MS4 Annual Report Cover Page

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

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

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Choose one:

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

Fill in SPDES ID in upper right hand corner.

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OR

O This report is being submitted on behalf of a Single Entity

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

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OR

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

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

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MS4 Annual Report Cover Page

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

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 2

	SPL	DES	ID						
Name of MS4 Town of Yorktown	N	Y	R	2	0	А	0	0	7

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- O A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Jo	oint	Rep	ort,	ent	er c	oali	tion	nai	ne:											
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$

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Name of MS4 Town of Yorktown	N	Y	R	2	0	А	0	0	7

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:

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

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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$

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Name of MS4 Town of Yorktown	N Y R 2 0 A 0 0 7
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all permit require	
period? If Yes, complete information below.	● Yes ○ No
If Yes, complete information below. Submit a separate sheet for each partner. Information provided in other f	Formats will not be
accepted. If your MS4 cooperated with a coalition, submit one sheet with	
coalition. It is not necessary to include a separate sheet for each MS4 in	the coalition.
If No, proceed to Section 4 - Certification Statement.	
Partner/CoalitionName	
Croton kensico Watershed	Intermun
	PDES Partner ID - If applicable
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Phone Legally Binding Ag	greement in accordance
(9 1 4) 2 7 7 - 3 3 2 3 with GP-0-08-002	Part IV.G.? ● Yes ○ No
What tasks/responsibilities are shared with this partner (e.g. MM1 School P.	rograms or Multiple Tasks)?
O MM1	
O MM2	
● MM3 O n - s i t e w a s t e w a t e r s y s	s t e m s
O MM4	
• MM5 Retrofit program	
○ MM6	

Additional tasks/responsibilities

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

Conveyance mapping, on-site wastewater inspection/maintenance program, stormwater retrofits.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$

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Name of MS4	Town of Yorktown	N	Y	R	2	0	А	0	0	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
Michael		Grace
Title (Clearly print title of individual signing report)		
Town Supervisor		
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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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Water Quality Trends	
The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s are contributed to this report? 	
1. Has this MS4/Coalition produced any reports documenting water quali- related to stormwater? If not, answer No and proceed to Minimum Con One.	· ·
If Yes, choose one of the following	○ 103 • 110
○ Report(s) attached to the annual report	
O Web Page(s) where report(s) is/are provided below	
Please provide specific address of page where report(s) can be accesse	d - not home page.
URL	
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Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

Name of MS4/Coalition Town of Yorktown	SPDES ID N Y R 2 0 A 0 0 7
Minimum Control Measure 1. Public Ed	ucation and Outreach
	ucation and Outreach
The information in this section is being reported (check one):	
On behalf of an individual MS4On behalf of a coalition	
How many MS4s contributed to this report?	
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach d	uring this reporting period:
• Construction Sites	• Pesticide and Fertilizer Application
● General Stormwater Management Information	Pet Waste Management
 Household Hazardous Waste Disposal 	Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
■ Infrastructure Maintenance	Trash Management
Smart Growth	Vehicle Washing
O Storm Drain Marking	O Water Conservation
• Green Infrastructure/Better Site Design/Low Impact Development	Wetland Protection
Other:	○ None
Phosphorus Reduction Other	
2. Specific audiences targeted during this reporting period:	
Public EmployeesContractors	
ResidentialDevelopers	
BusinessesGeneral Public	
■ Restaurants ○ Industries	
Other: Agricultural	

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.

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

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

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Name of MS4/Coalition	Town of Yorktown	N	Y	R	2	0	А	0	0	7

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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D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

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

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.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

Name of MS4/Coalition Town of Yorktown	N	YR	2	0 A	. 0	0	7
Minimum Control Measure 2. Public Involvem	ent/P	<u>artici</u>	<u>pat</u>	ion	<u>l</u>		
The information in this section is being reported (check one):							
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 							
1. What opportunities were provided for public participation in in development, evaluation and improvement of the Stormwater M (SWMP) Plan during this reporting period? Check all that app	Tanag			gra	m		
Cleanup Events		# Event	s				1
O Comments on SWMP Received	# C	omment	s				
• Community Hotlines Phone # ()[-			
Phone # (9 1 4) 9 6 2 - 5 7 2 2 Phone # ()[-			
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Community Meetings	# /	Attendee	s		2	0	4
• Plantings		Sq. F	t. [3	0	0
○ Storm Drain Markings		# Drain	s				
• Stakeholder Meetings	# 1	Attendee	s		1	2	0
O Volunteer Monitoring		# Event	s				
● Other: S W C o m m i t t e e ; C K W I C	m e	e t	i r	ı g	s		
2. Was public notice of availability of this annual report and Stori Program (SWMP) Plan provided?	mwate	er Man	age	mei • Y		0	No
○ List-Serve		# In Lis	st [
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○ TV/Radio Notices	# I	Days Ru	n [
● Other: TownBoardagenda							
• Web Page URL: Enter URL(s) on the following two pages.							

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

3. Where can the public access copies of this annual report, Stormwater Management

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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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

	SPDES ID
Name of MS4/Coalition Town of Yorktown	N Y R 2 0 A 0 0 7
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.	0 5 / 2 9 / 2 0 1 2
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	g a joint report, answer 5.b
5.a. Was an Annual Report public meeting held in this reportin	g period? ● Yes ○ No
If Yes, what was the date of the meeting?	0 5 / 2 9 / 2 0 1 2
If No, is one planned?	○ Yes ○ No
5.b. Was an Annual Report public meeting held for all MS4s co	ntributing 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? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.	○ Yes ● No

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

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

		SPD	ES	ID						
Name of MS4/Coalition	Town of Yorktown	N	Y	R	2	0	А	0	0	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.

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.

	How many	times v	was this	observation	maggirad	or ov	aluated i	in thic	reporting	noriod?
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D. Has your MS4 made progress toward this measurable goal during this reporting period?

V_{ec}	\bigcirc	Nο

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

Yes	\bigcirc	No
res	\cup	INO

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.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

Name of MS4/Coalition Town of Yorktown	N Y R 2 0 A 0 0 7
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination
The information in this section is being reported	(check one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to a 	this report?
1. Enter the number and approx. percent	of outfalls mapped: 5 0 0 # 1 0 0 %
2. How many of these outfalls have been s reporting period (outfall reconnaissance	creened for dry weather discharges during this e inventory)?
3.a. What types of generating sites/sewersh- reporting period?	eds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	○ Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	 Parking Lot Maintenance
 Construction Vehicle Washouts 	○ Printing
○ Cross-Connections	 Residential Carwashing
Distribution Centers	Restaurants
Food Processing Facilities	O Schools and Universities
○ Garbage Truck Washouts	Septic Maintenance
○ Hospitals	Swimming Pools
O Improper RV Waste Disposal	Vehicle Fueling
O Industrial Process Water	Vehicle Maint./Repair Shops
• Other:	○ None
Town faciliti	e s
• Sewersheds:	
E a s t o f H u d s o	n

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.

	SPDES ID	
Name of MS4/Coalition Town of Yorktown	N Y R 2 0 A 0 0 7	7
3.b. What types of illicit discharges ha	we been found during this reporting period?	
O Broken Lines From Sanitary Sewer	O Industrial Connections	
O Cross Connections	○ Inflow/Infiltration	
O Failing Septic Systems	O Pump Station Failure	
• Floor Drains Connected To Storm Sewers	rs O Sanitary Sewer Overflows	
O Illegal Dumping	O Straight Pipe Sewer Discharges	
Other:	● None	
4. How many illicit discharges/notent	tial illegal connections have been detected during this	
reporting period?		2
5. How many illicit discharges have b	been confirmed during this reporting period?	1
6. How many illicit discharges/illegal period?	l connections have been eliminated during this reporting	1
	g been completed in this reporting period? • Yes • N vos completed in this reporting period?	
8. Is the above information available Is this information available on the If Yes, provide URL(s):		
Please provide specific address of pag	ge where map(s) can be accessed - not home page.	
URL		
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This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

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Name of MS4/Coalition	Town of Yorktown	N	Υ	R	2	0	А	0	0	7

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.

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

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

• Yes C	· No
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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.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

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Name of MS4/Coalition Town of Yorktown	N	Y	R	2	0	А	0	0	7

Minimum Control Measures 4 and 5

	Construction Site and Post-Construction Control		
The	e 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	a. Has each MS4 contributing to this report adopted a law, ordinance or other reg mechanism that provides equivalent protection to the NYS SPDES General Per Stormwater Discharges from Construction Activities?	,	O No
	Stormwater Discharges from Constitution Activities.	• 105	O 110
1b	o. Has each Town, City and/or Village contributing to this report documented that equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney cerfification or using the NYSDEC	Erosion	
	Analysis Workbook? • Yes	○ No	\circ NT
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La O 09/2004 • 0	w. 3/2006	O 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 reviewed in this reporting period?	e been	3 3
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of purcomments related to construction SWPPPs? • Yes	ıblic O No	O 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 SWPPP process?	the loca • Yes	al O 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	#		9	O No Authority
• Stop Work Orders	#		7	O No Authority
O Criminal Actions	#			O No Authority
○ Termination of Contracts	#			O No Authority
O Administrative Fines	#			O No Authority
O Civil Penalties	#			O No Authority
• Administrative Orders	#		2	O No Authority
O Enforcement Actions or Sanctions	#			
Other	#			O No Authority

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

			SPD	ES ID				
Nar	ne of MS4/Coalition Town of Yorktown		N	YR	2	0 A	0	0 7
	Minimum Control Measure 4. Construction Site S	<u>Stormy</u>	vate	er Rı	ıno	ff Co	nt	<u>rol</u>
The	e 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	disturba	ance	s of o	ne a	icre o	r m	ore
	during this reporting period?							2
2.	How many construction projects disturbing at least one act	re were	acti	ve in	you	r juri	sdic	
	during this reporting period?							1
3.	What percent of active construction sites were inspected du	uring th	is re	porti	ng p	eriod	1?	O NT
						1	0	0 %
4.	What percent of active construction sites were inspected m	ore thar	ı on	ce?				O NT
						1	0	0 %
5.	Do all inspectors working on behalf of the MS4s contributi	ng to th	is re	eport	use	the N	YS	
	Construction Stormwater Inspection Manual?			Y	es	\circ No	0	\bigcirc NT
6.	Does your MS4/Coalition provide public access to Stormwa (SWPPs) of construction projects that are subject to MS4						Plaı	18
				• Y		\circ No	0	\bigcirc NT
	If your MS4 is Non-Traditional, are SWPPPs of construction public review?	on proje	ects	made	ava	ilabl ○ Ye		r O No
	If Yes, use the following page to identify location(s) where SW	VPPPs ca	an b	e acce	ssec	ł.		

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.

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Name of MS4/Coalition Town of Yorktown	N Y R 2 0 A 0 0 7
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Review all basic and full SWPPs. Inspect all construction sites than 5,000SF and conduct enforcement and to provide education	
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
All SWPPs have been reviewed to be compliant with the NYS control (and NYS Stormwater Design Manual as applicable). 10 inspected; 100% were inspected more than once. Local enforcer 7 stop work orders were issued, and 2 orders to remedy.	0% of construction sites were
C. How many times was this observation measured or evalua	ted in this reporting period?
D. Has your MS4 made progress toward this measurable goa	(ex.: samples/participants/ever l during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	he SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation scho	eet the goals of this MCM during
Continue to screen all applications, review all basic and full SWI inspections. Enforce all stormwater related ordinances.	PPPs and conduct regular

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.

				SPD	ES ID		
Name of MS4/Coalition	Town of Yorktown			N	YR2	0 A	0 0 7
Minimum	Control Mea	sure 5. Post-	-Constructio	on Stormwa	iter Ma	nagen	<u>nent</u>
The information in the	nis section is bein	g reported (chec	ck one):				
On behalf of an incOn behalf of a coaHow m		ributed to this r	report?				
1. How many and MS4/Coalition i						s your	
		# Inventoried	# Inspections	# Times Maintained			
O Alternative Practic	ces						
O Filter Systems							
• Infiltration Basins		2	1 0	1 0			
Open Channels			5	5			
Ponds			4	4			
O Wetlands							
Other							
2. Do you use an BMPs, inspecti			ibase, spreads	heet) to track	x post-co	onstruct • Yes	
3. What types of a Development/E		-		-	ow Imp	act	
Building Codes	Municipal C	omprehensive P	lans				
Overlay Districts	Open Space	Preservation Pro	gram				
Zoning	O Local Law o	r Ordinance					
○ None	● Land Use Re	egulation/Zoning	5				
O Watershed Plans	Other Comp	rehensive Plan					
• Other:							

Board

C o n s e r v a t i o n

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

			SPL)ES I	D					
Nan	ne of MS4/Coalition Town of Yorktown		N	Y	R 2	0	А	0	7	7
4a.	Are the MS4s contributing to this report involved in a regional	watershe	d w	ide	plan		g eff ● Ye			No
4b.	Does the MS4 have a banking and credit system for stormwater	manage	m ei	ıt pr	acti	ces?	•			
						() Ye	es		No
4c.	Do the SWMP Plans for each MS4 contributing to this report in and approval of banking and credit of alternative siting of a sto									
	and approval of banking and credit of afternative siting of a sto	i iii w atei	ma	пад	em e	-	Ye			No
4d.	How many stormwater management practices have been imple reporting period?	mented as	s pa	rt o	f thi	s sy	sten	ı in	thi	s
							Ш			
5.	What percent of municipal officials/MS4 staff responsible for p training on Low Impace Development (LID), Better Site Design	0	-				atte	nde	ed	
	Infrastructure principles in this reporting period?	(DSD) al	ıu (n nei	. UI	cen		1	0	%

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

If submitting this form as part of a joint report on behalf of a	SPDES ID
Name of MS4/Coalition Town of Yorktown	N Y R 2 0 A 0 0 7
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Participation in CKWIC (Croton Kensico Watershed Intermunicip Corporation regarding retrofit programming and other aspects of a distribution strategies and prioritize structural and non-structural a water quality. Inspection and maintenance of Town owned post-of Develop and implement EOH stormwater coalition and potential a	regional stormwater cooperation, management practices to improve construction stormwater practices.
B. Briefly summarize the observations that indicated the overa	all effectiveness of this Measurable
Post-construction stormwater practices continue to be regularly in conducted by the Town Highway Department. Town has joined the Westchester, Putnam and Dutchess County communities to address	ne EOH Corporation with other
C. How many times was this observation measured or evaluat	red in this reporting period?
D. Has your MS4 made progress toward this measurable goal	
E. Is your MS4 on schedule to meet the deadline set forth in the	he SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned to med the next reporting cycle (including an implementation sche	et the goals of this MCM during
Participate in CKWIC and East of Hudson Corporation, inspect a stormwater practices.	nd maintain post-construction

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

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

		SPD	ES	ID						
Name of MS4/Coalition	Town of Yorktown	N	Y	R	2	0	А	0	0	7

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.

Self-Assessment

Operation/Activity/Facility performed within the past 3 **Operation/Activity/Facility** Addressed in SWMP? vears? Street Maintenance..... • Yes ○ No • Yes \bigcirc No ○ No • Yes \bigcirc No Bridge Maintenance.... • Yes Winter Road Maintenance.... • Yes ○ No • Yes \bigcirc No Salt Storage.

• Yes ○ No Yes \bigcirc No Solid Waste Management..... • Yes ○ No • Yes \bigcirc No New Municipal Construction and Land Disturbance.. • Yes ○ No Yes \bigcirc No Right of Way Maintenance..... • Yes \bigcirc No ● No ○ Yes No Marine Operations.... O Yes Hydrologic Habitat Modification..... O Yes ● No ○ Yes No \bigcirc No Parks and Open Space.... • Yes Municipal Building..... • Yes ○ No • Yes \bigcirc No ○ No • Yes \bigcirc No Stormwater System Maintenance..... • Yes ○ No Yes \bigcirc No Vehicle and Fleet Maintenance..... • Yes Other..... O Yes ○ No ○ Yes \bigcirc No

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

	SPDES ID		
Name of MS4/Coalition Town of Yorktown	N Y R 2	0 A 0	0 7
2. Provide the following information about municipal operat	ions good housekeep	oing prog	rams:
• Parking Lots Swept (Number of acres X Number of times swep	t) # 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
O Phosphorus Applied In Chemical Fertilizer	# Lbs.		
Nitrogen Applied In Chemical Fertilizer	# Lbs.	2	8 1
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	# Acres [0 .
3. How many stormwater management trainings have been put during this reporting period?	provided to municipa	al employ	rees
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 stormwater management training?	s and departments r	eceive 8	5 %

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	
Name of MSA/Coalition Town of Yorktown	SPDES ID N Y R 2 0 A 0 0 7
Name of MS4/Coalition 10wn of Yorktown	
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward addentified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	•
	WANDD : 4L:
A. Briefly summarize the Measurable Goal identified in the Sy	WMPP in this reporting period.
Regular good housekeeping practices such as street cleaning, stord landscaping and lawn care, and roadway maintenance. Conduct e illicit discharge detection and elimination and good housekeeping maintenance and repair and fertilizer use (use of phosphorus). Cofacility floor drains.	employee training in stormwater, practices as well as septic system
B. Briefly summarize the observations that indicated the overa Goal.	all effectiveness of this Measurable
The Town has cleaned 214 catch basins, swept 400 lane miles, an parking lots. In addition, the Town has maintained 19 post-constrinspection of all Town owned facilities was conducted. Floor dra identified and located. About 85% of Town employees have rece	ruction stormwater practices. An ins in all municipal facilities were
C. How many times was this observation measured or evaluat	ed in this reporting period?
	(ex.: samples/participants/e
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	ne SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to mee the next reporting cycle (including an implementation sche	et the goals of this MCM during
Implement Town MS4 priority management practices to improve phosphorus. Conduct good housekeeping practices at all Town or Continue to provide training to employees.	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

		SPI	DES	ID						
Name of MS4/Coalition	Town of Yorktown	N	Y	R	2	0	А	0	0	7

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	Allswei	- CHECK IVA	- (100)
Fraditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Fraditional 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	-	-	-
Fraditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Гraditional 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	-	-	-
Fraditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Fraditional 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	-	-	- D. J.
Fraditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Fraditional Non-Land Use Non-Traditional	1,4,7a-d,9,10,11,12 1,4,7a-d,9	2,3,5,6,8a,8b 2,3,4,5,8a,8b,10,11,12	Pathogens Pathogens
Peconic Estuary	1,4,7a-0,9	2,3,4,3,80,80,10,11,12	Pathogens
Fraditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Fraditional 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	-	-	-
Fraditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Fraditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Fraditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Fraditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
lon-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} \begin{bmatrix} 1 & 2 \end{bmatrix}$

Na	ume of MS4/Coalition Town of Yorktown			N Y R 2	0 A 0	0 0 7
3.	Does your MS4/Coalition have and Maintenance Plan Program	•	System (ir	nfrastructu • Yes	ıre) İnsp O No	ection ○ N/A
4.	Estimate the percentage of on-sand maintained or rehabilitated		•		n inspec	ted 5 %
5.	Has your MS4/Coalition develor NYSDEC SPDES General Perr (GP-0-08-001) to reduce polluta disturb five thousand square fe	mit for Stormwater Dischar ants in stormwater runoff f	rges from (Constructi	on Activ	ities
6.	Has your MS4/Coalition develor runoff from new development a equal to one acre that provides Permit for Stormwater Dischar the New York State Stormwate Standards?	and redevelopment projects sequivalent protection to the rges from Construction Act	s that distu e NYS DE ivities (GP	irb greater C SPDES P-0-08-001)	than or General , includi	
7a	a. Does your MS4/Coalition have phosphorus/nitrogen/pathogen		educe eros	sion or • Yes	○ No	○ N/A
7b	o. How many projects have been s	sited in this reporting perio	od?			
	e. What percent of the projects in		-	-	ing peri	
7d	l.What percent of projects plann	ned in previous years have t	oeen comp		Projects	
8a	a.Has your MS4/Coalition develo procedures policy that addresse lands?	<u>-</u>	_	nent pract nicipally o	ices and	O N/A
8b	o. Has your MS4/Coalition develo procedures policy that addresso municipally owned lands?		U			○ N/A

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} \begin{bmatrix} 1 & 2 \end{bmatrix}$

	<u>SP</u>]	DES	ID					
Name of MS4/Coalition Town of Yorktown	N	Y	R	2	0 A	0	0	7
9. Has your MS4/Coalition developed and implemented a pr	ogram of na	tive	pla	nti	ing?			
			Yes	3	\circ N	0	\circ N	/A
10. Has your MS4/Coalition enacted a local law prohibiting p	et waste on	mun	icip	al	pro	pert	ties a	and
prohibiting goose feeding?		0	Yes	3	• N	0	\circ N	/ A
11. Does your MS4/Coalition have a pet waste bag program?			Yes	3	\circ N	0	\circ N	/ A
10 D MCAIC PA								
12. Does your MS4/Coalition have a program to manage goos populations?	e	0	Yes	3	• N	0	\circ N	[/ A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$

	SPL)ES	ID						
Name of MS4 Town of Yorktown	N	Y	R	2	0	А	0	0	7

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
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$

51 DE9 1D					
Name of MS4 Town of Yorktown N Y R 2	0	A	0	0	7

Section 2 - Contact Information

Important Instructions - Please Read

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

- 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
- O Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

Firs	First Name											ΜI		Las	t Na	ıme															
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MS4 Municipal Compliance Certification (MCC) Form

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

	SPDES ID												
Name of MS4 Town of Somers	N Y R 2 0 A 4 0 5												
Section 3 - Partner Information													
Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting													
period? • Yes • No													
If Yes, complete information below.													
Submit a separate sheet for each partner. Information provided													
accepted. If your MS4 cooperated with a coalition, submit one scoalition. It is not necessary to include a separate sheet for each													
If No, proceed to Section 4 - Certification Statement.	THE Countries.												
Partner/CoalitionName													
East of Hudson Watersl	n e d C o a 1 i t i o												
Partner/Coalition Name (con't.)	SPDES Partner ID - If applicable												
m u n i c i p a 1	N Y R 2 0												
Address													
1 1 4 2 R o u t e 3 1 1													
City													
Patterson	Y 1 2 5 6 3 -												
eMail													
k i m @ e o h w c . o r g													
	Binding Agreement in accordance												
(8 4 5) 3 1 9 - 6 3 4 9 with GP	-0-08-002 Part IV.G.?												
What tasks/responsibilities are shared with this partner (e.g. MM1	School Programs or Multiple Tasks)												
O MM1													
O MM2													
O MM3													
O MM4													
• MM5 Retrofit Program													
O MM6													
Additional tasks/responsibilities													
Watershed Improvement Strategy Best Management Practices	required for MS4s in impaired												
watersheds included in GP-0-08-002 Part IX.	-1												
Stormwater Retrofit Program (IX5b).													
Stormwater Renorit Frogram (1750).													

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$

SPDES ID

Name of MS4 Town of Somers	N Y R 2 0 A 4 0 5											
Section 3 - Partner Information												
Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting												
period? If Yes, complete information below.												
Submit a separate sheet for each partner. Information provided	in other formats will not be											
accepted. If your MS4 cooperated with a coalition, submit one												
coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.												
If No, proceed to Section 4 - Certification Statement.												
Partner/CoalitionName Croton Kensico Waters	hed Inter-											
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	$\frac{h \mid e \mid d \mid \mid I \mid n \mid t \mid e \mid r \mid - \mid}{SPDES Partner ID - If applicable}$											
m u n i c i p a l C o a l t i o n	N Y R 2 0											
Address												
3 3 5 Route 2 0 2												
City Sta	te Zip											
S o m e r s N	Y 1 0 5 8 9 -											
eMail												
m m u r p h y @ s o m e r s n y . c o m												
1 0 1 1 1 0 0 0 0 1 1	Binding Agreement in accordance											
(9 1 4) 2 7 7 - 3 6 3 7 with GF	P-0-08-002 Part IV.G.?											
What tasks/responsibilities are shared with this partner (e.g. MM1	School Programs or Multiple Tasks)?											
O MM1												
O MM2												
● MM3 O n - S i t e W a s t e w a t e r	S y s t e m s											
O MM4												
● MM5 Retrofit Program												
○ MM6												

Additional tasks/responsibilities

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

Conveyance System Mapping (IX3); Onsite Wastewater Inspection and Maintenance Program (IX3b) and Stormwater Retrofit Program (IX5b).