KENNETH SCHMITT Town Supervisor

TOWN OF CARMEL

ANN SPOFFORD Town Clerk

SUZANNE MC DONOUGH

Town Councilwoman Deputy Supervisor

MICHAEL A. BARILE Town Councilman JOHN D. LUPINACCI Town Councilman JONATHAN SCHNEIDER Town Councilman 60 McAlpin Avenue Mahopac, New York 10541 Tel. (845) 628-1500 • Fax (845) 628-6836 www.carmelny.org KATHLEEN KRAUS
Receiver of Taxes

MICHAEL SIMONE Superintendent of Highways Tel. (845) 628-7474

TOWN BOARD VOTING MEETING/WORK SESSION Wednesday, April 25, 2018 7:00pm Carmel Fire House, Vink Drive, Carmel, NY

Pledge of Allegiance – Moment of Silence

Town Board Voting Meeting:

- 1. Res: Appointing Police Officer
- 2. Res: Making Appointment to the Board of Assessment Review
- 3. Res: Making Appointment to the Board of Assessment Review
- 4. Res: Authorizing Signature Certificate of Approval Mahopac Volunteer Fire Department, Inc.
- 5. Res: Authorizing Entry into Contract- Mahopac Volunteer Fire Department, Inc.
- Public Comment (Three (3) Minutes on Agenda Items Only)
- Town Board Member Comments

Town Board Work Session:

- Review Town Board Minutes, April 4, 2018
- Request for Waiver of Sound Amplification Permit Fee Putnam County Golf Couse Summer Barbeque Series
- 2. Mary Ann Maxwell, Town Comptroller Consider Request for Town Comptroller to Attend Finance School May 3 and 4, 2018, Saratoga Springs, NY (\$200 plus Travel and Lodging)
- Mary Ann Maxwell, Town Comptroller Consider Request for Town Comptroller and Principal Account Clerk to Attend NYS Retirement System Employer Education Seminar May 11, 2018, Poughkeepsie, NY (No Cost to Town)
- Police Chief Michael Cazzari Consider Request to Declare Equipment Old and Obsolete and Authorizing Disposal
- 5. Michael Simone, Highway Superintendent Consider Request to Authorize Payment of Invoice for Repair and Parts Lawn Mower
- 6. Richard Franzetti, PE, Town Engineer Consider Request to Authorize Payment for Hydrant Replacement CWD#2 and Vineland Pump Station CWD#7
- 7. Richard Franzetti, PE, Town Engineer Review of DRAFT Annual MS4 Report
- Public Comment (Three (3) Minutes on Agenda Items Only)
- Town Board Member Comments

Open Forum:

- Public Comments on New Town Related Business (Three (3) Minutes Maximum per Speaker for Town Residents, Property Owners & Business Owners Only)
- Town Board Member Comments
- Adjournment

RESOLUTION MAKING PROBATIONARY APPOINTMENT OF POLICE OFFICER – CARMEL POLICE DEPARTMENT

RESOLVED that the Town Board of the Town of Carmel, acting as Commissioners of the Town of Carmel Police Department, hereby appoints Brian J. Smith to the position of Police Officer in the Town of Carmel Police Department, effective immediately, on a probationary basis subject to the provisions of Civil Service Law and the Civil Service Rules and Regulations.

<u>Resolution</u>		
Offered by:		
Seconded by:		
Roll Call Vote	<u>YES</u>	<u>NO</u>
Michael Barile		
Jonathan Schneider		
John Lupinacci		
Suzanne McDonough		
Kenneth Schmitt		

RESOLUTION MAKING APPOINTMENT TO TOWN OF CARMEL BOARD OF ASSESSMENT REVIEW

RESOLVED that the Town Board of the Town of Carmel hereby appoints Francis J. Monaco to the Town of Carmel Board of Assessment Review, for a term commencing immediately and expiring September 30, 2022.

<u>Resolution</u>		
Offered by:		
Seconded by:		
Roll Call Vote	<u>YES</u>	<u>NO</u>
Michael Barile		
Jonathan Schneider		
John Lupinacci		
Suzanne McDonough		
Kenneth Schmitt		

RESOLUTION MAKING APPOINTMENT TO TOWN OF CARMEL BOARD OF ASSESSMENT REVIEW

RESOLVED that the Town Board of the Town of Carmel hereby appoints Daniel Pearsall to the Town of Carmel Board of Assessment Review for a term commencing immediately and expiring September 30, 2020.

<u>Resolution</u>		
Offered by:		
Seconded by:		
Roll Call Vote	<u>YES</u>	<u>NO</u>
Michael Barile		
Jonathan Schneider		
John Lupinacci		
Suzanne McDonough		
Kenneth Schmitt		

RESOLUTION AUTHORIZING SIGNATURE CERTIFICATE OF APPROVAL MAHOPAC VOLUNTEER FIRE DEPARTMENT, INC.

WHEREAS, Mahopac Volunteer Fire Department, Inc., the provider of fire protection services in Carmel Fire Protection District #2 in the Town of Carmel, has advised the Town Board that it is in the process of obtaining financing for the acquisition of certain fire protection vehicles and/or equipment; and

WHEREAS that the Town Board of the Town of Carmel has been advised that the Mahopac Volunteer Fire Department, Inc. is seeking financing pursuant to Internal Revenue Code §147(f) in an amount not to exceed \$700,000 for the purchase of certain equipment, specifically one (1) E-1 Cyclone II Tanker Pumper; and

WHEREAS, the Town Board has been advised that a public hearing concerning the borrowing has been duly noticed and conducted by the Mahopac Volunteer Fire Department, Inc. on April 12, 2018, and that all persons wishing to be heard were given due opportunity to do so;

NOW THEREFORE BE IT RESOLVED, that Town Supervisor Kenneth Schmitt is hereby authorized to sign a certificate of approval of the proposed financing of the aforesaid equipment by the Mahopac Volunteer Fire Department, Inc., said certificate to be in form as attached hereto and made a part hereof.

<u>Resolution</u>		
Offered by:		
Seconded by:		
Roll Call Vote	<u>YES</u>	<u>NO</u>
Michael Barile		
Jonathan Schneider		
John Lupinacci		
Suzanne McDonough		
Kenneth Schmitt		

SECTION 147(F) APPROVAL AND WRITTEN CONTRACT

The undersigned Chief Elected Official of					
company's fire station (or other location which was of for the purpose of satisfying the requirements of Sec	This approval is given following a public hearing held on <u>April 12, 2018 at 7:00pm</u> at the company's fire station (or other location which was designated in the public notice) and is solely for the purpose of satisfying the requirements of Section 147(f) of the code. This approval does not in any way constitute any financial involvement or obligation of the Municipality .				
Furthermore, this document acknowledges that for consideration, the receipt and sufficiency of which are hereby acknowledge, the Mahopac Volunteer Fire Department, Inc. has provided exclusive firefighting and other services for the Municipality for many years and Mahopac Volunteer Fire Department, Inc. hereby agrees to meet the requirement to continue to provide firefighting and other services for Municipality.					
Dated as of					
Mahopac Volunteer Fire Department, Inc.	Municipality				
George Jones	Signature				
Vice Chairman	Printed Name and Title				

RESOLUTION AUTHORIZING ENTRY INTO CONTRACT

WHEREAS appropriations have been made in the 2018 Town Budget for entry into various contracts for the provision of various services to the Town of Carmel, and

WHEREAS said contract is on file in the office of the Town Supervisor for the inspection and review of all Town Board members,

NOW, THEREFORE, BE IT RESOLVED that the Town Board of the Town of Carmel hereby authorizes the Town Supervisor to enter into and execute, on behalf of the Town, the contract with the following contractor for the services indicated in an amount not to exceed that set forth below:

Contractor		<u>ervices</u>	Not to Exceed Amour		
Mahopac Volunteer Fire Department, Inc.		re Protection-Fire rotection Dist. #2	\$ 1,200,000		
Resolution					
Offered by:					
Seconded by:					
Roll Call Vote	<u>YES</u>	<u>NO</u>			
Michael Barile					
Jonathan Schneider					
John Lupinacci					
Suzanne McDonough					
Kenneth Schmitt					

Work Session Agenda Item #1

PUTNAM COUNTY EXECUTIVE

MaryEllen Odell County Executive

Patricia Simone Chief of Staff 40 Gleneida Avenue Carmel, New York 10512 (845) 808-1001 Fax (845) 808-1901 www.putnamcountyny.gov



April 10, 2018

Nicholas DePerno Jr.
Director of Constituent Services

Theresa M. Oliver Confidential Secretary

Honorable Kenneth Schmitt Town of Carmel Town Supervisor 60 McAlpin Avenue Mahopac, New York 10541

Re: Request for Waiver

Dear Supervisor Schmitt:

I am writing to once again formally request that the Town of Carmel Town Board consider the waiver of the provisions of Chapter 104 of its Town Code, which require that a permit be acquired for the use and operation of sound devices and equipment at the Putnam County Golf Course in connection with its Friday Night Barbeques, which will be held through October of this year (a schedule of the season's live music events is attached).

I know that the continued success of this County-owned course is of paramount importance to us all, in that the taxpayers of Putnam County are the ultimate beneficiaries of this golf and banquet facility. The waiver of the permit requirement, along with the requirement that the County pay a fee for such a permit, will obviously assist the County in becoming as successful as possible in its endeavor to provide enhanced services to its residents.

Thank you for your consideration and cooperation.

Very truly yours,

MaryEslen Odell
County Executive

to/meo

cc: Jennifer S. Bumgarner, County Attorney

Michael McCall, General Manager

APR 1 6 2018
State GOR'S OFFICE

2018



MIGHT BASSESSES

AT PUTNAM COUNTY GOLF COURSE

PRE-ORDER TICKETS ONLINE

\$29 PLUSTAX

INCLUDES BBQ & SHOW. Cash Bar Available Tickets at the Door

\$35.00

DOORS OPEN AT 6:00 PM SERTING AND BBO BEGINS AT 6:30 PM LIVE MUSIC BEGINS AT 8:00 PM

- 6/1 SHILELAGH LAW
- 6/8 EVOLUTION, JOURNEY
- 6/15 HINDENBURG, LED ZEPPELIN
- 6/22 DISCONIGHT
- 6/29 GET YOUR WINGS, AEROSMITH
- 7/6 THE NERDS
- 7/13 TRAMPS LIKE US, BRUCE SPRINGSTEEN
- 7/20 ZBTB, ZAC BROWN
- 7/27 GYPSY, FLEETWOOD MAC
- 8/3 ONE WILD NIGHT, BON JOVI
- 8/10 APPETITE FOR DESTRUCTION GUNS N' ROSES
- 8/17 DESERT HIGHWAY, THE EAGLES
- 8/24 WHO'S YOUR DADDY
- 9/8 LOBSTER / CLAM BAKE

187 HILL STREET
MAHOPAC, NY 10541
845-808-1881
WWW.PUTNAMCOUNTYGC.COM

KENNETH SCHMITT Town Supervisor

SUZANNE MC DONOUGH Town Councilwoman Deputy Supervisor

MICHAEL A. BARILE Town Councilman JOHN D. LUPINACCI Town Councilman JONATHAN SCHNEIDER Town Councilman

TOWN OF CARMEL

TOWN HALL



60 McAlpin Avenue Mahopac, New York 10541 Tel. (845) 628-1500 • Fax (845) 628-6836 www.carmelny.org ANN SPOFFORD Town Clerk

KATHLEEN KRAUS Receiver of Taxes

MICHAEL SIMONE Superintendent of Highways Tel. (845) 628-7474

MEMORANDUM

To:

Kenneth Schmitt, Town Supervisor

Town Board

Date:

April 18, 2018

From:

Mary Ann Maxwell, Town Comptroller

RE:

18th Annual Town Finance School

The 18th Annual Town Finance School will be held Thursday, May 3rd - Friday, May 4th in Saratoga Springs, NY. Attached is the tentative agenda. I am requesting approval to attend.

Topics of discussions are:

- Analysis of Shared Services
- Proper use of Appropriated Fund Balances
- Funding Opportunities from NYSEFC
- Fiscal Oversight of Town Highway Operations
- Procedures for Amending the Budget and Interfund Transactions
- Accounting for Payroll and Personnel

The cost of the conference is \$200 per member plus the cost of hotel lodging.

If you have any questions or concerns please contact me at ext 175.

Cc:

A. Pasquerello



Tentative Agenda 18th Annual Town Finance School



May 3 & 4, 2018 – Courtyard by Marriott Saratoga Springs (11 Excelsior Ave, Saratoga Springs, NY 12866)

May 10 & 11, 2018 - Holiday Valley Resort & Conference Center

(6557 Holiday Valley Rd, Ellicottville, NY 14731)

Co-sponsored by the Association of Towns of the State of New York (AOT) and the Office of the State Comptroller (OSC), Division of Local Government and School Accountability.

(The OSC will provide Continuing Professional Education credits for CPAs, and AOT will provide Certified Town Official credits for town officials.)

Thursday, May 3 & 10

8:00 A.M. Breakfast and Registration

8:50 A.M. Welcoming Remarks from the Office of the State Comptroller and Association of Towns

9:00 A.M. Analysis of Shared Services

(60 minutes) Chris Anderson, Director of Research and Programming, Association of Towns of the State of New York

This session will review the efforts and effects of shared services and efficiencies undertaken by local governments under the Tax Freeze Efficiency Plans, which are in effect through 2019, County-Wide Shared Services Mandate, which was enacted in 2017, and prior efforts by local governments since 1996. Topics will include revenue from shared services, return on investment, and where to focus your

search for efficiencies and services to share.

10:00 A.M. Break

10:15 A.M. Proper Use of Appropriated Fund Balances

(75 minutes) Local Official Training Unit, Division of Local Government and School Accountability, Office of the State

Comptroller

The failure to understand what appropriated fund balance means, how to use it properly and what happens if it is included in the budget is a common trend in our audit reports. Join OSC in a discussion about appropriating fund balance and learn best practices if appropriated fund balance is used in your

budget.

11:30 A.M. Lunch

12:30 P.M. [Saratoga Only] Funding Opportunities from the NYS Environmental Facilities Corporation

(75 minutes) Carol Sitterly, Assistant Financial Development Manager, Public Finance, New York State Environmental

Facilities Corporation

The Environmental Facilities Corporation (EFC) consistently leads the nation in financing for water-quality infrastructure. EFC and Department of Health staff will provide an overview of EFC's grant

programs including the Water Infrastructure Improvement Act and the Intermunicipal Grant Program, as well as low cost financing available through the Clean Water and Drinking Water State Revolving Funds.

[Ellicottville Only] We Have a Small Treasurer's/Clerk's Office: How Can We Strengthen Our Internal Controls

Staff, Buffamante Whipple Buttafaro, P.C.

[Course description pending]

1:45 P.M. Break

2:00 P.M. Fiscal Oversight of Town Highway Operations

(75 minutes) Local Official Training Unit, Division of Local Government and School Accountability, Office of the State

Comptroller

In 2016, towns spent \$1.4 billion on roads and bridges. Highway operations have a significant impact on town finances – it is their number one expenditure. This session will address various aspects of highway budgeting, including requirements for towns that contain villages, personnel records and reporting requirements.

3:15 P.M. **Break**

3:30 P.M. Ask the Auditor

(60 minutes) Local Official Training Unit, Division of Local Government and School Accountability, Office of the State

Comptroller

This session will allow local officials to ask OSC staff questions in an open forum.

4:30 P.M. Reception
Enjoy some hors d'oeuvres and network with other town officials and the staff from OSC and AOT.

Friday, May 4 & 11

8:00 A.M. Breakfast

9:00 A.M. Procedures for Amending the Budget and Interfund Transactions

(75 minutes) Local Official Training Unit, Division of Local Government and School Accountability, Office of the State

Comptroller

No matter how thorough your budget development process is, the need to modify the budget will arise. In this session we will review the budgetary process and the procedures that should be used in preparing the budget. We will then focus on the requirements and options for amending the budget during the year. Finally, we'll discuss the various categories and proper accounting for interfund

transactions.

Break

10:30 A.M. Accounting for Payroll and Personnel

(75 minutes) Local Official Training Unit, Division of Local Government and School Accountability, Office of the State

Comptroller

This session will provide an overview of preparing and accounting for payrolls. We will discuss suggested supporting records, internal controls, payroll journal entries and the calculation of year-end accruals.

11:45 A.M. End

10:15 A.M.





18th Annual Town Finance Schools

Cosponsored by
Association of Towns and the NYS Office of the State Comptroller

May 3-4, 2018 – Courtyard by Marriott, Saratoga Springs
May 10-11, 2018 – Holiday Valley Resort & Conference Center, Ellicottville

REGISTRATION FORM

Name Mary Ann Marwell T	tle Toron Comptroller
Town Town of Cormel	County Putnam
1) -	ahorac NP 10541
(Street No., PO Box, City	17
Daytime Phone (845) 638-1500 Home P	
Fax (845) 638 - 7085 E-mail	mama ci. carmel. ny. us
Please choose school you are attending: Saratog	Ellicottville

WE ENCOURAGE YOU TO REGISTER ONLINE FOR THESE SCHOOLS
ONLINE REGISTRATION IS AVAILABLE ON OUR WEBSITE: WWW.NYTOWNS.ORG, MARCH 12.
WE ONLY ACCEPT VISA OR MASTERCARD

The Registration fee is \$200 (Members) / \$250 (Non-Members).

- Includes breakfast, lunch, refreshment breaks and materials.
- Please make check payable to Association of Towns and return along with this form to:

Association of Towns 150 State Street Albany, NY 12207 Fax: (518)465-0724

Registration Deadline for either school: April 11, all registrations will be processed on-site at the cost of \$225 (Members) \$275 (Non-Members) per person.

<u>Please Note:</u> Cancellations received 10 days prior to event will be refunded, less a \$10 processing fee. NO REFUNDS AFTER THAT DEADLINE.

KENNETH SCHMITT Town Supervisor

SUZANNE MC DONOUGH Town Councilwoman Deputy Supervisor

MICHAEL A. BARILE Town Councilman JOHN D. LUPINACCI Town Councilman JONATHAN SCHNEIDER Town Councilman

TOWN OF CARMEL

TOWN HALL



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KATHLEEN KRAUS Receiver of Taxes

MICHAEL SIMONE Superintendent of Highways Tel. (845) 628-7474

MEMORANDUM

To:

Kenneth Schmitt, Town Supervisor

Town Board

Date:

April 18, 2018

From:

Mary Ann Maxwell, Town Comptroller

RE:

NYS Retirement System Employer Education Seminar – May 11th

NYS Retirement System Employer Education Unit will be presenting a one day Employer Education Seminar on May 11th in Poughkeepsie, NY. Attached is the tentative agenda. I am requesting approval for myself and Eileen Brennan to attend.

There is no cost for this seminar.

If you have any questions or concerns please contact me at ext 175.

Cc:

A. Pasquerello

Maxwell, Mary Ann

To:

Maxwell, Mary Ann

Subject:

RE: Employer Education Seminar Invitation - Dutchess County - May 10th or 11th, 2018

From: RTEmpSer [mailto:RTEmpSer@osc.ny.gov]

Sent: Thursday, March 29, 2018 1:16 PM

Subject: Employer Education Seminar Invitation - Dutchess County - May 10th or 11th, 2018



Dear Employer,

The NYS Retirement System Employer Education Unit will be presenting two, one day Employer Education Seminars at:

<u>Boardman Road Branch Library</u> <u>141 Boardman Rd</u> <u>Poughkeepsie, NY 12603</u>

May 10th or 11th, 2018 *Please choose one out of the two days offered to attend.

Our seminar covers reporting requirements and procedures that have proven valuable for payroll and personnel staff.

The Seminar addresses topics such as:

Membership
Monthly Reporting
Elected and Appointed Officials
Reporting at Time of Retirement
Post-Retirement Employment
Planning for Retirement
Tier 5 and Tier 6 information

The seminar will begin at 9:00am and will run until approximately 3:30pm.

Seminar size is limited. Reservations will be accepted on a "first come, first served" basis.

Please limit your response to two attendees in order for us to serve as many employers as possible.

*If you have already attended the employer education one day seminar within the past 18 months, please forward this invitation along to others in your organization who may benefit from attending.

If you are interested in attending, please reply to this email with the following information:

Name Employer Location Code (if known) Title Email address

Thank you - Hope to see you soon!

Employer Education Unit NYS Employees Retirement System RTEmpSer@osc.ny.gov (518) 474-0167 Michael Cazzari Chief of Police

TOWN OF CARMEL POLICE DEPARTMENT 60 McAlpin Avenue

Mahopac, New York 10541

(845) 628-1300 Fax (845) 628-2597 www.carmelny.org/police

April 16, 2018

Kenneth Schmitt, Town Supervisor and Town of Carmel Town Board 60 McAlpin Ave Mahopac, N.Y. 10541

Re: Old/Outdated/Broken Electronic Equipment

Honorable Town Board Members,

I am requesting that the Town Board deem the following listed electronics and miscellaneous equipment as obsolete and authorize the disposal of same.

- 1 -Polaroid Camera on Stand, Model 203, S/N: B80336F
- 1 -Black Dell keyboard with built-in mouse (broken)
- 1 -Tactical Technologies Inc, Citation 8 Portable Cassette Recorder, S/N: 0688
- 1 -Smith's Heimann Biometrics LS1 LITE-Xe Livescanner RICI LiveScan Machine with wires, Model # RJ0445, Version #:0, S/N: 000181117.I2005
- 1 -Dell Windows 7 Pro OA Computer Tower from old RICI LiveScan Machine, S/N: 93VZJQ1
- 1 -small antenna with wire
- 1 -Sanyo Time Lapse Video Cassette Recorder, Model #: SRT-7168, S/N: 31110544G0
- 1 -HP Scanjet G3110 Scanner
- 1 -Sony Color Video Printer, Model #: UP-2100SD, S/N: 12789
- 1 -Ganz TV, Model #: CEC-CM21A, S/N: 62YR308091
- 1 -Sensory Science VCR plus 3 Cable Box Control, Model #: DDV2120, S/N: 209212070383
- 1- Dell Optiplex GX300 Computer Tower, Model #: MMP, S/N: GP3Q10B
- 1 -Dell Optiplex GX300 Computer Tower, Model #: MMP, S/N: BP3Q10B
- 1 -Bell and Howell Filmosound 16mm Projector
- 1- Stitz Video Light with accessories in Camera Bag

- 1 -Mitron Systems Corporation Traffic Count Machine, Model #: 3000T/P, S/N: 60438
- 1 -Beige BTC keyboard, Model #: 5121
- 1 -Black Dell keyboard, Model #: SK-8110
- 1 -Black Dell Computer Monitor
- 1- Audiolog Verint DVD Multi-Recorder, S/N: ULT30111414501
- 1- Audiolog by Mercom, S/N: M-2083
- 1 -APO-Sigma Black Camera Lens
- 1- Graflite Strob250 Camera Light and Flash
- 1 -Lexmark X63 Printer, S/N: 02210572200
- 1- Panasonic Auto Stop Electric Pencil Sharpener
- 1 -US Robotics Voice Data Switch with wires
- 1 -HP Color Laserjet 3700n Printer, Model #: BOISB-0302-00, S/N: CNLBB41713
- 1 -Titan Space Heater, Model#: T-760B1, S/N: 0110
- 1 -HP HPfax1220 Fax Machine, S/N: MY24MD634Q
- 1 -HP Printer, Model #: C3980A, S/N: USCD061244
- 6 -GE Portable Radios, S/N's: 508197617, 508197217, 716622427D, 508198017, 2 radios missing serial numbers
- 1 -GE Portable Radio Charging Station, S/n: 334317042

Respectfully,

Michael Cazzari Police Chief

lazzan.

	VENDOR CLAIM FORM		VOUCHER NO. PURCHASE ORDER # /96/5		
v .	640	TOWN OF CARMEL	REQUISITION #		
		60 McALPIN AVENUE	APPROPRIATION #	AMOUNT	
		MAHOPAC, NY 10541			
		Highway Department			
		nigitady bepartment	500.5130.40		
CLAIM	ANT'S NAME	Pine Plains Tractor & Equipment Vendor# 10018			
Rem	it Address	PO Box 344			
		Mahopac, NY 10541			
	NDOR TAX ID#		TOTAL	12408.44	
TAX EXEN	IPT No. A-15898	5	Abstract No.		
Date	Invoice Number	Description of Materials or Services	Use	Amount	
2/16/18	W032279	service TS100 trans		\$12408.44	
		Repair (Parts & LAbor) Mower	#2		
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:					
				1	
		VENDOR'S/CLAIMANT'S CERTIFICATION			
I, Schatz	zi Ludwig		n the aurant as a co	1400 44	
is true and	correct; that the	e items, services and disbursements charged were rende	mad to f 11		
on the date	so stated, that he	o part has been paid or satisfied; that taxes, from which the	ne municipality is exer	apality not are	
not include 2/28/	u, and that the a	amount claimed is actually due.		led ette	
	Date	Malgh shug (CM)	Owner/Pres.		
		Signature (Space below for Municipal Use)	Title		
	TO	OWN DEPARTMENT APPROVAL	APPROVAL FOR P	AVERTAIT	
		vices or materials were rendered or furnished to the		:	
	, municipality	on the date stated and the charges are correct.	The claim is approved as from the appropriations inc	nd ordered paid	
1//:	3/18		Transmitted in the second seco		
7/0	//	I the way Afon an			
. (Date	Authorized Official			





PINE PLAINS, NEW YORK 12567 518-398-7107 PinePlainsTractor.com

remit to: PO BOX 344



SOLD TO

CARMO8 TOWN OF CARMEL HIGHWAY DEPT. 55 MCALPIN AVE MAHOPAC, NY 10541 SHIP TO

01 SN: 163837B U/C 1C02B HR 9320.0 WR:00 PR: TRANS NOIS Date 2/16/18 WORK ORDERS WO32 NH Sold By: RC Ship By: PO #: TS100 TRANS NOIS Date WO32279 Tax #: 12:54:52 Qty Description ---Tax D Price Amount COMMENTS INSPECT FOR LOSS OF DRIVE TS100 DIAGNOSE PROBLEM SCAN UNIT REMOVE CAB FLOOR TO ACCESS SHIFTER
TEST F/R SHUTTLE
REMOVE TOP COVER - FOUND BROKEN SYNCHRO GEAR DAMAGE REMOVE HOOD, TINWARE ETC
REMOVE BRACKETS FOR MOWER AS REQ.
SPLIT TRACTOR BETWEEN ENGINE AND TRANS
SPLIT BETWEEN REAR AXLE AND TRANS
REMOVE TRANSMISSION
DISASSEMBLE TRANS
DEDITOR SYNCRO 2 CEARS DEAD SEALS REPLACE SYNCRO, 2 GEARS, REAR SEALS REASSEMBLE TRANS
CHECK PTO DISC - OK
REASSEMBLE TRACTOR
REPLACE TEE ON BRAKE MASTER
REPLACE RES. CAP
BLEED OUT BRAKES AND ADJUST RENEW HYD OIL AND FILTERS TEST SERVICE LABOR Total Hours: 88.50 ** TOTAL SERVICE LABOR 7832.25 PARTS-SERVICE N 1 MIS CLA20 HOSE CLAMP FITOP 28.75 47132449 82007504 5175009 SWITCH FORK, 28.75 N AFO DR1B02 168.00 15.20 1.40 19.00 595.00 101.50 ī AFO N SHIFT 168.00 SEAL, ORING N 2 AFO RING 7.60 511029 81863566 82007502 AFO N 111 OR3F05 1.40 N AFO 19.00 BEARING ASS 595.00 N AFO **GEAR** 21211 AFO 81866546 N WASHER SYNCHRONIZE CIRCLIP 1220.00 10.70 23.00 N AFO 82013857 1220.00 82013857 81864253 81863567 82007506 82007501 9992298 AFO N 5.35 23.00 AFO BEARING ASS N N AFO 26.00 WASHER 26.00 AFO 855.00 855.00 N GEAR N 5 AFO O-RING ORF OR2A06 1 AFO 84298833 15.00 N GASKET 15.00

Continued on next page

PAY THIS

AMOUNT





2786 CHURCH ST. ROUTE 199
PINE PLAINS, NEW YORK 12567
518-398-7107

PinePlainsTractor.com remit to: PO BOX 344



SOLD TO

CARMO8 TOWN OF CARMEL HIGHWAY DEPT. 55 MCALPIN AVE MAHOPAC, NY 10541 SHIP TO

Tax				cript			163837B U/C NOIS Date 2/		Price	
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** SUBTOTAL

12408.44

Phone: (845)628-7474 Page 2 Last Page Charge Sale

PAY THIS AMOUNT

\$12408.44

Richard J.Franzetti, P.E. Town Engineer



(845) 628-1500 (845) 628-2087 Fax (845) 628-7085

Office of the Town Engineer

60 McAlpin Avenue Mahopac, New York 10541

MEMORANDUM

To: Carmel Town Board

From: Richard J. Franzetti P.E. Town Engineer

MF)

Date: April 18, 2018

Re: Request Payment for Repairs

This memorandum is being presented to the Town Board to request payment of the attached repairs invoices. These invoices are over the Town of Carmel's procurement policy threshold. The following provides a brief a summary of the work that was performed.

- <u>Carmel Water District 2 Hydrant Replacement</u>
 On March 26, 2018 Inframark, the operators for CWD2, notified the Engineering Department of a missing hydrant at corner of Hughson Road and Old Route 6. Attached is an invoice in the amount of \$5,222.00 for Kuck Excavating to reinstall the missing hydrant.
- Carmel Water District 7 Vineland Pump Station
 On April 3, 2018 Bee and Jay, the operators for CWD7, notified the Engineering
 Department that the emergency alarms due to electrical damage to 10 hp starter seized
 contacts which caused the 10 hp motor to fail. Bee and Jay responded to low pressure
 alarms and smoke alarms at pump station ordered replacement 10hp booster pump.
 Attached is an invoice in the amount of \$5,924.15 for Bee and Jay to replace the failed
 pump.

We have advised the Comptroller's office of this expenditure and per the attached there are sufficient funds in budget for this work as describe.

The Engineering Department requests that the Town Board approve payment.

ED KUCK EXCAVATING INC 20 Day Road Carmel NY 10512

March 28, 2018 Emergency – Hydrant Replacement

Town of Carmel Engineering Dept 60 McAlpin Avenue Mahopac, NY 10541 CWD# 2 REQ # Inv # TOC 027-18 Tax ID- 133851002 Vendor - 0670

Attn: Robert Vara

Job Location: Corner of Hughson Road / Old Route 6

Job Date: 3/27/18 As per: Inframark

Job Description

• Traffic control

- Excavate and expose broken hydrant hit by vehicle
- · Remove hydrant
- Install new hydrant, hymax and thrust block
- Install gravel around hydrant
- Backfilled and compact with item 4
- Blacktop restoration to follow

Materials	Total hrs, yds, qty	Price per yd,qty,day	Total
Track Hoe MR55	9 hours	\$85.00	\$765.00 /
Machine operator	8 hours	\$60.00	\$480.00 /
Machine Operator	1 hour	\$90.00	\$90.00/
7:30am-8am			
4pm-4:30pm			
Laborers	4men X 8 hours	\$48.00	\$1,536.00
Laborers	4 men X 1hour	\$72.00	\$288.00~
7:30am-8am			
4pm-4:30pm			
Dump truck	9 hours	\$90.00	\$810.00
Support Vehicle	Day rate	\$155.00	\$155.00
Jumping Jack	Day rate	\$70.00	\$70.00
Chop saw	Day rate	\$70.00	\$70.00
Item 4 with Salt	15yds	\$50.00	\$750.00/
Gravel	3yds	\$46.00	\$138.00
Thrust block	1	\$70.00	\$70.00
Total			\$5,222.00

From: <u>Esteves, Donna</u>
To: <u>Franzetti, Richard</u>

Subject: CWD #2 ~ Hydrant Replacement TOC 027-18

Date: Friday, April 06, 2018 9:00:25 AM
Attachments: CWD #2 Hydrant Replacement Repair.pdf

Rich,

Please see attached invoice from Ed Kuck that will need authorization from the Board for payment. There are sufficient funds in the budget for this expense.

Thanks,

Donna Esteves Engineering Department Town of Carmel 60 McAlpin Ave, Mahopac, NY 10541 845-628-1500 ext. 184



INVOICE

DATE	INVOICE #	
4/11/2018	87217	
WWW.BEEAN	NDJAY.com	

BILL TO:

Town of Carmel- CWD 7 Engineering Dept. 60 McAlpin Ave. Mahopac, NY 10541

SERVICE LOCATION:

Vineland Road Booster Station Mahopac, NY

PROFESSIONAL	SERVICE 54	YEARS 1	1964-2018
	JLIVILL JT		1707-2010

Master Plumbers Lic.#s W.C. 556 P.C. 363

CUSTOMER	#	TERMS	MECHANIC	SERVICE	DATE	WOR	K ORDER #	
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st Invoices not paid when due will be subjected to a finance charge of 1.5% per	month
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Total Due \$5,924

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D & S PUMP AND SUPPLY COMPANY, INC.

WHOLESALE ONLY

MAIN OFFICE: 3784 DANBURY RD. BREWSTER, NY 10509 (845) 279-3785 FAX (845) 279-5536

OTHER LOCATIONS:
WILLIMANTIC, CT. (860) 456-3731
RHINESECK, N.Y. (845) 876-3071
MIDDLETOWN, N.Y. (845) 692-3200
HARRISVILLE, R.I. (401) 568-3334
RUDSON, N.H. (603) 598-9448
GREENFIELD, MA. (413) 772-0032
WHITEVILLE, N.C. (910) 641-0909

DOMESTIC-INDUSTRIAL-COMMERCIAL WATER SYSTEMS & CONDITIONING EQUIPMENT

ORDER NO. 等16800 ORDER DATE NG 103/18 00:20

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JOB NAME

DELIVER TO:

DOMESTIC-INDUSTRIAL-COMMERCIAL WATER SYSTEMS & CONDITIONING EQUIPMENT

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ORDER DATE	64793748
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From: <u>Esteves, Donna</u>
To: <u>Franzetti, Richard</u>

Subject: FW: 04-12-18 ~ CWD #7 ~ Vineland Rd Booster Station

Date: Thursday, April 12, 2018 11:41:46 AM
Attachments: CWD #7 Vineland Rd Booster Station.pdf

Rich,

Please see attached invoice from Bee & Jay for an emergency repair in CWD #7 at the Booster Rd pump station that will need authorization from the Board for payment. There are sufficient funds in the budget for this expense.

Thanks

Donna Esteves Engineering Department Town of Carmel 60 McAlpin Ave, Mahopac, NY 10541 845-628-1500 ext. 184 Richard J.Franzetti. P.E. Town Engineer



(845) 628-1500 (845) 628-2087 Fax (845) 628-7085

Office of the Town Engineer 60 McAlpin Avenue

Mahopac, New York 10541

MEMORANDUM

Carmel Town Board To:

Richard J. Franzetti P.E., Town Engineer From:

Date: April 18, 2018

Re: DRAFT Annual MS4 Report

As the Board is aware, the federally mandated regulation known as Stormwater Phase II, requires permits for stormwater discharges from Municipal Separate Storm Sewer Systems (MS4s) in urbanized areas.

The Town of Carmel is an MS4 community and as such we are required to develop and submit an annual report under the New York State Department of Environmental Conservation (NYSDEC) State Pollution Discharge Elimination System (SPDES) General Permit for Stormwater Discharges from MS4s (GP-0-15-003).

Attached for your consideration is the Draft Annual (MS4) Report. The Draft report was placed on the Town of Carmel webpage on April 19, 2018 and is to be posted for comment for at least 30 days prior to being made final.

The Final Annual MS4 report is due June 1, 2018. Given the voting schedule in May we respectfully request that if there are no comments made to the Draft document that the report be considered final, signed by the Supervisor and submitted to the NYSDEC in a timely fashion. A copy of this Final document will be placed on the Town of Carmel webpage.

MS4 Annual Report Cover Page

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MS4 Annual Report Cover Page

MCC form for period ending March 9,

Provide SPDES ID of each permit	ted MS4 included in this report.	
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,
Name of MS4 SPDES ID
Each MS4 must submit an MCC form.
Section 1 - MCC Identification Page
Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:
An Annual Report for a single MS4
A Single Entity (Per Part II.E of GP-0-10-002)
A Joint Report
Joint reports may be submitted by permittees with legally binding agreements.
If Joint Report, enter coalition name:

Phone

MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4 **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 O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name ΜI Last Name Title Address City State Zip eMail

County

Phone

MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4 **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 O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name ΜI Last Name Title Address City State Zip eMail

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MS4 Municipal Compliance Certification (MCC) Form

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	
	SPDES ID
Name of MS4	
Section 4 - Certification Statement	
"I certify under penalty of law that this document and all attachments were direction or supervision in accordance with a system designed to assure the properly gathered and evaluated the information submitted. Based on my in persons who manage the system, or those persons directly responsible for the information submitted is, the best of my knowledge and belief, true, as aware that there are significant penalties for submitting false information, fine and imprisonment for knowing violations."	at qualified personnel inquiry of the person or gathering the information, ecurate, and complete. I am
This form must be signed by either a principal executive officer or ranking authorized representative of that person as described in GP-0-08-002 Part	-
First Name MI Last Name	
Title (Clearly print title of individual signing report)	
The Cecury from the or marviatur <u>signing</u> reporty	
Signature Da	te / / /

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

Name of MS4/Coalition Water Quality Trends The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition	
The information in this section is being reported (check one): On behalf of an individual MS4	
The information in this section is being reported (check one): On behalf of an individual MS4	
On behalf of an individual MS4	
77 3704 11 1 1 1 1 1 1	
How many MS4s are contributed to this report?	
1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measur	e
One.	es O No
If Yes, choose one of the following	
 Report(s) attached to the annual report Web Page(s) where report(s) is/are provided below 	
Please provide specific address of page where report(s) can be accessed - not home	page.
URL	
URL	
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This report is being submitted for the reporting period ending March 9,
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
Minimum Control Measure 1. Public Education and Outreach
The information in this section is being reported (check one):
 ○ On behalf of an individual MS4 ○ On behalf of a coalition How many MS4s contributed to this report?
1. Targeted Public Education and Outreach Best Management Practices
Check all topics that were included in Education and Outreach during this reporting period:
○ Construction Sites ○ Pesticide and Fertilizer Application
○ General Stormwater Management Information ○ Pet Waste Management
○ Household Hazardous Waste Disposal ○ Recycling
○ Illicit Discharge Detection and Elimination ○ Riparian Corridor Protection/Restoration
○ Infrastructure Maintenance ○ Trash Management
○ Smart Growth ○ Vehicle Washing
○ Storm Drain Marking ○ Water Conservation
○ Green Infrastructure/Better Site Design/Low Impact Development ○ Wetland Protection
○ Other: ○ None
Other2. Specific audiences targeted during this reporting period:
2. Specific dualences targeted during this reporting period.
○ Public Employees ○ Contractors
○ Residential ○ Developers
O Businesses O General Public
○ Restaurants ○ Industries
Other: OAgricultural
Other

This report is being submitted for the reporting period ending March 9, 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 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply: O Construction Site Operators Trained #Trained O Direct Mailings #Mailings O Kiosks or Other Displays # Locations ○ List-Serves # In List O Mailing List # In List O Newspaper Ads or Articles # Days Run O Public Events/Presentations # Attendees O School Program # Attendees ○ TV Spot/Program # Days Run O Printed Materials: Total # Distributed Locations (e.g. libraries, town offices, kiosks) Other: O Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed. URL

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This report is being submitted for the reporting period ending March 9,
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
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.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
C. How many times was this observation measured or evaluated in this reporting period?
e. How many times was this observation measured of evaluated in this reporting period.
(ex.: samples/participants/ever
D. Has your MS4 made progress toward this Measurable Goal during this reporting period? O Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? O Yes O No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

This report is being submitted for the reporting period ending March 9,	
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	
Minimum Control Measure 2. Public Involvement/Particip	ation
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?	
How many MS4s contributed to this report:	
1. What opportunities were provided for public participation in implementation development, evaluation and improvement of the Stormwater Management P (SWMP) Plan during this reporting period? Check all that apply:	*
○ Cleanup Events #Events	
○ Comments on SWMP Received #Comments	
○ Community Hotlines Phone # ()	1-
Phone # (] -
Phone # (] -
Phone # () Phone # ()] -
Phone # () Phone # ()] -
Phone # (Phone # ()] -
O Community Meetings # Attendees	
○ Plantings Sq. Ft.	
○ Storm Drain Markings #Drains	
○ Stakeholder Meetings # Attendees	
○ Volunteer Monitoring #Events	
Other:	
2. Was public notice of availability of this annual report and Stormwater Mana Program (SWMP) Plan provided?	gement ○ Yes ○ No
○ List-Serve # In List	
O Newspaper Advertising # Days Run	
○ TV/Radio Notices # Days Run	
Other:	
O Web Page URL: Enter URL(s) on the following two pages.	· · · · · · · · · · · · · · · · · · ·

This report is being submitted for the reporting period ending March 9, 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 2. URL(s) con't.: Please provide specific address(es) where notice(s) can be accessed - not home page. URL URL URL URL URL URL

This report is being submitted for the reporting period ending March 9, 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 3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents? Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed. ○ MS4/Coalition Office O Annual Report ○ SWMP Plan ○ Comments Department Address City Zip Phone O Library Address O Annual Report O SWMP Plan ○ Comments City Zip Phone O Annual Report O SWMP Plan ○ Comments Other Address City Zip Phone O Annual Report ○ SWMP Plan ○ Comments O Web Page URL: Please provide specific address of page where report can be accessed - not home page. O eMail O Comments

This report is being submitted for the reporting period ending March 9, 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 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. 4.b. For how many days was/will this report be posted? 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? O Yes \bigcirc No If Yes, what was the date of the meeting? If No, is one planned? O Yes \bigcirc No 5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? O Yes \bigcirc No If No, is one planned for each? O Yes \bigcirc No 6. Were comments received during this reporting period? ○ Yes \bigcirc No If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

This report is being submitted for the reporting period ending March 9,
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
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.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal during this reporting period? O Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
\bigcirc Yes \bigcirc No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

This report is being submitted for the reporting period ending March 9, 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 Minimum Control Measure 3. Illicit Discharge Detection and Elimination The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. Enter the number and approx. percent of outfalls mapped: % 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period? O Auto Recyclers ○ Landscaping (Irrigation) O Building Maintenance ○ Marinas O Churches O Metal Plateing Operations O Commercial Carwashes Outdoor Fluid Storage O Parking Lot Maintenance O Commercial Laundry/Dry Cleaners O Construction Vehicle Washouts Printing O Cross-Connections O Residential Carwashing O Distribution Centers O Restaurants O Schools and Universities O Food Processing Facilities O Garbage Truck Washouts O Septic Maintenance O Hospitals ○ Swimming Pools O Improper RV Waste Disposal O Vehicle Fueling O Industrial Process Water O Vehicle Maint./Repair Shops Other: ○ None O Sewersheds:

This report is being submitted for the reporting period ending March 9, 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 3.b. What types of illicit discharges have 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 O Floor Drains Connected To Storm Sewers O Sanitary Sewer Overflows O Illegal Dumping O Straight Pipe Sewer Discharges Other: ○ None 4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 5. How many illicit discharges have been confirmed during this reporting period? 6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 7. Has the storm sewershed mapping been completed in this reporting period? O Yes \bigcirc No If No, approximately what percent was completed in this reporting period? % 8. Is the above information available in GIS? ○ Yes \bigcirc No Is this information available on the web? ○ Yes ○ No If Yes, provide URL(s): Please provide specific address of page where map(s) can be accessed - not home page. URL URL

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If submitting this form as part of a joint report on behalf of a coalition leading of MS4/Coalition 2. Evaluating Progress Toward Measurable Goals MCM 3 Use this page to report on your progress and project plans toward achieving dentified in your Stormwater Management Program Plan (SWMPP), include II.C.1. Submit additional pages as needed.	SPDES		ID bl	ank.	
2. Evaluating Progress Toward Measurable Goals MCM 3 Use this page to report on your progress and project plans toward achieving dentified in your Stormwater Management Program Plan (SWMPP), include		ID			
2. Evaluating Progress Toward Measurable Goals MCM 3 Use this page to report on your progress and project plans toward achieving dentified in your Stormwater Management Program Plan (SWMPP), included	measi				
2. Evaluating Progress Toward Measurable Goals MCM 3 Use this page to report on your progress and project plans toward achieving dentified in your Stormwater Management Program Plan (SWMPP), included	measi				
Use this page to report on your progress and project plans toward achieving dentified in your Stormwater Management Program Plan (SWMPP), include	measi				
dentified in your Stormwater Management Program Plan (SWMPP), include	measi				
			_		'art
A. Briefly summarize the Measurable Goal identified in the SWMPP in	n this	repor	ting	perio	d.
3. Briefly summarize the observations that indicated the overall effecti	ivenes	s of tl	his M	Ieasu	rable
C. How many times was this observation measured or evaluated in this	repoi	rting	perio	od?	
		(ex.: ;	 sample:	s/part.	icipant:
). Has your MS4 made progress toward this measurable goal during the					
The state of the s			\circ		O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMI	pp?				
7. Is your 14154 on schedule to meet the deadline set for in in the 5 with			\circ Y	⁷ es	○ No
S. Briefly summarize the stormwater activities planned to meet the goathe next reporting cycle (including an implementation schedule).	als of t	his N			
the next reporting eyele (including an implementation schedule).					
					- 1

This report is being submitted for the reporting period ending March 9, 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 Minimum Control Measures 4 and 5. **Construction Site and Post-Construction Control** The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for **Stormwater Discharges from Construction Activities?** ○ Yes \bigcirc 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 \circ NT If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. \bigcirc 09/2004 \bigcirc 03/2006 \circ NT 2. Does your MS4/Coalition have a SWPPP review procedure in place? O Yes \bigcirc No 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? O Yes \bigcirc No \circ NT If Yes, how many public comments were received during this reporting period? 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:

O Notices of Violation	#	O No Authority
O Stop Work Orders	#	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
O Administrative Orders	#	O No Authority
O Enforcement Actions or Sanctions	#	
Other	#	O No Authority

This report is being submitted for the reporting period ending March 9, 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 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. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 3. What percent of active construction sites were inspected during this reporting period? \bigcirc NT % 4. What percent of active construction sites were inspected more than once? \circ NT % 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS **Construction Stormwater Inspection Manual?** O Yes 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 \bigcirc No \bigcirc NT If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes \bigcirc No

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

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

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 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.
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.
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.
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.
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.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
C. How many times was this observation measured or evaluated in this reporting period?
c. How many times was time object various measured of evaluated in time reporting period.
(ex.: samples/participants,
D. Has your MS4 made progress toward this measurable goal during this reporting period? O 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).

This report	is being	g submit	ted for t	he r	eporting	period	l endi	ng M	arch	۱9,				
If submittir	ng this for	rm as part	of a join	t repo	ort on beha	ılf of a	coaliti	ion lea	ive S	PDE	S ID) bla	nk.	
Name of MS4/Coalition								SP	DES	ID				
Minimum (<u>Contro</u>	l Meası	<u>ıre 5. I</u>	<u>Post</u>	-Constr	<u>uctior</u>	1 Sto	rmw	atei	<u>r M</u>	ana	age	me	<u>nt</u>
The information in th	is section	is being	reported	(chec	ck one):									
○ On behalf of an inc○ On behalf of a coal		AS4												
How m	any MS4	4s contrib	outed to	this 1	report?									
1. How many and w MS4/Coalition in		-					_	_		ees h	as y	our		
		I	# nventorio	ed	# Inspection	ons		Times ntained	ì					
O Alternative Practice	es													
○ Filter Systems														
○ Infiltration Basins														
Open Channels														
○ Ponds														
O Wetlands														
Other														
2. Do you use an o BMPs, inspecti		-	,	data	ıbase, spr	eadsh	eet) to	o trac	k po	st-c		truc		n O No
3. What types of a Development/B		_					_		Low	[Im]	pact	t		
O Building Codes	O Muni	cipal Con	nprehensi	ve P	lans									
Overlay Districts	Open	Space Pr	eservatio	n Pro	gram									
○ Zoning	O Local	Law or	Ordinance	e										
○ None	O Land	Use Reg	ulation/Z	oning	5									
O Watershed Plans	Other	Comprel	nensive P	lan										
Other:														

This report is being submitted for the reporting period ending March 9, 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 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort? ○ Yes \bigcirc No 4b. Does the MS4 have a banking and credit system for stormwater management practices? O Yes \bigcirc 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 \bigcirc No 4d. How many stormwater management practices have been implemented as part of this system in this reporting period? 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? %

This report is being submitted for the reporting period en	ding March 9,
If submitting this form as part of a joint report on behalf of a coal	lition leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition	
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward achidentified in your Stormwater Management Program Plan (SWMPP), III.C.1. Submit additional pages as needed.	2
A. Briefly summarize the Measurable Goal identified in the SWM	MPP in this reporting period.
B. Briefly summarize the observations that indicated the overall of Goal.	effectiveness of this Measurable
C. How many times was this observation measured or evaluated i	in this reporting period?
	(ex.: samples/participants
D. Has your MS4 made progress toward this measurable goal du	
	\bigcirc Yes \bigcirc No
E. Is your MS4 on schedule to meet the deadline set forth in the S	SWMPP?
·	\bigcirc Yes \bigcirc No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedule	he goals of this MCM during

WIST Annual Report For	<u>.11</u>
This report is being submitted for the reporting period of	ending March 9,
If submitting this form as part of a joint report on behalf of a co	palition leave SPDES ID blank.
Name of MS4/Coalition	SPDES ID
Minimum Control Measure 6. Stormwater Managem	ent 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 contribute	es or may potentially contribute

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

		<u>perfo</u> i	<u>rmed withir</u>	the past 3
Operation/Activity/Facility	Addressed in	n SWMP?	<u>years?</u>	•
Street Maintenance	○ Yes	○ No	O Yes	\bigcirc No
Bridge Maintenance	O Yes	○ No	O Yes	\bigcirc No
Winter Road Maintenance	O Yes	○ No	O Yes	\bigcirc No
Salt Storage	O Yes	○ No	O Yes	\bigcirc No
Solid Waste Management	O Yes	○ No	O Yes	\bigcirc No
New Municipal Construction and Land Disturba	nce O Yes	○ No	O Yes	\bigcirc No
Right of Way Maintenance	O Yes	○ No	O Yes	\bigcirc No
Marine Operations	O Yes	○ No	O Yes	\bigcirc No
Hydrologic Habitat Modification	O Yes	○ No	O Yes	\bigcirc No
Parks and Open Space	O Yes	○ No	O Yes	\bigcirc No
Municipal Building	O Yes	○ No	O Yes	\bigcirc No
Stormwater System Maintenance	○ Yes	○ No	O Yes	\bigcirc No
Vehicle and Fleet Maintenance	○ Yes	○ No	O Yes	\bigcirc No
Other	○ Yes	○ No	O Yes	\bigcirc No

This report is being submitted for the reporting period ending March 9, 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
2. Provide the following information about municipal operations good housekeeping programs:
O Parking Lots Swept (Number of acres X Number of times swept) # Acres
○ Streets Swept (Number of miles X Number of times swept) # Miles
O Catch Basins Inspected and Cleaned Where Necessary
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #
O Phosphorus Applied In Chemical Fertilizer # Lbs.
○ Nitrogen Applied In Chemical Fertilizer # Lbs.
O Pesticide/Herbicide Applied # Acres (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)
3. How many stormwater management trainings have been provided to municipal employees during this reporting period?
4. What was the date of the last training?
5. How many municipal employees have been trained in this reporting period?
6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

This report is being submitted for the reporting period ending March 9,
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
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.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/even
D. Has your MS4 made progress toward this measurable goal during this reporting period?
\bigcirc Yes \bigcirc 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).

If submitting this fo	8 200 200 200 200 200		March 9,
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e of MS4/Coalition			
A J J'4' 1 XX7 - 4 -		- 4 C4 4 D 4 M	D
Additional Wate	rshed Improvemen	nt Strategy Best Man	nagement Practices
information in this section	n is being reported (checl	k one).	
	-	v one).	
on behalf of an individual less behalf of a coalition	MS4		
	As contributed to this re	mort?	
How many MS	4s contributed to this re	eport?	
\$441		- :- J: - 4 - J :- 4 - 4 - 1 - 1	h alama
4s must answer the qu	estions or check NA a	s indicated in the table	e delow.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	12245670 490 950	- 10.11.12	- Dhoomhomso
aditional Land Use aditional Non-Land Use	1,2,3,4,5,6,7a-d,8a,8b,9 1,2,3,4,7a-d,8a,8b,9	10,11,12 5,10,11,12	Phosphorus Phosphorus
on-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	
raditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
raditional Non-Land Use on-Traditional	1,6,7a-d,8a,9 1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	Phosphorus Phosphorus
Greenwood Lake Watershed	-	-	-
aditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
on-Traditional Oyster Bay	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
raditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
on-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
raditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
raditional Non-Land Use on-Traditional	1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9	2,3,5,6,8b 2,3,4,5,8b,10,11,12	Pathogens and Nitrogen Pathogens and Nitrogen
Oscawana Lake Watershed	-	2,3,4,3,60,10,11,12	-
1'' 1.T 1.TT	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
aditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
aditional Non-Land Use			•
raditional Land Use raditional Non-Land Use on-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional Non-Land Use on-Traditional LI 27 Embayments	-	2,3,5,8b,10,11,12	-
raditional Non-Land Use on-Traditional	1,4,6,7a-d,8a,9 - 1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9,10,11,12	2,3,5,8b,10,11,12	Phosphorus - Pathogens Pathogens

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. Name of MS4/Coalition 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ○ Yes \bigcirc No \bigcirc N/A 4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? % 5. Has your MS4/Coalition developed a program that provides protection equivalent to the **NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities** (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ○ Yes \bigcirc No \bigcirc 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 \bigcirc Yes \bigcirc No \bigcirc N/A **Standards?** 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? O Yes \bigcirc N/A \bigcirc No 7b. How many projects have been sited in this reporting period? 7c. What percent of the projects included in 7b have been completed in this reporting period? % 7d. What percent of projects planned in previous years have been completed? O 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 \bigcirc No \bigcirc 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? \bigcirc Yes \bigcirc No \bigcirc N/A

populations?

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 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 9. Has your MS4/Coalition developed and implemented a program of native planting? O Yes \bigcirc No \bigcirc N/A 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding? ○ Yes \bigcirc No \bigcirc N/A 11. Does your MS4/Coalition have a pet waste bag program? \bigcirc Yes \bigcirc No \bigcirc N/A 12. Does your MS4/Coalition have a program to manage goose

 \bigcirc Yes \bigcirc No \bigcirc N/A