MS4 Annual Report Cover Page

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

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MS4 Municipal Compliance Certification(MCC) Form

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

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Name of MS4 Town of Plattekill	N	Y	R	2	0	A	4	6	7
¥									
Each MS4 must submit an MCC form.									
Section 1 - MCC Identification Page		/			ş				
Indicate whether this MCC form is being submitted to certify endorsement	or acce	ptan	ice c	of:					
An Annual Report for a single MS4									
O A Single Entity (Per Part II.E of GP-0-10-002)									
O A Joint Report									
Joint reports may be submitted by permittees with legally bit	nding a	gree	mei	nts.					
If Joint Report, enter coalition name:	, ,								
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MS4 Municipal Compliance Certification(MCC) Form

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

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Name of MS4	Town of Plattekill	N	Y	R	2	0	A	4	6	7
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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name	MI Last Name
Scott	F Mandoske
Title	
Building Inspect	0 r
Address	
P O B O x 4 5 - 1 9 1 5	R o u t e 4 4 / 5 5
City	State Zip
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t o p b u i l d i n g i n s p e	c t o r @ y a h o o . c o m
	ctor@yahoo.com

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Town of Plattekill	SPDES ID N Y R 2 0 A 4 6 7
Name of MS4	
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all period?	permit requirements during this reporting O Yes No
If Yes, complete information below.	
Submit a separate sheet for each partner. Information proving accepted. If your MS4 cooperated with a coalition, submit	ided in other formats will not be
coalition. It is not necessary to include a separate sheet for	
If No, proceed to Section 4 - Certification Statement.	
Partner/CoalitionName	
Partner/CoalitionName(con't.)	SPDES Partner ID - If applicable
	N Y R 2 0
Address	
City	State Zip
eMail	
771	
	gally Binding Agreement in accordance th GP-0-08-002 Part IV.G.? O Yes O No
What tasks/responsibilities are shared with this partner (e.g. M	M1 School Programs or Multiple Tasks)?
O MM1	
O MIMI	
O MM2	
O MM3	
O MM4	
O MM5	
O MM6	
Additional tasks/responsibilities	
 Watershed Improvement Strategy Best Management Pract watersheds included in GP-0-08-002 Part IX. 	ices required for MS4s in impaired
waterstieds moraded in O1-0-00-002 1 art 1/2.	

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

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

SPDES ID

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If Yes, choose one of the following O Report(s) attached to the annual report																													
•	O Web Page(s) where report(s) is/are provided below																												
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This report is being submitted for the reporting period ending March If submitting this form as part of a joint report on behalf of a coalition leave SP	DES I	D bl	ank.]	
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Name of MS4/Coalition Name of MS4/Coalition	2 2	0		_	
3. What strategies did your MS4/Coalition use to achieve education and outre this reporting period? Check all that apply:	each	goal	ls du	ıriı	ng
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O Direct Mailings #Mailings	ings [
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O List-Serves #In:	List	T			
O Mailing List #In:	List	T			П
O Newspaper Ads or Articles #Days I	Run	T			\Box
O Public Events/Presentations #Attended	T	\Box		$\overline{\Box}$	
O School Program #Attend	Ť	$\overline{\Box}$		П	
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Printed Materials: Total # Distribu	-	\dagger	\Box	2	1
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Bulletin Board					
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This report is being submitted for the reporting period ending March 9, 2 0 2 2

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 N Y R	2 0 A 4 6 7
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward achieving measural identified in your Stormwater Management Program Plan (SWMPP), including requirements. Submit additional pages as needed.	ble goals irements in Part
A. Briefly summarize the Measurable Goal identified in the SWMPP in this rep	orting period.
Town Hall kiosk stocked with educational material for the public. Post information on hazardous waste collection.	
B. Briefly summarize the observations that indicated the overall effectiveness of Goal.	f this Measurable
Plattekill day held. 2. 21 pamphlets taken this reporting term. 3. Poster for UCRRA still on display.	·
C. How many times was this observation measured or evaluated in this reportin	g period?
D. Has your MS4 made progress toward this Measurable Goal during this report	: samples/participants/event rting neriod?
D. Has your hast made progress toward this freestrable court during this report	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	Yes O No
F. Briefly summarize the stormwater activities planned to meet the goals of this the next reporting cycle (including an implementation schedule).	MCM during
 Continue to supplement Town Hall with educational material for distribution. Continue hosting Plattekill Day. 	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 2 & 0 \end{vmatrix} 2$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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

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
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.
 Town promotion of proper waste disposal via bulletin board & website postings. Posting annual report on Town website and retaining a copy at Town owned facilities for public reference.
reference.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
Annual Report draft posted on website and public meeting held for public comment.
4.
8
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/evo
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?
e. Is your 19154 on schedule to meet the deadline set lotth in the 5 9 1911.
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
1. Continue presenting Annual report on website/public meetings for public comment/review.
·

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

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

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
Name of M34/Coalition
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.
Conduct dry weather outfall inspections. Update trainings in IDDE
· 6
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
1. Fourteen (14) outfalls screened. 2. Three (3) illicit discharges identified. Two (2) eliminated.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/eve
D. Has your MS4 made progress toward this measurable goal during this reporting period? • Yes O 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 outfall screenings. Follow up with illicit discharge outstanding. Pursue trainings to stay up to date with IDDE procedure.
w ₁

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	O No Authority
Stop Work Orders	#			0	O No Authority
O Criminal Actions	#				O No Authority
O Termination of Contracts	#				O No Authority
O Administrative Fines	#				O No Authority
O Civil Penalties	#				O No Authority
O Administrative Orders	#				O No Authority
O Enforcement Actions or Sanctions	#				
O Other	#				O No Authority

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

SPDES ID	
	7
*	
6. con't.: Submit additional pages as needed.	
MS4/Coalition Office Department	
Planning Office	
Address	_
PO BOX 45 - 1915 ROUTE 44/55	
City	\neg
Phone (8 4 5) 8 8 3 - 7 3 3 1	
Library Address	
City Zip	_
Phone	
Other	
Address	_
	┙
City	\neg
Please	
Phone	
The state of the s	
Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.	
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This report is being submitted for the reporting period ending March 9, 2 0 2 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

.00			<u> </u>	SPDES I	D
Name of MS4/Coalitio	Town of Plattekill			NY	R 2 0 A 4 6 7
Minimum	Control Mea	asure 5. Pos	t-Constructi	on Stormwater	Management
The information in the	his section is bei	ng reported (che	eck one):		
On behalf of an in On behalf of a cos How n		ributed to this	report?		
1. How many and MS4/Coalition i	what type of po inventoried, insp	st-construction pected and mai	stormwater m ntained in this i	anagement practice reporting period?	s has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	ces				
O Filter Systems					
O Infiltration Basins					
Open Channels					#
Ponds		1 2	1 0	3	
O Wetlands					
O Other					
2. Do you use an BMPs, inspect			abase, spreads	heet) to track pos	t-construction ● Yes ○ No
3. What types of Development/E					mpact
O Building Codes	O Municipal C	omprehensive F	Plans		
O Overlay Districts	O Open Space	Preservation Pr	ogram		
Zoning	Local Law o	r Ordinance			
O None	Land Use R	egulation/Zonin	g	*	
O Watershed Plans	O Other Comp	rehensive Plan			
O Other:					

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Name of MS4/Coalition	Town of Plattekill		N Y R 2 0 A	4 6 7
6. Evaluating Prog	ress Toward Measurable Goals M	CM 5	ş	
identified in your Sto III.C.1. Submit addit	ort on your progress and project plans ormwater Management Program Plan ional pages as needed.	(SWMPP), inclu	iding requirements in	
A. Briefly summari	ze the Measurable Goal identified	in the SWMPP	in this reporting pe	riod.
1. Highway staff ma	intains post construction BMPs semi	annually within	Drainage Districts.	
B. Briefly summari	ze the observations that indicated t	he overall effect	tiveness of this Mea	surable
1. Ten ponds inspect	ed and maintained this reporting tern	1.		
C. How many times	was this observation measured or	evaluated in thi	s reporting period?	
				1
		1 1 1 2		rticipants/events
D. Has your MS4 m	ade progress toward this measural	ole goal during 1	mis reporting perio Yes	
E. Is your MS4 on s	chedule to meet the deadline set fo	rth in the SWM		
			• Yes	O No
	ze the stormwater activities planne g cycle (including an implementati		als of this MCM du	ring
1. Continue inspection	on and maintenance of post constructi	on BMPs .		

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

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	SPDES ID			
Name of MS4/Coalition Town of Plattekill	N Y R 2	0 A	4 6	5 7
	2			
2. Provide the following information about municipal operations	s good housekeep	ing pr	ogra	ms:
Parking Lots Swept (Number of acres X Number of times swept)	# Acres			4
Streets Swept (Number of miles X Number of times swept)	# Miles	1 0	8 2	5
© Catch Basins Inspected and Cleaned Where Necessary	#		1 0	1
Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#		1	. 0
O Phosphorus Applied In Chemical Fertilizer	#Lbs.			
O Nitrogen Applied In Chemical Fertilizer	#Lbs.			
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Numb times applied to the nearest tenth.)	# Acres			
3. How many stormwater management trainings have been providuring this reporting period?	ided to municipa	l emplo	oyee:	0
4. What was the date of the last training?	04/23	/ 2	0 1	8
5. How many municipal employees have been trained in this repo	orting period?			0
6. What percent of municipal employees in relevant positions and stormwater management training?	d departments re		0 0]%

If N/A, go to question 3.

MS4 Annual Report Form

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

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Additional Wate	rshed Improvemen	nt Strategy Best Ma	nagement Practices
e information in this section	n is being reported (check	k one):	·
On behalf of an individual M		•	
On behalf of a coalition	M. T		
	4s contributed to this re	anout?	
How many Mas	48 continuited to this re	short:	
			•
S4s must answer the qu	estions or check NA a	s 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	-	•	W
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		-	in i
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments		-	Della and
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
			_
Does your MS4/Coaliti	on have an education	program addressing in	mpacts of
phosphorus/nitrogen/p			O Yes O No • 1

Additional BMPs Page 1 of 3

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

Estimate what percentage was mapped in this reporting period.

O No N/A

O Yes

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	SPDES ID		_
Name of MS4/Coalition Town of Plauekill	NYR2	0 A 4	1 6 7
9. Has your MS4/Coalition developed and implemented a progr	am of native plant		• N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet w prohibiting goose feeding?		- 2,0	
11. Does your MS4/Coalition have a pet waste bag program?	. O Yes	- O No	• N/A
12. Does your MS4/Coalition have a program to manage goose populations?	O Yes	O No	• N/A