> Community Meetings  | # Attendees  | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td><td>0</td></tr></table>   |   |   |   |   | 1 | 0 |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| <input type="radio"/> Plantings  | Sq. Ft.  | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| <input type="radio"/> Storm Drain Markings   | # Drains   | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| <input type="radio"/> Stakeholder Meetings   | # Attendees  | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| <input type="radio"/> Volunteer Monitoring   | # Events   | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| <input checked="" type="radio"/> Other:  | <table border="1" style="display: inline-table;"><tr><td>P</td><td>l</td><td>a</td><td>n</td><td>n</td><td>i</td><td>n</td><td>g</td><td> </td><td>B</td><td>o</td><td>a</td><td>r</td><td>d</td><td> </td><td>P</td><td>u</td><td>b</td><td>l</td><td>i</td><td>c</td><td> </td><td>H</td><td>e</td><td>a</td><td>r</td><td>i</td><td>n</td><td>g</td><td>s</td></tr></table> |  | P | l | a | n | n | i | n | g  |   | B | o | a | r | d |   | P | u | b | l | i | c |   | H | e | a | r | i | n | g | s |
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**2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?**

Yes     No

|  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
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| <input type="radio"/> List-Serve                       | # In List  | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
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| <input checked="" type="radio"/> Newspaper Advertising | # Days Run   | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>7</td></tr></table> |   |   |   |   | 7 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
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| <input type="radio"/> TV/Radio Notices                 | # Days Run   | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
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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, 

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

Name of MS4/Coalition 

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| Town of Plattekill |
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SPDES ID  

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| N | Y | R | 2 | 0 | A | 4 | 6 | 7 |
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**4.a. If this report was made available on the internet, what date was it posted?**

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

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

|   |   |   |
|---|---|---|
| 3 | 6 | 5 |
|---|---|---|

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?

|  |  |
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If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

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

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

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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.**

The Town announced availability of the annual report on 6/1/2016.

**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?**

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(ex.: samples/participants/events)

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

Yes    No

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

Yes    No

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

The Town will continue to announce availability of the annual report, at which time the annual report is presented.

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

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| Town of Plattekill |
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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.**

The Town put out a call for volunteers to organize a clean up event.

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

One Town clean-up event took place in July 2015.

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

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

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

Yes  No

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

Yes  No

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

The Town will continue to ask for volunteers for its annual cleanup events.

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

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SPDES ID  

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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

The Town continues to provide free \$20 transfer station coupons for one month each year.

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

This Town-wide promotion took place in July 2015.

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

|  |  |   |   |
|--|--|---|---|
|  |  | 3 | 0 |
|--|--|---|---|

(ex.: samples/participants/events)

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

Yes     No

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

Yes     No

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

The Town will continue to run this program to encourage proper dumping practices.







**MS4 Annual Report Form**

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

|   |   |   |   |
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| 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 

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| Town of Plattekill |
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SPDES ID  

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|---|---|---|---|---|---|---|---|---|
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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.**

Maintain the procedure for relevant 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 department staff actively look for illicit discharges as they perform daily duties throughout the Town. 15 dry weather inspections were performed by highway department staff.

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

|  |  |   |   |
|--|--|---|---|
|  |  | 1 | 5 |
|--|--|---|---|

(ex.: samples/participants/events)

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

Yes    No

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

Yes    No

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

Complete outfall mapping and conduct dry-weather outfall inspections, which will be documented with outfall inspection forms and photographs.

**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 

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| Town of Plattekill |
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SPDES ID  

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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**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?**

|  |  |   |
|--|--|---|
|  |  | 3 |
|--|--|---|

**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 # 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 0 |
|--|--|--|--|---|

 No Authority
- Stop Work Orders # 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 0 |
|--|--|--|--|---|

 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 # 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 0 |
|--|--|--|--|---|

 No Authority

**MS4 Annual Report Form**

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

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| 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

Town of Plattekill

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 4 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|

**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? 

|  |  |   |
|--|--|---|
|  |  | 3 |
|--|--|---|

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 

|   |   |   |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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

|   |   |   |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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

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

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

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



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Plattekill

SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 4 | 6 | 7 |
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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.**

Continue to review SWPPPS to ensure projects meet the MS4 General Permit requirements.

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

As a part of the planning board development review and approval process, a detailed review of all SWPPPs was conducted to ensure all MS4 permit requirements were met. SWPPPs were modified as necessary for compliance. Three projects were reviewed this reporting period, with two being active.

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 3 |
|--|--|--|---|

*(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 review of all SWPPPS to ensure all requirements of the NYSDEC Stormwater Management Design Manual and General Permit have been met. Map of all active construction sites will be kept up-to-date.



**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 

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| Town of Plattekill |
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SPDES ID  

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|---|---|---|---|---|---|---|---|---|
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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? 

|  |  |   |
|--|--|---|
|  |  | 1 |
|--|--|---|

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**

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 

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| Town of Plattekill |
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SPDES ID  

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|---|---|---|---|---|---|---|---|---|
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**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

The engineer for the Town conducts post-construction inspections as requested. Highway Department staff inspect and maintain all stormwater systems that are included in Town's stormwater districts. Maintenance includes mowing grass around ponds and checking outlet structures and spillways for proper functioning.

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

Based on inspections of the stormwater management systems in the Town's stormwater districts, structural repairs and sediment removal is not required as all stormwater practices are functioning properly.

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

|  |  |   |   |
|--|--|---|---|
|  |  | 1 | 0 |
|--|--|---|---|

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

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

Yes     No

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

Yes     No

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

Highway Department staff and the engineer for the Town will continue to monitor and report any post-construction violations. The map of stormwater management practices will continue to be updated as new practices are added. A record of stormwater inspections and maintenance activities will be maintained.

**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 

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| Town of Plattekill |
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SPDES ID  

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

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

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

How many MS4s contributed to this report? 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**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<br/>Operation/Activity/Facility<br/>performed within the past 3<br/>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 type="radio"/>                | <input checked="" type="radio"/> | <input 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 type="radio"/>                | <input checked="" type="radio"/> | <input 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 checked="" type="radio"/> | <input type="radio"/>   | <input type="radio"/>    |
| Hydrologic Habitat Modification.....              | <input type="radio"/>                | <input checked="" type="radio"/> | <input type="radio"/>   | <input type="radio"/>    |
| Parks and Open Space.....                         | <input type="radio"/>                | <input checked="" type="radio"/> | <input type="radio"/>   | <input type="radio"/>    |
| Municipal Building.....                           | <input type="radio"/>                | <input checked="" type="radio"/> | <input 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 type="radio"/>                | <input checked="" type="radio"/> | <input type="radio"/>   | <input type="radio"/>    |
| Other.....  | <input type="radio"/>                | <input type="radio"/>            | <input type="radio"/>   | <input type="radio"/>    |

### 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 

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| Town of Plattekill |
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SPDES ID  

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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 

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

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  | 4 | 6 |
|--|--|--|---|---|
- Catch Basins Inspected and Cleaned Where Necessary # 

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

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|
- 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?**

|  |  |   |  |  |   |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|
|  |  | / |  |  | / |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|

**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?**

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|

 %

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Plattekill

SPDES ID

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|---|---|---|---|---|---|---|---|---|
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|---|---|---|---|---|---|---|---|---|

**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

Detailed records of all post-construction stormwater management practice inspections and maintenance activities are maintained.

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

The Highway Department maintained detailed records of all post-construction inspections and maintenance activities, which includes mowing and maintaining stormwater practices as well as road sweeping activities and catch basin inspections. Town catch basins and stormwater systems will be inspected and maintained as necessary. Ten ponds and eight catch basins were inspected.

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

|  |  |   |   |
|--|--|---|---|
|  |  | 1 | 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).**

Practices will continue to be inspected and cleaned when necessary. Street sweeping will be conducted throughout the Town to aid in prevention of sediment transport into the water courses.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Plattekill

SPDES ID

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|---|---|---|---|---|---|---|---|---|
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

The Town will continue to seek out training opportunities.

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

While staff relevant to the stormwater management program did not attend training during the reporting cycle, they did attend training on 3/29/16 which will count toward next year's annual report cycle. The Supervisor and Highway Superintendent attended "Better Construction Site Management" hosted by the NYSDEC. This represents 20% of relevant staff.

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 2 |
|--|--|--|---|

*(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).**

Training opportunities will continue to be sought.

### 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 Town of Plattekill

SPDES ID  
N Y R 2 0 A 4 6 7

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

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

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

If N/A, go to question 3.

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

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 |
|---|---|---|---|

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

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 4 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|

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**

**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

Town of Plattekill

SPDES ID

N Y R 2 0 A 4 6 7

- 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