



**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 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 Yorktown
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SPDES ID  

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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 checked="" type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>1</td><td>4</td></tr></table> |   |   |   | 1 | 4 |
|  |                     |  | 1 | 4 |   |   |   |
| <input checked="" type="radio"/> Direct Mailings                     | # Mailings          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td></tr></table> |   |   |   |   | 1 |
|  |                     |  |   | 1 |   |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays            | # Locations         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>3</td></tr></table> |   |   |   |   | 3 |
|  |                     |  |   | 3 |   |   |   |
| <input type="radio"/> List-Serves                                    | # In List           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Mailing List                        | # In List           | <table border="1" style="display: inline-table;"><tr><td>1</td><td>3</td><td>0</td><td>0</td><td>0</td></tr></table> | 1 | 3 | 0 | 0 | 0 |
| 1  | 3                   | 0  | 0 | 0 |   |   |   |
| <input type="radio"/> Newspaper Ads or Articles                      | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>3</td><td>1</td><td>0</td></tr></table> |   |   | 3 | 1 | 0 |
|  |                     | 3  | 1 | 0 |   |   |   |
| <input checked="" type="radio"/> School Program                      | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>2</td><td>4</td><td>0</td></tr></table> |   |   | 2 | 4 | 0 |
|  |                     | 2  | 4 | 0 |   |   |   |
| <input checked="" type="radio"/> TV Spot/Program                     | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>3</td><td>6</td><td>5</td></tr></table> |   |   | 3 | 6 | 5 |
|  |                     | 3  | 6 | 5 |   |   |   |
| <input checked="" type="radio"/> Printed Materials:                  | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>5</td><td>3</td><td>0</td></tr></table> |   |   | 5 | 3 | 0 |
|  |                     | 5  | 3 | 0 |   |   |   |

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

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T	o	w	n		P	l	a	n	n	i	n	g		D	e	p	t			
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Other:

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

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**MS4 Annual Report Form**

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Name of MS4/Coalition

Town of Yorktown

SPDES ID

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

The Town of Yorktown strives to continue to inform the public about stormwater including phosphorus reduction, fertilizer use, pet waste, recycling, green infrastructure and septic system maintenance.

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

Information about stormwater, phosphorus reduction, fertilizer use, pet waste, recycling, green infrastructure, septic systems and other information is available on the Town website. Information regarding septic systems and stormwater has been televised on the local news channel. In addition, town residents, business owners, developers, contractors and public employees are invited to all meetings and are offered literature pertaining to stormwater.

**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).**

Biweekly meetings of Environmental Panel, Conservation Board meetings, website updates, pamphlet distribution, newsletter distribution, participation in the Northern Westchester Watershed Coalition, East of Hudson Stormwater Corporation, and the Croton Kensico Watershed Inter-municipal Coalition (CKWIC). Lake community news letter will be distributed.

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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:**

- Cleanup Events # Events 

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- Comments on SWMP Received # Comments 

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- Community Hotlines Phone # ( 

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- Phone # ( 

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- Community Meetings # Attendees 

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- Plantings Sq. Ft. 

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- Storm Drain Markings # Drains 

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- Stakeholder Meetings # Attendees 

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- Volunteer Monitoring # Events 

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- Other: 

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

- List-Serve # In List 

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- Newspaper Advertising # Days Run 

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- TV/Radio Notices # Days Run 

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- Other: 

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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 

Town of Yorktown
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SPDES ID  

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

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**MS4 Annual Report Form**

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Town of Yorktown
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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?**

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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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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.



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Town of Yorktown
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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

Continue to conduct monthly environmental panel meetings, provide public notice of Town Board meetings for key events and upcoming stormwater related agendas; provide public notice for all other Town of Yorktown stormwater related events/meetings; provide full access to the public for review of stormwater related materials. Maintain and continue to adjust the Town stormwater website. Continue to conduct open meetings of the stormwater committee.

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

Public presentation of the annual report was well attended, public continues to access information at environmental panel meetings and the Town stormwater committee meetings. Public noticing with respect to all key stormwater events was carried out. IMA-CKWIC meetings held in Yorktown were open to 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).**

Hold a public meeting to present the Stormwater Annual Report.  
 Monthly environmental panel meetings, stormwater committee meetings and CKWIC meetings all open to the public.  
 Post notices at Town Hall, website and other media centers of stormwater related events and meetings. Continue annual clean-up day.







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Town of Yorktown

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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.**

Continue to provide an IDDE hotline, conduct reported screenings, and eliminate identified illicit discharges. Conduct dry weather inspections using the NYSDEC outfall reconnaissance inventory method. Continue to participate with Westchester County with respect to septic system maintenance and inspection program and provide stormwater training to Town employees.

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

20% of outfalls were inspected during this reporting period;  
The Town maintained a hotline for illicit discharges;  
The Town passed a septic ordinance requiring all homeowners to have their septic systems inspected once every 5 years  
16 Town employees were trained.

**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).**

Continue to conduct dry weather screenings and inspect at least 20% of the known outfall locations in GIS database using outfall reconnaissance inventory method.  
Continue to update and train staff in illicit discharge detection and elimination.  
Screen reported illicit discharges and eliminate all identified illicit discharges as required.

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

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

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

How many MS4s contributed to this report? 

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**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

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

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

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

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

- |  |   |   |  |   |  |  |   |                                    |
|--|---|---|--|---|--|--|---|------------------------------------|
| <input checked="" type="radio"/> Notices of Violation  | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>9</td></tr></table> |  |   |  |  | 9 | <input type="radio"/> No Authority |
|  |   |   |  | 9 |  |  |   |                                    |
| <input checked="" type="radio"/> Stop Work Orders      | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>7</td></tr></table> |  |   |  |  | 7 | <input type="radio"/> No Authority |
|  |   |   |  | 7 |  |  |   |                                    |
| <input type="radio"/> Criminal Actions                 | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>  |  |   |  |  |   | <input type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |                                    |
| <input type="radio"/> Termination of Contracts         | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>  |  |   |  |  |   | <input type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |                                    |
| <input type="radio"/> Administrative Fines             | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>  |  |   |  |  |   | <input type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |                                    |
| <input type="radio"/> Civil Penalties                  | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>  |  |   |  |  |   | <input type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |                                    |
| <input checked="" type="radio"/> Administrative Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>2</td></tr></table> |  |   |  |  | 2 | <input type="radio"/> No Authority |
|  |   |   |  | 2 |  |  |   |                                    |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>  |  |   |  |  |   |                                    |
|  |   |   |  |   |  |  |   |                                    |
| <input type="radio"/> Other                            | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>  |  |   |  |  |   | <input type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |                                    |

**MS4 Annual Report Form**

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

2	0	1	2
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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 Yorktown

SPDES ID

N	Y	R	2	0	A	0	0	7
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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report? 

--	--	--

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

		2
--	--	---

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

		1
--	--	---

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

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

 %

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

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

 %

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

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

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

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



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition

SPDES ID

**6. con't.:**

Submit additional pages as needed.

MS4/Coalition Office

Department

Address

City

Zip

Phone

(  )  -

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**

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

2	0	1	2
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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 Yorktown

SPDES ID

N	Y	R	2	0	A	0	0	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.**

Review all basic and full SWPPPs. Inspect all construction sites where land disturbance is greater than 5,000SF and conduct enforcement and to provide education to construction site workers.

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

All SWPPPs have been reviewed to be compliant with the NYS Standards of Erosion and Sediment control (and NYS Stormwater Design Manual as applicable). 100% of construction sites were inspected; 100% were inspected more than once. Local enforcement included 9 notices of violation, 7 stop work orders were issued, and 2 orders to remedy.

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

			4
--	--	--	---

*(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 to screen all applications, review all basic and full SWPPPs and conduct regular inspections. Enforce all stormwater related ordinances.



**MS4 Annual Report Form**

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

2	0	1	2
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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 Yorktown
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SPDES ID  

N	Y	R	2	0	A	0	7	7
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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?**

	1	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 Yorktown
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SPDES ID

N	Y	R	2	0	A	0	0	7
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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.**

Participation in CKWIC (Croton Kensico Watershed Intermunicipal Coalition) and EOH Corporation regarding retrofit programming and other aspects of regional stormwater cooperation, distribution strategies and prioritize structural and non-structural management practices to improve water quality. Inspection and maintenance of Town owned post-construction stormwater practices. Develop and implement EOH stormwater coalition and potential regional stormwater entity.
---

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

Post-construction stormwater practices continue to be regularly inspected with required maintenance conducted by the Town Highway Department. Town has joined the EOH Corporation with other Westchester, Putnam and Dutchess County communities to address retrofit plan implementation.
---

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

			4
--	--	--	---

*(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).**

Participate in CKWIC and East of Hudson Corporation, inspect and maintain post-construction stormwater practices.
---

**MS4 Annual Report Form**

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

2	0	1	2
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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 Yorktown
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SPDES ID  

N	Y	R	2	0	A	0	0	7
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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? 

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

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

### MS4 Annual Report Form

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

2	0	1	2
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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 Yorktown
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SPDES ID  

N	Y	R	2	0	A	0	0	7
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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 

			2	0
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

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

		2	1	4
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

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

		2	8	1
--	--	---	---	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

			0	.	
--	--	--	---	---	--

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

				1
--	--	--	--	---

**4. What was the date of the last training?**

0	2
---	---

 / 

2	2
---	---

 / 

2	0	1	2
---	---	---	---

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

	1	6
--	---	---

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

	8	5
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	1	2
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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 Yorktown

SPDES ID

N	Y	R	2	0	A	0	0	7
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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.**

Regular good housekeeping practices such as street cleaning, storm drain cleaning, road salt storage, landscaping and lawn care, and roadway maintenance. Conduct employee training in stormwater, illicit discharge detection and elimination and good housekeeping practices as well as septic system maintenance and repair and fertilizer use (use of phosphorus). Conduct inspection of all Town facility floor drains.

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

The Town has cleaned 214 catch basins, swept 400 lane miles, and swept approximately 20 acres of parking lots. In addition, the Town has maintained 19 post-construction stormwater practices. An inspection of all Town owned facilities was conducted. Floor drains in all municipal facilities were identified and located. About 85% of Town employees have received training.

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

			4
--	--	--	---

(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).**

Implement Town MS4 priority management practices to improve water quality and address phosphorus. Conduct good housekeeping practices at all Town owned facilities. Continue to provide training to employees.



### MS4 Annual Report Form

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

SPDES ID  
N Y R 2 0 A 0 0 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	2
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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 Yorktown
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SPDES ID  

N	Y	R	2	0	A	0	0	7
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?  Yes  No  N/A

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

		5
--	--	---

 %

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? 

		1
--	--	---

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

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

 %

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

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

 %  
 No Projects Planned

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

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

**MS4 Annual Report Form**

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

2	0	1	2
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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 Yorktown

SPDES ID

N	Y	R	2	0	A	0	0	7
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**9. Has your MS4/Coalition developed and implemented a program of native planting?**

Yes    No    N/A

**10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?**

Yes    No    N/A

**11. Does your MS4/Coalition have a pet waste bag program?**

Yes    No    N/A

**12. Does your MS4/Coalition have a program to manage goose populations?**

Yes    No    N/A







