KENNETH SCHMITT Town Supervisor

TOWN OF CARMEL

ANN SPOFFORD Town Clerk

FRANK D. LOMBARDI Town Councilman Deputy Supervisor

JOHN D. LUPINACCI
Town Councilman
SUZANNE MC DONOUGH
Town Councilwoman
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 WORK SESSION Wednesday, May 11, 2016 7:00pm

Pledge of Allegiance - Moment of Silence

Town Board Work Session:

- 1. Review of Town Board Minutes, May 4, 2016
- Consider Addition and Deletion to the Active List of the Mahopac Volunteer Fire Department
- 3. Michael Simone, Highway Superintendent Consider Rejection of All Bids for Tree Felling and Trimming
- 4. Richard Franzetti, PE, Town Engineer Consider Bond Return Random Ridge LLC, TM# 76.210-1-23 (\$994,484.00)
- Richard Franzetti, PE, Town Engineer Consider Request to Pay 2015 Outstanding Invoices
- 6. Richard Franzetti, PE, Town Engineer Consider Awarding of Bid for Roof Replacement at Sycamore Park
- 7. Richard Franzetti, PE, Town Engineer Consider Request to Accept Proposal for the Replacement and Welding of Support Beam CSD#4
- 8. Richard Franzetti, PE, Town Engineer Review of Draft 2016 MS4 Report
- James Gilchrist, Director of Recreation & Parks Consider Donation of Park Bench at Chamber Park
- James Gilchrist, Director of Recreation & Parks Eagle Scout Candidate, Will Lacey – Consider Refurbishing Gazebo at Chamber Park
- James Gilchrist, Director of Recreation & Parks Eagle Scout Candidate, Robert Sokerka – Consider Installation of Outfield Fencing at McDonough Baseball Park
- 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

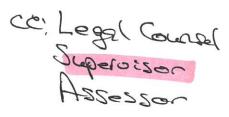
Executive Session:

1. Personnel- Board Vacancies



MAHOPAC VOLUNTEER FIRE DEPARTMENT

Office of the President



President Frank Egelsen Jr

Vice President Matthew R. Bondi

T C	RECEIVED	T 0 & Z
W R M	APR 2 7 2016	C
O L	ann Spofford	ERK

WORK SESSION #2

Post Office Box 267 Mahopac, NY 10541

Fire Headquarters (845) 628-3160 Fax: (845)628-2174

April 17, 2016

Ann Spofford, Town Clerk Town of Carmel 60 McAlpin Ave. Mahopac, New York 10541

Dear Mrs. Spofford:

The following person has been added to the Roles of the Mahopac Volunteer Fire Department.

Respectfully Submitted

Farah Fieldale, Corresponding Secretary

Page 1 of 1

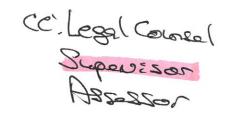
APR 2 7 2016

SUPERVISOR'S OFFICE TOWN OF CARMEL



MAHOPAC VOLUNTEER FIRE DEPARTMENT

Office of the President



President Frank Egelsen Jr

Vice President Matthew R. Bondi

T C	RECEIVED	F0\2
ARM N N N	APR 2 7 2016	N 0-
O L	ann Spofford	ERK

Post Office Box 267 Mahopac, NY 10541

Fire Headquarters (845) 628-3160 Fax: (845)628-2174

April 17, 2016

Ann Spofford, Town Clerk Town of Carmel 60 McAlpin Ave. Mahopac, New York 10541

Dear Mrs. Spofford:

The following person has been dropped from the Roles of the Mahopac Volunteer Fire Department.

Respectfully Submitted

Farah Fieldale, Corresponding Secretary

Page 1 of 1

APR 2 7 2016

SUPERVISOR'S OFFICE TOWN OF CARMEL

WORK SESSION #3

TOWN OF CARMEL HIGHWAY DEPARTMENT

Carmel Highway Department 55 McAlpin Avenue Mahopac, NY 10541

MICHAEL SIMONE Superintendent of Highways

845.628.7474 FAX 845.628.1471 MSimone@bestweb.net

FROM THE DESK OF: Michael Simone

TO:

TOWN BOARD

DATE: MAY 3, 2016

RE:

REJECT ALL BIDS - 2016 TREE BIDS

Due to the exorbitant cost, I am rejecting the (1) 2016 Tree Bid. At this time, I do not intend to re-bid.

cc Town Clerk 2016 Chrono Book Highway Request File Bid File



HAROLD GARY Chairman CRAIG PAEPRER Vice-Chair

BOARD MEMBERS
CARL GREENWOOD
ANTHONY GIANNICO
DAVE FURFARO
CARL STONE
KIM KUGLER
RAYMOND COTE

TOWN OF CARMEL
PLANNING BOARD



60 McAlpin Avenue Mahopac, New York 10541 Tel. (845) 628-1500 – Ext.190 www.ci.carmel.ny.us MICHAEL CARNAZZA

Director of Code

Enforcement

RICHARD FRANZETTI, P.E.

Town Engineer

PATRICK CLEARY, AICP,CEP, PP, LEED AP Town Planner

MEMORANDUM

To:

Town Board

From:

Rose Trombetta

Date:

May 3, 2016

Subject:

Bond Return - Random Ridge LLC. - T.M. - 76.10-1-23

Kennicut Hill Road - Bond Register #690

The applicant is requesting his original Performance Bond in the amount of \$994,484.00, #SUR012224, be returned and substituted with a Site Plan Bond, #800005249 in the amount of \$1,967,000.00, as per the Planning Board's resolution dated August 26, 2015.

Attached is a fully executed bond application form, copies of both bonds #SUR012224 and #80005249, Engineering Department's new performance bond amount, Town Engineer, Richard Franzetti's memo dated April 26, 2016 and Director of Code Enforcement, Michael Carnazza's memo dated April 26, 2016.



Planning Board Town of Carmel - Town Hall Mahopac, New York 10541

Bond Register No 690

Subdivision - Site Plan Bond Application

Bond Amount \$994,484.00	Tax Map #_76.10-1-23	
Inspection FeeN/A	Filing Date_04/26/2016	
The undersigned hereby files a bond pursuant to to $$994,484.00$. Said bond was fixed by $3/10/04$ for the construction and comp	by Resolution of the Planning Board on date	
the Planning Board.		on the with
Applicant's Name: Random Ridge, LLC - Attn: Mark Dratch Applicant's Address: P.O. Box 1056, Baldwin Place, NY	10505	
Applicant's Telephone Number: 914-714-4460	Email:	
Map Entitled: Random Ridge SubdivisionProperty		
Applicant's Signature		
Town Engineer's Signature		
Bonding Company Lincoln General Insurance Company	Bond #SUR012224 Bond Expires	
Bonding Company Lincoln General Insurance Company The above application is in order and is approved t	this day of 20	
Ву	Ву	
Chairman, Planning Board	Chairman, Environmental Conservation	

Application for Bond ReturnXXX	Bond Reduction	
The undersigned hereby applies for bond return/r of Carmel regulations and hereby affirms that he accordance with the specifications applicable here	has completed the required improvements in	th the Town
Date 5/3/16 Applicant's Sign	nature /////	
*************	************	****
I inspected the improvements on the above caption hereby authorize the bond filed by	ned site during construction and after comp to be reduced to	oletion and
Date Town Engineer's S	Signature	
OR		
I have inspected the above mentioned improvemen and hereby recommend that the applicant be comp Date Town Engineer's Signature	pletely released from the obligation of said 1	cifications bond.
Date 4 27/16 Planning Board Chairman	Davel Bary	
DateEnvironmental Conservatio	on Board Chairman	
Approved by the Town Board at a meeting on		

LINCOLN GENERAL INSURANCE COMPANY 3350 Whiteford Road, P.O. Box 3709 York, PA 17402-0136 (717) 757-0000 Fax (717) 751-0165

PERFORMANCE BOND

Bond # SUR012224

KNOW ALL MEN BY THESE PRESENTS, That we, RANDOM RIDGE, LLC

MARK R. DRATCH, LAURIE DRATCH AND JOHN GERBINO

as Principal and as Co-Principals and the LINCOLN GENERAL INSURANCE COMPANY, a New Jersey Corporation authorized to do business in the State of New Jersey having an office and place of business at 3350 Whiteford Road, P.O. Box 3709, York, PA 17402-0136, as Surety are held and firmly bound unto

TOWN OF CARMEL

as Obligee, in the sum of NINE HUNDRED NINETY FOUR THOUSAND

FOUR HUNDRED EIGHTY FOUR AND XX/100

(\$994,484.00) Dollars,

lawful money of the United States of Amelica, for the payment whereof to the Obligee, the said Principal and Surety bond themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SIGNED, SEALED AND DATED THIS March 8, 2005

WHEREAS, The Principal has entered into an agreement with the TOWN OF CARMEL

Obligee, guaranteeing only that the Principal will complete site improvements as per the Engineer's Estimate prepared by Putnam Engineering dated March 3, 2005, which is attached and made part hereto

at certain land known as RANDOM RIDGE

All of which improvements shall be completed on or before the date set forth in the agreement.

NOW, THEREFORE, the condition of this obligation is such, that if the Principal shall carry out all the terms of said agreement relating to the site improvements only and perform all the work as set forth therein all within the time set forth in said agreement, then this obligation shall be null and void, otherwise to remain in full force and effect. This bond is not transferable or assignable. It is a further condition of this bond that in the event the Principal shall, during the period of time within which this bond is in force and effect, have transferred title to the property upon which the site improvements are required to be made or in the event the Principal is a corporation, shall have transferred a majority of its shares and the Surety shall advise the Obligee of such transfer, then and in that event, the Obligee agrees that it will immediately require such transferee to post a replacement bond and further cause a Cease and Desist Order to be Issued with regard to the project, until such time a replacement bond has been delivered to the Obligee.

Otherwise, the obligations of this bond shall remain in full force and effect, but in no event to be assignable.

NO party other than the Obligee shall have any rights hereunder as against the Surety.

The Aggregate liability of the Surety of the Bond Obligation set forth herein shall not exceed the penal sum hereof for any cause or reason whatsoever, inclusive of attorney's fees or other costs.

(PRINCIPAL: RANDOM RIDGE, LLC	
Attest! Margant hi oor	BY: Mark R. Dratch, Managing Member	L.S.
Attest: Margaret, Moso	BY: Mark R. Dratch, Individually	L.S.
Attest Margaret Moore	BY: Laurie Dretch, Individually	L.S.
Attest: Margaret he ovy	BY: John Gerbino, Individually	L.S.
Attest:	BY:	L.S.
	*	
-M. 1 / M. 11	LINCOLN GENERAL INSURANCE COMPANY	
Attest: Michel Charette	BY: Walter Whosto	L.S.
MICHELE CHARETTE	WALTER W. FOSTER, ATTORNEY-IN-	FACT

SURETY ACKNOWLEDGEMENT

State of New Jersey

SS:

County of Morris

MARCH, 2005 before me personally comes WALTER day of On this 8TH W. FOSTER to me known; who, being by me duly sworn, deposes and says that he/she resides in the City of UNION, that he/she is the Attorney-in-Fact of the LINCOLN GENERAL INSURANCE COMPANY, the Corporation described in and which executed the foregoing instrument; that he/she knows the seal of the said Corporation; that the seal affixed to the said instrument is such Corporate seal; that it was so affixed by the order of the Board of Directors of the said Corporation, and that he/she signed his/her name thereto by like order.

Frances A. Frazzano Notary Public - State of New Jersey My commission expires May 10, 2007



TERRORISM RIDER

NOTICE – FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

Any loss applicable to a peril covered under this bond that is caused by a certified act of terrorism pursuant to the terms of the Terrorism Risk Insurance Act of 2002 ("the Act"), will be partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding a statutorily established deductible to the insurance company providing this bond. The portion of your annual premium attributable to certified acts of terrorism under this bond is \$0.00.

COVERAGE LIMITATIONS

Payment for a loss will not exceed the limit of liability under this bond. This bond will not pay for any portion of certified terrorism loss beyond any applicable annual liability cap set forth in the Act. The terms of this rider do not provide coverage for any loss that would otherwise be excluded by the terms of this bond.

A CAPPAGE CONTRACTOR OF THE PARTY OF THE PAR

LINCOLN GENERAL INSURANCE COMPANY

12224

POWER OF ATTORNEY

BOND #SUR012224

KNOW ALL MEN BY THESE PRESENTS; That Lincoln General Insurance Company, organized and existing by virtue of the Laws of the Commonwealth of Pennsylvania, does hereby nominate, constitute and appoint:

Walter W. Foster and Anne Phillips

Its true and lawful Attorney(s)-in-Fact to sign, seal and execute for and on its behalf, as surety, bonds, undertakings, and other obligatory instruments of similar nature, and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation, and all the acts of said Attorney, pursuant to the authority hereby given are hereby ratified and confirmed.

RESOLVED that this Power of Attorney is granted and is signed, sealed and notarized with facsimile signatures and seals under authority of the following resolutions adopted by the Board of Directors of Lincoln General Insurance Company on the 4th day of Scotember, 2002.

RESOLVED that the President, an Executive or Senior Vice President, or any Vice President of the Company, together with the Secretary or any Assistant Secretary are hereby authorized to execute Powers of Attorney appointing the person(s) named as Attorney(s)-in-Fact to date, execute sign, seal and deliver on behalf of the Company, fidelity and surety bonds, undertakings, and other similar contracts of suretyship, and any related documents.

RESOLVED FURTHER that the signatures of the officers making the appointment, and the signature of any officer certifying the validity and current status of the appointment, may be facsimile representations of those signatures; and the signature and seal of any notary, and the seal of the Company, may be facsimile representations of those signatures and seals, and such facsimile representations of those signatures and seals, and such facsimile representations shall have the same force and effect as if manually affixed. The facsimile representations referred to herein may be affixed by stamping, printing, typing or photocopying.

IN WITNESS WHEREOF, Lincoln General Insurance Company has caused its corporate seal to be affixed and these presents to be signed by its duly authorized officers this 15th day of October 2004.

INSU

On this 15th day of October, 2004, before me personally came John Clark, to me known, who being duly sworn, did depose and say: that he is the President of the Corporation described from which executed the above instrument; that he knows the seal and was affixed thereto by order and authority of the Board of Directors affixed to the aforesaid instrument is such corporate seal and was affixed thereto by order and authority of the Board of Directors of said Company; and that he executed the said instrument by like order and authority and the same was his free act and deed.

The Commonwealth of Pennsylvania

York County

COMMONINGALTH OF PENNSYLVANIA

Catherna Ware .com Notary Public Springershay Two , York County My Commission Expires June 17, 2008

I, Gary J. Orndorff, Secretary of Lincoln General Insurance Company, a corporation of the Commonwealth of Pennsylvania do hereby certify that the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company, at York, Pennsylvania, this 2005 8TH day of MARCH

WHITE THE PARTY OF THE PARTY OF

Secretary

LINCOLN GENERAL INSURANCE COMPANY 3350 Whiteford Road York, PA 17402

Bonds Stocks Cash & Short-Term Investments Agents' Balances or Uncollected Premiums Reinsurance Recoverable on Loss Premiums Other Admitted Assets	as of DEC	AL STATEMENT EMBER 31, 2003 tutory Basis Reserve for Losses and Loss Expense Reserve for Uncarned Premium Reserve for Expenses, Taxes, Licenses and Fees Funds Held Under Reinsurance Treaties Other Liabilities Capital Stock Surplus	Fees	150,355,989 70,656,013 17,795,656 1,474,969 129,366,270 4,200,000 148,390,998
		TOTAL POLICYHOLDERS SURPLUS		152,590,998
TOTAL ASSETS	\$522, 239, 895	TOTAL LIABILITIES AND POLICYHOLDERS SURPLUS		\$522,239,895

Bonds and stocks are valued in accordance with the basis adopted by the National Association of Insurance Commissioners. Securities carried at \$8,288,460 in the above statement are deposited as required by law.

Gary C. Bhojwani, President, and Gary J. Orndorff, Executive Vice President/Chief Financial Officer of Lincoln General Insurance Company, being duly swom each for himself, deposes and says that they are the above described officers of the said Company and that o the 31st day of December, 2003, the Company actually possessed the assets set forth in the foregoing financial statement, except as hereinbefore indicated, and that the foregoing statement is a correct exhibit of such assets and liabilities of said Company on the 31" day o December, 2003, according to the best of their information, knowledge and belief.

President

Executive Vice President/Chief Financial Officer

· See

STATE OF PENNSYLVANIA COUNTY OF YORK

On this 30th Day of March, 2004, before me came the above named officers of Lincoln General Insurance Company to me known to be the individuals and officers described herein, and acknowledge that they executed the foregoing instrument and affixed the seal of said corporation thereto by authority of their office.

Catherine Marie Loose, Notary Public Springettsbury Twp., York County My Commission Expires June 17, 2004

KNOW ALL MEN BY THESE PRESENTS, that (insert name of principal) -
BLITMAN MAHOPAC LLC ,
a (insert state of corporation) NEW YORK , corporation with offices at (insert
address) 118 NORTH BEDFORD ROAD, MOUNT KISCO, NY 10549
hereinafter referred to as principal, and the (insert name of Surety)
ATLANTIC SPECIALTY INSURANCE COMPANY,
(insert state of incorporation) NEW YORK , corporation with its principal office
located at (insert address of principal office of Surety) Minnetonka, Minnesota
, who has received from the Superintendent of
Insurance of the State of New York a certificate of solvency and of its sufficiency as surety or
guarantor under Section 327, Chapter 882 of the laws of 1939, being Chapter 28 of the Consolidated
Laws for the year 1939 which certificate has not been revoked and which is attached hereto,
hereinafter referred to as Surety, are held and firmly bound unto The Town of Carmel, a municipal
corporation of the State of New York with offices at 60 McAlpin Avenue, Mahopac, NY 10541,
hereinafter referred to as the Obligee, in the full and just sum of (insert amount of bond in words and
numbers) One Million Nine Hundred Sixty Seven Thousand Dollars Zero Cents\$1,967,000.00
dollars to the payment of which sum, well and truly to be made, the said Principal and Surety bind
themselves, and their respective heirs, administrators, executors, successors and assigns, jointly and
severally, firmly by these presents,
WHEREAS, the principal is the owner of a certain tract of land in the Town of Carmel, New
York, more particularly described as follows: (Insert street address and Tax Map Number),
KENNICUT HILL ROAD, MAHOPAC, NY TAX MAP #76.10 - 1 - 23 , as more
particularly described in a deed from (insert name of Grantor)
RANDOM RIDGE LLC to (Insert name of
Grantee/Principal), BLITMAN MAHOPAC LLC
dated (insert deed date) DECEMBER 12,2006 and filed in the office of the Clerk of the
County of Putnam on (insert date recording) in Liber
CP

WHEREAS, the Principal has agreed to perform site improvements at the aforesaid premises including but not limited to paving, curbing, gutters, drainage system, sewers and man holes, water lines, excavation and grading, landscaping and lighting, subbase, catch basins, masonry head walls, rip rap dissipaters, retention basin, drop connections, water main and paved swale, as shown on the following plan:

(Insert itemiz	ted list of plans as contained in the	ne Planning Board's approval resolution)
name of prepa	hed performance bond estimate parer and date) RMEL ENGINEERING DEPARTME	prepared by (insert information about bond estimate, NT, AUGUST 14, 2015
And in accord	lance with all applicable Town of	f Carmel regulations:
	CAS, the Planning Board of the T	fown of Carmel, pursuant to 26, 2015, for Tax Map #76.10-1-23,
(insert Name o	of Project as contained in approv	ral resolution), RANDOM RIDGE CLUSTER SUBDIVISION of insure that site improvements shown on the aforesaid
plans and Bon		ordance with the foregoing and in accordance with all
		is obligation is such that, if the Principal shall foresaid plans in accordance with all applicable Town
		the date of this bond then this obligation is void;
otherwise to re	emain in full force and effect.	
IN WITN	ESS WHEREOF, the said Princi	ipal and Surety have signed and sealed this instrument
	of october ,	
		Name of Principal (Print)
		BLITMAN MAHOPAC LLC
		Jems Pa
		Signature
		Name of Surety (Print)
		ATLANTIC SPECIALTY INSURANCE COMPANY
		Hyrna Fraser
		Signature



Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Minnetonka, Minnesota, does hereby constitute and appoint: Myrna A. Fraser, Kevin V. Mullady, Lillian Morales, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: sixty million dollars (\$60,000,000) and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds,

This power of attorney is signed and scaled by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this eighth day of December, 2014.

Ву

Paul J. Brehm, Senior Vice President

ue son home

STATE OF MINNESOTA HENNIPEN COUNTY

On this eighth day of December, 2014, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and



Sa Lesla V. S. Beeks

I, the undersigned, Assistant Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 28

day of October , 20

This Power of Attorney expires October 1, 2017 SEAL CORPORATE OR COMPANY OF THE STATE OF TH

James G. Jordan, Assistant Secretary

NOTARIAL JURAT

	NOWLEDGEMENT	
State ofCounty of	3000000000000000000000000000000000000	
-		
On this day or	f, before	me personally came
who avanuted the form	(asing lastromant and aslan	to me known, and known to me to be the individualowledge to me that he/she/they executed the same.
who executed the fore	going instrument and ackn	owledge to me that he/she/they executed the same.
		(Signature of Notary Public)
		My Commission expires
PARTNERSHIP AC	KNOWLEDGEMENT	
State of New yo	chester	
,		
On this 28 to day	of October 201	to me known, and known to me to be a member of the acknowledged that he/she executed the foregoing instruments
On this day	01 077000 , 3807	to me known and known to me to be a member of the
partnership of Blif.	nan Mahopac LLC	, acknowledged that he/she executed the foregoing instruments
as the act of the said p	artnership.	
	PORINI LI MINITE	· · · · · · · · · · · · · · · · · · ·
	Notary Public, State of N	ow rock Tolin H. Wills.
	No. 60-4314882 Qualified in Westchester	(Signature of Notary Public)
Cor	nmission Expires Septemb	County (Signature of Notary Public) My Commission expires 9/30/18
	NOWLEDGEMENT	
CORFORATE ACK	NOWLEDGEMENT	
State of	MAAAAAMAAAAAAAA	
County of	ACCOMMENT TO THE STATE OF THE S	
On this d	av of	hafara ma narcanally asma
to me known, who bei	ng by me duly sworn, denc	, before me personally came sees and says that he is the of , the foregoing Agreement; that he knows the seal of the said
corporation described	in and which executed the	foregoing Agreement; that he knows the seal of the said
corporation, that the se	cal affixed to the said Agre	ement is such corporate sear; that it was so affixed by the order
of the Board of Direct	ors of said corporation, and	thathe signed (her)(his) name thereto by like order.
		(Signature of Notary Public)
		My Commission expires
CUDETY ACKNOW	LEDGEMENT	
SURETY ACKNOW	LEDGEMENT	
State of New York		
County of New York		
On this 28 day Oatah	2015 h of one on a management	II
on this <u>28 day Octobe</u> sworn, denoses and sa	or, 2015 before me personally that she resides in the C	Ily came Myrna Fraser, to me known, who being by me duly ty of Brooklyn, ; that (s)he is the ATTORNEY-IN-FACT of
Atlantic Specialty Insu	rance Company of	New York the corporation described in and which executed
the foregoing Agreeme	ent; that (s)he knows the se	al of the said corporation; that the seal affixed to the said
Agreement is such cor	porate seal; that is was so a	ffixed by the order of the Board of Directors of said
corporation, and that (s	s)he signed (her)(his) name	thereto by like order.
		autolo
	73 73 75 75 75 75 75 75 75 75 75 75 75 75 75	(Signature of Notary Public)
	Commission #	2410330 My Commission expires 7/8/10
	Will marrie	n Expires
		2016



Atlantic Specialty Insurance Company

Period Ended 12/31/2014

Dollars displayed in thousands

Admitted Assets		Liabilities and Surplus	
investments:		Liabilities	
Bonds	\$ 1,317,645	Loss Reserves	\$ 970,688
Preferred Stocks	84,208	Loss Adjustment Expense Reserves	157,992
Common Stocks	409,904	Total Loss & LAE Reserves	1,128,680
Mortgage Loans	¥		
Real Estate	42,934	Unearned Premium Reserve	538,239
Contract Loans		Total Reinsurance Liabilities	34,695
Derivatives	*	Commissions, Other Expenses, and Taxes due	41,137
Cash, Cash Equivalents & Short Term Investments	108,915	Derivatives	()
Other Investments	138,657	Payable to Parent, Subs or Affiliates	
Total Cash & Investments	2,102,262	All Other Liabilities	86,637
Premiums and Considerations Due	241,466	Total Liabilities	1,829,388
Reinsurance Recoverable	20,336		And any or service of the service of
Receivable from Parent, Subsidiary or Affiliates	30,168	Capital and Surplus	
All Other Admitted Assets	156,671	Common Capital Stock	9,000
	***************************************	Preferred Capital Stock	
Total Admitted Assets	2,550,903	Surplus Notes	
	Chief in Salamonistation in 1	Unassigned Surplus	114,522
		Other Including Gross Contributed	597,993
		Capital & Surplus	721,515
		Total Liabilities and C&S	2,550,903

State of Massachusetts County of Norfolk

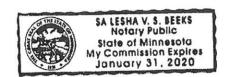
SS

I, James Jordan, Assistant Secretary of Atlantic Specialty Insurance Company do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said OneBeacon Insurance Company, on the 31st day of December, 2014, according to the best of my information, knowledge and belief.

Assistant Secretary

Subscribed and sworn to, before me, a Notary Public of the State of Massachusetts on this 15th day of March 2015.

Notary Public



Arthur J. Gallagher Risk Management Services, Inc.



250 Park Avenue, 3rd Floor New York, NY 10177 Tel.: 212-994-7056

Fax: 212-994-7052

Email: Myrna Fraser@ajg.comg

October 28, 2015

UPS Overnight Mail

Gary Peresiper Blitman Mahopac, LLC 118 North Bedford Road Mount Kisco, NY 10549

RE: Principal: Blitman Mahopac LLC

Surety Name: Atlantic Specialty Insurance Company

Bond Description: Site Plan Bond

Bond Number: 800005249 Bond Limit: \$1,967,000.00 Obligee: The Town of Carmel

Coverage Period: 10/28/2015 to 10/28/2016

Dear Gary:

Thank you for placing your bond needs with Arthur J. Gallagher Risk Management Services, Inc. We have enclosed the original executed Site Plan Bond for the Limit of \$1,967,000.00. effective 10/28/2015 to 10/282016. Our commission is 30%. The Bond Rate will be 2% per annum until bond is released by the obligee.

The bond must be signed by an officer and notarized before filing with the Obligee,

Please forward a copy of the completed and signed Bond to our office before filing with the obligee for the surety company approval.

Be advised that the surety company may amend or withdraw surety credit at any time based, for example, upon financial results or other significant events. Please let us know if you have questions in this regard. (Line of credit established) A copy of the Guide to Best's Rating, Important Disclosures including Compensation Disclosure, and our Contingent and Supplemental Commission Disclosure are attached for your reference.

We trust you will find the enclosure in order; if you should have any questions or comments, please feel free to give our office a call.

Sincerely, Hypina Fraser Myrva Fraser

Area Assistant Vice President - Suretv

Proposed Surety Companies A.M. Best's Ratings

Atlantic Specialty Insurance Company	
Additio openially insulation company	ΑX

The above A.M. Best Rating was verified on the date the proposal document was created.

Guide to Best Ratings

Rating Levels and Categories

Level	Category	Level	Category	Level	Category
A++, A+	Superior	B, B	Fair	D	Poor
A, A	Excellent	C++, C+.	Marginal	EUnder Re	gulatory Supervision
B++, B+	Good	C, C	Weak	F	In Liquidation
				S	Suspended

Financial Size Categories

(In \$000 of Reported Policyholders' Surplus Plus Conditional Reserve Funds)

FSC I		Up	to 1,000	FSC IX	250,000	to	500,000
FSC II	1,000	to	2,000	FSC X	500,000	to	750,000
FSC III	2,000	to	5,000	FSC XI	750,000	to	1,000,000
FSC IV	5,000	to	10,000	FSC XII	1,000,000	to	1,250,000
FSC V	10,000	to	25,000	FSC XIII	1,250,000	to	1,500,000
FSC VI	25,000	to	50,000	FSC XIV	1,500,000	to	2,000,000
FSC VII	50,000	to	100,000	FSC XV	2,000,000	or r	nore
FSC VIII	100,000	to	250,000				

Best's Insurance Reports, published annually by A.M. Best Company, Inc., presents comprehensive reports on the financial position, history, and transactions of insurance companies operating in the United States and Canada. Companies licensed to do business in the United States are assigned a Best's Rating which attempts to measure the comparative position of the company or association against industry averages.

A Best's Financial Strength Rating opinion addresses the relative ability of an insurer to meet its ongoing insurance obligations. It is not a warranty of a company's financial strength and ability to meet its obligations to policyholders. View the A.M. Best Important Notice: Best's Credit Ratings for a disclaimer notice and complete details at http://www.ambest.com/ratings/notice.

Best's Credit Ratings are under continuous review and subject to change and/or affirmation. For the latest Best's Credit Ratings and Best Credit Reports (which include Best Ratings), visit the A.M. Best website at http://www.ambest.com. See Guide to Best's Credit Ratings for explanation of use and charges. Copies of the Best's Insurance Reports for carriers listed above are also available upon request of your Gallagher representative.

Best's Credit Ratings reproduced herein appear under license from A.M. Best and do not constitute, either expressly or impliedly, an endorsement of (Licensee's publication or service) or its recommendations, formulas, criteria or comparisons to any other ratings, rating scales or rating organizations which are published or referenced herein. A.M. Best is not responsible for transcription errors made in presenting

Best's Credit Ratings. Best's Credit Ratings are proprietary and may not be reproduced or distributed without the express written permission of A.M. Best Company.

Gallagher companies use A.M. Best Company's rating services to evaluate the financial condition of insurers whose policies we propose to deliver. Gallagher companies make no representations and warranties concerning the solvency of any carrier, nor does it make any representation or warranty concerning the rating of the carrier which may change.

GUIDE TO BEST'S FINANCIAL STRENGTH RATINGS

A Best's Financial Strength Rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. The rating is based on a comprehensive quantitative and qualitative evaluation of a company's balance sheet strength, operating performance and business profile.

	Rat	ina	Descriptor	Definition		
	+-	A++, A+ Superi		Assigned to companies that have, in our opinion, a superior ability to meet their ongoing insurance obli- gations.		
Secure	A, A	A, A- Excelle		Assigned to companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.		
	B++	B++, B+ Good		Assigned to companies that have, in our opinion, a good ability to meet their ongoing insurance obliga- tions.		
	В, Е	3-	Fair	Assigned to companies that have, in our opinion, a fair ability to meet their ongoing insurance obliga- tions. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.		
	C++	C++, C+ Margin		Assigned to companies that have, in our opinion, a marginal ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.		
Vulnerable	C, C	C, C- Weak		Assigned to companies that have, in our opinion, a weak ability to meet their ongoing insurance obligations. Financial strength is very vulnerable to adverse changes in underwriting and economic conditions		
Vulne	D		Poor	Assigned to companies that have, in our opinion, a poor ability to meet their ongoing insurance obliga- tions. Financial strength is extremely vulnerable to adverse changes in underwriting and economic con- ditions		
	Ε	Under E Regul Super		Assigned to companies (and possibly their subsidiaries/affiliates) placed under a significant form- regulatory supervision, control or restraint - including cease and desist orders, conservatorship of bilitation, but not liquidation - that prevents conduct of normal, ongoing insurance operations.		
	F	F In Liqu		Assigned to companies placed in liquidation by a court of law or by a forced liquidation.		
	s	Suspended		Assigned to rated companies when sudden and significant events impact operations and rating implica- tions cannot be evaluated due to a lack of timely or adequate information; or in cases where continued maintenance of the previously published rating opinion is in violation of evolving regulatory require- ments.		
Ratir	ng M	odifiers				
Modif		Descriptor	Def	inition		
u		Under Revi		cates the rating may change in the near term, typically within six months. Generally is event driven, with itive, negative or developing implications.		
pd		Public Data		cates rating assigned to insurer that chose not to participate in A.M. Best's interactive rating process, continued in 2010)		
5	s Syr		Indi	Indicates rating assigned to a Lloyd's syndicate.		
Ratir	ng O	utlooks				
Indicat	tes pot	tential directio	n of a Best's F	inancial Strength Rating over an intermediate term, generally defined as 12 to 36 months.		
Positive		Indicates possible rating upgr		grade due to favorable financial/market trends relative to the current rating level.		
Negati	Negative Indicates possible rating dow		sible rating do	vngrade due to unfavorable financial/market trends relative to the current rating level.		
Stable	able Indicates low likelihood of a r		likelihood of a	ating change due to stable financial/market trends.		

Indicates the potential direction of a Best's Financial Strength Rating that is in Under Review status based on information currently available

maioates tri	inclodes the potential direction of a post of the long of the last of the first of the states become of the long at the last of the last o				
Positive	Indicates there is a reasonable likelihood the company's rating will be raised as a result of A.M. Best's analysis of a recent event.				
Negative	Indicates there is a reasonable likelihood the company's rating will be lowered as a result of A.M. Best's analysis of a recent event.				
Developing	Indicates there is uncertainty as to the final rating outcome, but there is a reasonable likelihood the company's rating will change as a result of A.M. Best's analysis of a recent event.				

Not Rated Designation

NR: Assigned to companies that are not rated by A.M. Best.

Rating Disclosure

A Best's Financial Strength Rating opinion addresses the relative ability of an insurer to meet its ongoing insurance obligations. The ratings are not A Best's Financial Strength Hating opinion addresses the relative ability of an insurer to meet its ongoing insurance obligations. The ratings are not assigned to specific insurance policies or contracts and do not address any other risk, including, but not limited to, an insurer's claims-payment policies or procedures; the ability of the insurer to dispute or deny claims payment on grounds of misrepresentation or fraud; or any specific liability contractually borne by the policy or contract holder. A Best's Financial Strength Rating is not a recommendation to purchase, hold or terminate any insurance policy, contract or any other financial obligation issued by an insurer, nor does it address the suitability of any particular policy or contract for a specific purpose or purchaser. In arriving at a rating decision, A.M. Best relies on third-party audited financial data and/or other information provided to it. While this information is believed to be reliable, A.M. Best does not independently verify the accuracy or reliability of the information. For additional details, see A.M. Best's Terms of Use at www.embest.com.

Best's Financial Strength Ratings are distributed via press release and/or the A.M. Best website at www.ambest.com and are published in the Credit Rating Actions section of Best's Journal TM. Best's Financial Strength Ratings are proprietary and may not be reproduced without permission.

Copyright © 2014 by A.M. Best Company, Inc.



Important Disclosures

The proposal is an outline of certain terms and conditions of the surety program proposed by the insurers, based on the information provided by your company

We will not be operating in a fiduciary capacity, but only as your broker, obtaining a variety bonds to protect the risks of your enterprise. We will seek to place bonds based upon your authorization. Contact us with questions on these or any other issues of concern.

Compensation Disclosure

One of the core values highlighted in The Gallagher Way states, "We are an Open Society," and our open society extends to the compensation Gallagher receives. In general, Gallagher may be compensated as follows:

- Gallagher Companies are primarily compensated from the usual and customary commissions or fees received from the brokerage and servicing of insurance policies, annuity contracts, guarantee contracts and surety bonds (collectively "insurance coverages") handled for a client's account, which may vary from company to company and insurance coverage to insurance coverage. As permitted by law, Gallagher companies occasionally receive both commissions and fees.
- 2. In placing, renewing, consulting on or servicing your insurance coverages, Gallagher Companies may participate in contingent and supplemental commission arrangements with intermediaries and insurance companies. Contingent commissions provide for additional contingent compensation if underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by Gallagher with the insurance company and/or through the intermediary, not on an individual policy basis. Some insurance markets, including Gallagher-owned intermediaries, have modified their commission schedule with Gallagher, resulting in an increase in some commission rates. These additional commissions, commonly referred to as "supplemental commissions" are known as of the effective date, but some insurance companies are paying this commission later and apart from when commission is normally paid at policy issuance. As a result, Gallagher may be considered to have an incentive to place your insurance coverages with a particular insurance company. Note: Upon request, your Gallagher representative can provide more specific market information regarding contingent and supplemental commission related to your insurance coverage.
- 3. Gallagher Companies may also receive investment income on fiduciary funds temporarily held by them, such as premiums or return premiums.
- 4. Gallagher Companies may access other facilities, including wholesalers, reinsurance intermediaries, captive managers, underwriting managers and others that act as intermediaries for both Gallagher and other brokers in the insurance marketplace. Gallagher Companies may own some of these facilities, in whole or in part. If such a facility was utilized in the placement of a client's account, the facility may have earned and retained customary brokerage commission or fees for its work.
- Gallagher assists its customers in procuring premium finance quotes and unless prohibited by law may earn compensation for this value added service.
- 6. From time to time, Gallagher may participate in insurance company promotional events or training and development that insurers provide for Gallagher employees.
- 7. Gallagher strives to find appropriate coverage at a competitive price for our customers. In order to achieve these goals, we gather and analyze data about our customers and their insurance coverage. This data and the resulting analytical tools help us better understand the current marketplace, more accurately predict future trends and offer tailored solutions to our customers. The data may also be provided to insurers pursuant to consulting service agreements from which we earn fees.

If you have specific questions about the compensation received by Gallagher and its affiliates in relation to your insurance placements, please contact your Gallagher representative for more details.

In the event you wish to register a formal complaint regarding compensation Gallagher receives from insurers or third parties, please send an e-mail to Compensation_Complaints@ajg.com or send a letter to:

Compliance Officer Arthur J. Gallagher & Co. Two Pierce Place, 20th Floor Itasca, IL 60143

TOWN OF CARMEL



Randon Ridge Kennicut Hill Road

Carmel, NY

Engineering Department

8/142015

PERFORMANCE BOND AMOUNT

TM #76.10-1-23, etc

1 1	ORMANOLL	JOIND AMOC	7141	
PAVEMENT				
2" Top Course	625	TONS	\$125.00	\$78,125.00
3" Binder Course	950	TONS	\$125.00	\$118,750.00
8" Subase - Item 4	1,250	CY	\$38.00	\$47,500.00
Asphalt Gutter	300	LF	\$10.00	\$3,000.00
Sawcutting	260	LF	\$4.00	\$1,040.00
CURBING				
Concrete Curb	4,150	LF	\$16.00	\$66,400.00
Mountable Curb	250	LF	\$15.00	\$3,750.00
RETAINING WALL				
Retaining Wall - Segmented	2,100	SF	\$25.00	\$52,500.00
GUIDE RAIL				
Wood	540	LF	\$40.00	\$21,600.00
Re-set W Beam	510	LF	\$35.00	\$17,850.00
SIGNAGE				
Traffic Control Signal	3	EA	\$200.00	\$600.00
Street Signs	2	EA	\$225.00	\$450.00
MISCELLANEOUS				
Maintenance & Protection & Traffic	NEC	LS	\$15,000.00	\$15,000.00
Hydro Seeding	16	ACRE	\$2,750.00	\$44,000.00
Topsoil	8,500	CY	\$5.00	\$42,500.00
Infiltration Trench	1	EA	\$2,500.00	\$2,500.00
Bio Retention Pond	1	EA	\$8,500.00	\$8,500.00
Eastern White Pine	7	EA	\$300.00	\$2,100.00
Red Maple	15	EA	\$275.00	\$4,125.00
Sugar Maple	13	EA	\$275.00	\$3,575.00
Cleveland Pear	23	EA	\$175.00	\$4,025.00
Pin Oak	13	EA	\$250.00	\$3,250.00
	\$1,872,727.50			
	\$93,636.38			
	\$1,966,363.88			
	\$1,967,000.00			
II	\$98,350.00			

TOWN OF CARMEL



Randon Ridge Kennicut Hill Road Carmel, NY

Engineering Department

8/142015

PERFORMANCE BOND AMOUNT

TM #76.10-1-23, etc

				TOTAL
ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT
EROSION CONTROLS				
Silt Fence	10,100	LF	\$1.50	\$15,150.00
Orange Construction Fence	30,900	LF	\$1.75	\$54,075.00
Erosion Control Blankets	12,500	SY	\$3.00	\$37,500.00
Inlet Protection	14	EA	\$75.00	\$1,050.00
Stabilized Const. Ent	7	EA	\$1,250	\$8,750.00
CLEARING & GRUBBBING				
Tree Clearing	21.5	AC	\$3,500.00	\$75,250.00
Grubbing	21.5	AC	\$3,000.00	\$64,500.00
<u>GRADING</u>				
Cut	56,000	CY	\$4.00	\$224,000.00
Fill	80,400	CY	\$4.00	\$321,600.00
				\$521,000.00
DRAINAGE 15" HDPE	1,591	I.C	027.50	£42.752.50
18" HDPE	1,391	LF	\$27.50	\$43,752.50
24" HDPE	45.510	LF	\$30.00	\$26,310.00
24 HDPE	1,835	LF	\$40.00	\$73,400.00
15" End Section	2	EA	\$500.00	\$1,000.00
18" End Section	2	EA	\$500.00	\$1,000.00
24" End Section	2	EA	\$500.00	\$1,000.00
Headwall	1	LS	\$8,500.00	\$8,500.00
Catch Basin with /F&G	16	EA	\$2,500.00	\$40,000.00
Drainage Manhole	20	EA	\$2,500.00	\$50,000.00
Yard Drain	5	EA	\$1,750.00	\$8,750.00
Outlet Structure	3	EA	\$2,000.00	\$6,000.00
Rip Rap Swale	32,200	SF	\$3.00	\$96,600.00
WATED				
WATER				
8" PVC - DR - 18	3,950	LF	\$40.00	\$158,000.00
8" Gate Valves	11	EA	\$400.00	\$4,400.00
6" Gate Valves	6	EA	\$375.00	\$2,250.00
Fire Hydrant	7	EA	\$1,250.00	\$8,750.00



(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

Date:

April 26, 2016

Re:

Bond Return- Random Ridge, LLC. - TM#76.10-1-23

Attached please find a memo from Rose Trombetta with all relevant back up information. This is essentially a swap of performance bonds. The project was first approved as a conventional 28 lot subdivision. The bond estimate for the work was set at \$994,484.00. The applicant then received approval from the Planning Board for a 29 lot cluster subdivision, requiring significantly more infrastructure improvement, thus raising the bond estimate to \$1,967,000.00, which is based upon a Bond estimate prepared by this department. This department has no objection to return of the original performance bond for \$994,484.00 and the posting of the new site plan bond for \$1,967,000.00.



60 McAlpin Avenue Mahopac, New York 10541

MEMORANDUM

To:

Supervisor Kenneth Schmitt

Town of Carmel Town Board

From:

Michael Carnazza, Building Inspector

Date:

April 26, 2016

Re:

Return of Bond for Random Ridge, LLC, Kennicut Hill Road - TM# 76.10-1-23

Please be advised that at this time there are no zoning violations on the above-mentioned property. The Building Department has no objection to the returning of the original bond so it can be replaced with the new bond amount.

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

Date: April 21, 2016 Cc: M. Maxwell

Re: Unpaid invoices- FY 2015

In April of 2016, this department received five (5) invoices from vendors for work performed in calendar year 2015. Copies of these invoices attached. A summary of the invoices is as follows:

Work performed	Date of Work	<u>Vend</u>	Vendor/Amount	
CWD#3 curb box replacement CWD#3 curb box replacement	11/25/2015	Dun-Rite	\$1,600.00	
	unknown	Dun-Rite	\$750.00	
CWD#2 Hydrant replacement	8/5/2015	Dun-Rite	\$3,000.00	
CWD#2 Hydrant replacement	11/24/2015	Dun-Rite	\$2,000.00	
CSD#2(CMF) Fabrication of Elbow	9/17/2015	Tam Ent.	\$3,950.00	

All invoices involved responses to emergencies.

Standard operating procedure of the Comptroller's office is to pay all invoices from the previous fiscal year before closing the books. At the end of each year, the Engineering Department follows up on each open purchase order (PO) to ensure that vendors have their invoices submitted for payment prior to the end of the year.

In the case of the above invoices, no PO was requested and therefore none was issued. We believe that this happened for a combination of reasons. The two (2) vendors, Dun-Rite and Tam Enterprise, are not companies that the Town of Carmel typically uses for emergency work and they are likely not familiar with our internal procedures.

In these instances, the vendors were contacted by our Operations and Maintenance contractor, Severn Trent Environmental Services (STES) to respond to an emergency condition. In such an instance, issuance of a PO in advance of the work is often impractical (due the fact that emergencies occur 24 hours a day).

Vendors familiar with our work know that they are to obtain a PO as soon as practical after the emergency work is performed. However both Dun-Rite and Tam Enterprise did not follow this

procedure. Based upon our investigation, it appears that these invoices were sent directly to STES and not to the Town of Carmel.

To further complicate this issue, during this same time period, one of STES's key personnel, assigned to the Town of Carmel, because of health issues, was forced to take a medical leave of absence. It appears that these invoices were forwarded to this person and remained in limbo.

While this is not a desirable outcome, the fact is that the work was performed and the Town is obligated to pay the invoices. In moving forward, we have instructed our Operations and Maintenance contractors to ensure that when hiring a vendor to perform emergency work that vendors be given a copy of the Engineering Department SOP #4 (attached).

I ask that the Town Board authorize payment of these five (5) invoices.

Vara, Rob

From:

Esteves, Donna

Sent:

Tuesday, April 12, 2016 1:07 PM

To:

Franzetti, Richard

Subject:

04-12-16 2015 Open Invoices from Dun Rite

Attachments:

67 Orchard Rd.pdf; 267 Topland.pdf; 301 & Beldon.pdf; Tower Rd.pdf

Rich,

I am in receipt of attached invoices from Dun Rite Excavating for services performed in 2015. I checked all of my records and could not find any work orders/po's requesting the services performed. I spoke with Mike at STES as well as Pete from Dun-Rite inquiring why I am seeing this for the first time in April 2016. I was told that unfortunately, the paperwork never got processed as this was when Ed got sick and took an extended leave of absence. The invoices total \$7,350.00; \$5,000 at CWD #2 for hydrant repairs, and \$2,400 for curb box repairs in CWD #3. We will need to present this to the Board seeking a resolution to authorize payment of said invoices.

Thanks,

D

P.O. Box 1221 Carmel, NY 10512 845-225-1349

Date: 11/25/

Bill To: Town of Carmel

Water District #3

RE: curb box replacement 67 Orchard Road

- Excavate curb box in driveway area
- · Replace curb box rod and curb valve
- Backfill with item 4 and patch blacktop

Total: \$1,600

Thank you for your business!

Peter Colantuono

P.O. Box 1221 Carmel, NY 10512 845-225-1349

Date:

Bill To: Town of Carmel

Water District #3

RE: 267 Topland Road curb box replacement

- Hand excavate in driveway area
- Replace existing curb box and rod
- Backfill and compact
- Patch blacktop area

Total: \$750

Thank you for your business!

Peter Colantuono

P.O. Box 1221 Carmel, NY 10512 845-225-1349

8/5/2015

Bill To: Town of Carmel

Water District #2

RE: install fire hydrant Route 301 and Belden Road

- · Excavate old hydrant
- · Found hydrant not rodded
- Excavate back to water main
- · Rod hydrant valve to main
- · Remove old hydrant
- · Install new hydrant supplied by the town
- Install hydrant and thrust block
- Supply and install 2 yds of ¾ stone
- Backfill and compact hole with 20 yds of item 4
- Remove excess fill from site
- · Rake, seed, and hay

Total: \$3,000

Thank you for your business!

Peter Colantuono

P.O. Box 1221 Carmel, NY 10512 845-225-1349

11/24/2015

Bill To: Town of Carmel

Water District #2

RE: fire hydrant Tower Road

- · Excavate and remove old hydrant
- Extend water main 4 ft
- Install new hydrant supplied by the town with thrust block
- Supply and install 2 yds of 3/4 stone
- · Backfill with select fill
- Remove excess material from site

Total: \$2,000

Thank you for your business!

Peter Colantuono

Vara, Rob

From:

Esteves, Donna

Sent:

Thursday, April 14, 2016 10:06 AM

To:

Franzetti, Richard

Subject:

04-14-16 2015 TAM Open Invoice

Attachments:

TAM Invoice #42756.pdf; 04-07-16 email response.pdf; TAM Work Order Request.pdf

Rich,

Please see attached invoice from Tam for services rendered in 2015. This invoice was received on April 8, 2016 and is the first I have seen of it. As per attached email to Mike and Vinny, I requested backup documentation supporting the request for this work to be performed as I cannot find anything in our records. Vinny's response was that he could not find anything on his end, however it was an emergency repair to CMF #4. Apparently, the invoice was mistakenly sent to STES and was just recently corrected to reflect the TOC as the "bill to".

This will need to go before the Board for a resolution so that I can process the invoice for payment.

Thanks,

D

VENDOR CLAIM FORM

TOWN OF CARMEL
TOWN HALL
MAHOPAC, NEW YORK 10541

CLAIMANT'S NAME AND ADDRESS

TAM Enterprises, Inc. 114 Hartley Rd. Goshen, NY 10924

DEPARTMENT			
VENDOR TAX ID#	06	1391475	
TOWN OF CARMEL	TAX EXEM	MPT No. 15898	

	(Comptroller's Office Use Only)					
	XOUCHER NO.					
	PURCHASE ORDER NO.					
	Date Voucher Received					
Al	APPROPRIATION ACCT. NO.	AMOUNT				
	. 08 2010					
To	20/6					
nwn	of Carmel					
1 %	Care					
	·//ie/					
	TOTAL CHARGES					
	(Comptroller's Office	Use Only)				

TOWN OF CARMEL
PURCHASE ORDER NO.

Date	Invoice Number	Description of Materials or Services	Unit Price	Amount
11/2/20				
9/17/15	42-756		\$3950.00	3950.00
			TOTAL	· 3950 of

is true and correct, in	at the items, services and disbursements been paid or satisfied; that taxes, from a actually due.	nts charged were rendered to me which the municipality is	to or for the municipality on the dates is exempt, are not included; and that Dreits A family 5005.	
	(Space belo	w for Municipal Use)	•	
TOWN DEF	PARTMENT APPROVAL	APPROVAL FOR PAYMENT The claim is approved and ordered paid from the appropriations		
	erials were rendered or furnished to the arted and the charges are correct.	indicated above.		
		COMPTROLL	ER, TOWN OF CARMEL	
DATE	AUTHORIZED OFFICIAL	DATE AUDITED	CK NO	
	VENDOR	CLAIM FORM		

VENDOR'S / CLAIMANT'S CERTIFICATION



114 Hartley Road Goshen, NY 10924

Phone: (845)-294-8882 Fax: (845)-294-8883

Bill To

Town of Carmel 60 McAlpin Avenue Mahopac, NY 10541 RECEIVED
APR 0 8 2016

Invoice

Date

Invoice #

9/17/2015

42756

P.O. No.

Terms

Qty	Description	Rate	Amount
	Date of Service: 09/01/2015 Location: TAM SHOP		
	Fabrication of stainless steel 90's with swivel flanges, along with necessary welding. Fabrication of plastic 90's with swivel flanges, fusion as needed.	3,950.00	3,950.00
	Ordered By: Mike Batz, Severn Trent		
	~ ~		
			4

A Service Charge of 1.5%, 18% APR, will be added to all overdue accounts. Accounts are considered overdue on the 31st day past the invoice date. You will also be liable for all legal and collection fees.

Total

\$3,950.00

Payments/Credit

\$0.00

Balance Due

\$3,950.00

24 Hour Emergency Service • Hydro Vacuum Excavation • Pump Station, Installation & Maintenance High Pressure Water Jetting • Video Inspection of Underground Lines • Installation of Water & Sewer Lines Clearing of Catch Basins • Man-Hole Rehabs • Sewer & Water Plant Rehabs • Confined Space Entry Pipe Lining Services • Soil Remediation Services • Pipe Location Services • Industrial Tank Pumping Excavation Services • Emergency Sewer By-pass Pumping • Emergency Utility Services



Severn Trent Services 1961 Route 6, Rear 3 Carmel, NY 10512 United States

T: +1 845 228 0460 F: +1 845 228 0465

www.severntrentservices.com

TOWN OF CARMEL

ENGINEERING

REQUEST FOR PURCHASE OR REPAIR

District : SD2 micro

Date of Request: emergency repair

Item requested: SS 6" elbow CMF804

Purpose of item: filter operation

Estimated age of equipment to be replaced / repaired 1 yr

Estimated life expectancy of new equipment / repair: 10yr

Labor cost for installation and or repair:

Vendor # 1: Tam

Vendor # 2:

Vendor # 3:

Cost: \$3950.00

Cost:

Cost:



Severn Trent Services 1961 Route 6, Rear 3 Carmel, NY 10512 United States

T: +1 845 228 0460 F: +1 845 228 0465

www.severntrentservices.com

TOWN OF CARMEL

ENGINEERING

REQUEST FOR PURCHASE OR REPAIR

District : SD2 micro

Date of Request: emergency repair

Purpose of item: filter operation

Item requested: SS 6" elbow CMF804

Estimated age of equipment to be replaced / repaired 1 yr

Estimated life expectancy of new equipment / repair: 10yr

Labor cost for installation and or repair:

Vendor # 1: Tam

Vendor # 2:

Vendor # 3:

Cost: \$3950.00

Cost:

Cost:



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

· 51 8/5

Office of the Town Engineer 60 McAlpin Avenue Mahopac, New York 10541

PROCEDURES & DIRECTIVES

STANDARD OPERATING PROCEDURES: NO. 4

DATE:

Original

Issue Date: January 8, 2014

TO: Bee & Jay Plumbing

ST Environmental Services

FROM: Richard Franzetti, P.E. Town Engineer

Rob Vara, Engineering Projects Coordinator

TITLE: Purchase Orders and Use of Outside Vendor Procedures

cc: K. Schmitt

Regarding issuance of Purchase Orders (PO), the following procedure shall be adhered to with regard to third party Vendors:

- 1. Use of Outside Vendors All non-emergency work must comply with New York State GML §104 and the Town of Carmel Procurement Policy. Certain type of emergencies that do not require immediate action, yet must be completed in a timely manner, shall be handled in the following manner:
 - a) The operator should make best efforts to procure at least 3 quoted prices for any required outside service.
 - b) These quotations shall be provided to the Engineering Department as backup to the Vendor's invoice.
- 2. In advance of the actual order of any materials or supplies or sub-contracted services required, the Vendor shall be contacted and these procedures explained to them.
 - a) Operator shall email Donna Esteves at de@ci.carmel.ny.us for a P.O. She can also be reached at 845-628-1500 ext. 184 for any questions.
 - b) Donna will issue a P.O. in the vendor's name and operator **must** provide the vendor with the P.O. number at the time the order is placed.
 - c) The Vendor **must** reference the PO number assigned on any invoicing issued to the Town.

SOP No 4 - Purchase Order and Use of Outside Vendor Procedures Page 2

- d) Upon supplying the materials, supplies or sub-contracted service, the Vendor may then invoice the Town. This invoice should normally be dated no earlier than the date the PO was issued by the Engineering Department.
- e) In the event of an emergency, where the needed service is performed prior to obtaining a PO number from the Engineering Department, the Vendor's invoice date should normally be no earlier than 7 days from the PO date. In the event this is not complied with, the Town may reject the invoice and require the Vendor to re-issue it with a corrected date.
- f) So that payments are not delayed, these procedures must be followed to permit us to properly track all P.O.'s and so facilitate prompt payment.

As usual, this Department will continue to issue P.O. numbers directly to you for any appropriate billable service.

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

James Gilchrist, Director of Recreation and Parks

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

Date: May 5, 2016

Re: C231- Sycamore Park Roof Replacement

Bids were received and opened by the Town Clerk, for the referenced project on April 29, 2016 at 11:00. A copy of the bid opening results is attached, indicating six bids received. The scope of work involves reroofing of the Recreation offices building at Sycamore Park

The apparent low Bidder, One Time Carpentry made a material alteration to the units on the bid sheet. Counsel has advised that this bid should therefore be rejected (see attached email from G. Folchetti).

The Engineering Department performed qualification evaluation of the next apparent low bidder BCG Construction Group Inc, at \$59,332.00. The results are attached. We are satisfied based upon our examination that BCG is qualified to do this project.

We checked with the Comptroller's office to identify if funding is in place for the project. Please see the attached email from Mary Ann Maxwell advising that funding is available.

Based upon the above, we recommend that the project be awarded to BCG for a total amount of \$59.332.00

I respectfully request that this matter be placed on the next available work session for discussion.

SYCAMORE PARK ROOF REPLACEMENT – 2016-C-231

Bid Opening: 4/29/16 @ 11:00 AM

Item #		Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Bidder #7	Bidder #8	Bidder #9	Bidder #10
1	Unit	5,00	5.25	4,00	155	2.21	2				
I	Total	30.000	13,500.	7.400-	7.300-	13,240-	12000				
2	Unit	5,00	3,25		4-	0.56	5-				
	Total	3,000-	1,950-	6,000 -	-000 PG	1.534-	2000				La company of the com
3	Unit	4.00	26,	S. Commercial Control of the Control		120	and an	9900 - 000 W			
	Total	24,000	1,500-	12.000 -	6,000-	-0881	13.000-				
4	Unit	75-	25-	10-	12	08.2	Lan.				
	Total	5,250-	3.750-	1,500 -	2,800 -	12200	750-				
5	Unit	7	2.50	6	- Allered	2.90	2-				
	Total	42.000	12,000	26,000	18,000 -	17,400-	30,000				
6	Unit	25-	6.25	15-	10 -	10 -	10-				
	Total	5.000	1,250-	7,000	2,000-	2,000	2,000				
7	Unit	O man	1.00	There's was	10-	4.38	April 1				
	Total	5,000	- 600	2.500 -	5.000	2190-	1,500-				
8	Unit	15-	2,50	4	(80)	3,16	3			12 702 100 200 200	
	Total	10,500 -	1,750 -	0.300-	500 m	3.3/2-	2,100-				
9	Unit Total	40-	2	10-	10-	7.50	(0)				
	Unit	6,000 -	1,300 -	1,500 -	1,500-	8.75-	1800-				
10	Total	4000-		1,500-	1,000	275-					
	Unit	1500	1,000	12-	7.	9.40	1000				
11	Total	9.150 -	2440-	7,200 -	1,220	3724-	7.050				
	Unit	11 -	70	The se	2-	7.50					
12	Total	4,730-	4.300	-027.01	260-	7500	1.590				
40	Unit	.50			100	.55	h death of Topical				
13	Total	1350-	1520	13,500 -	2.700	13995	2700	3 8 17 17			
Total		149,980-	49.660	122,200-	67,940-	59770	78,890				

SYCAMORE PARK ROOF REPLACEMENT – 2016-C-231 - Page 2

Bid Opening: 4/29/16 @ 11:00 AM

	Bidder Name	Address	Ack. Add.	<u>Affidavit</u>	NCBC	Bond/Check
1.		Po Bar 224, 56 Smith Clave RE	YPS	Yes	1/2	bend
	Rooking Inc	Central Valley My 10917			1 1000	
2.	Ope Time Carpentry, LLC	O = I	Vene	Ves	VS	check
		Yorkham Dy 10598				į.
3.	Sanhu Contrador Tre	1801 38 pc d	Yes	Yess	Yel	bone
		Astoria My 11105		¥139		
4.	TOR Codice ding Co	to 193 33 vg 34	Yes	Ves	Yes	pood
		Brooklyn, Ny 11232				
5.	BCG Conduction	PO. Rox 876	Yes	yes	YES	bond
	Croup, Inc	Highland 119 1228	4			1
6.	World not Construction	2228 8 184 3 249	Yes	yes	YES	poye
	Corp.	Broklyn ny 11229	t .			
7.						
8.						
9.						
10.			a property and the second			

Vara, Rob

From:

Gregory Folchetti <

Sent:

Tuesday, May 03, 2016 12:34 PM

To:

Vara, Rob

Subject:

Re: 05-02-2016 Sycamore park Roof Bid

The alteration of the units within the bid from square feet to linear feet is a material defect. That bidder did not meet bid specification and is not responsible bidder.

Gregory L. Folchetti
Costello & Folchetti, LLP
1875 Route Six/P.O. Box 1200
Carmel, NY 10512
845-225-1900
845-228-4228 Facsimile
Sent from my iPhone

On May 2, 2016, at 9:44 AM, Vara, Rob < riv2@ci.carmel.ny.us > wrote:

Attached is the bid sheet for the project. You can see where the K altered the bid sheet. Let me know what you think.

Robert Vara
Engineering Projects Coordinator
Town of Carmel
Carmel Town Hall
60 McAlpin Avenue
Mahopac, New York 10541
Ph. 845-628-1500 ex. 183 Fax:845-628-7085

<One Time.pdf>

BID EVALUATION INTAKE FORM- C 231 SYCAMORE PARK ROOF

SUBJECT: Barone Construction Group, Inc.

NAME OF PERSON INTERVIEWED: Lisa Raymond

TITLE OF PERSON INTERVIED: Asst. Superintendent for Business

NAME OF MUNICIPALITY: Valley Central School District

DATE INTERVIEW CONDUCTED: 5/5/2016

PERSON CONDUCTING INVTERVIEW: R. Vara

PERFORMANCE:

1. TIMELINESS- excellent

- 2. EASE OF COMMUNICATION- excellent
- 3. COMPLAINTS- none
- 4. EQUIPMENT/PERSONNEL very knowledgeable and organized
- 5. WORK CHANGE ORDERS- No
- 6. CONTRACT DURATION- Started this year

PAPERWORK:

- COMPLIANCE WITH MUNICIPAL REQUIREMENTS (VENDOR CLAIM FORMS ECT,)- Lisa does not get involved
- 2. SUBMISSION OF CERTIFIED PAY ROLLS (DOL)- no problems
- 3. SUBMISSION OF REPORTS REQUIRED BY CONTRACT SPECS- NA
- 4. INSURANCE DOCS- good

LITIGATION:

- 1. ANY PREVIOUS OR PENDING LITIGATION- None
- 2. WHAT TYPE (BREACH OF CONTRACT ECT. REGULATORY AGENCIES) N/A

OTHER COMMENTS:

"So happy we found them. Right on the money". "Phenomenal. You will not be disappointed."

<u>UPON COMPLETION, THIS DOCUMENT IS EXEMPT FROM DISCLOSURE UNDER</u>
<u>NEW YORK STATE PUBLIC OFFICERS LAW §87(2)(g).</u>

BID EVALUATION INTAKE FORM- C 231 SYCAMORE PARK ROOF

SUBJECT: Barone Construction Group, Inc.

NAME OF PERSON INTERVIEWED: Bruce Peterson

TITLE OF PERSON INTERVIED: Building Supervisor

NAME OF MUNICIPALITY: Howland Public Library

DATE INTERVIEW CONDUCTED: 5/5/2016

PERSON CONDUCTING INVTERVIEW: R. Vara

PERFORMANCE:

1. TIMELINESS- excellent

- 2. EASE OF COMMUNICATION- excellent
- 3. COMPLAINTS- none
- 4. EQUIPMENT/PERSONNEL very good and clean
- 5. WORK CHANGE ORDERS- Yes, several not the fault of contractor
- 6. CONTRACT DURATION- Started just before Christmas and is now complete on time

PAPERWORK:

- 1. COMPLIANCE WITH MUNICIPAL REQUIREMENTS (VENDOR CLAIM FORMS ECT,)- NA
- 2. SUBMISSION OF CERTIFIED PAY ROLLS (DOL)- NA
- 3. SUBMISSION OF REPORTS REQUIRED BY CONTRACT SPECS- NA
- 4. INSURANCE DOCS- NA

LITIGATION:

- 1. ANY PREVIOUS OR PENDING LITIGATION- None
- 2. WHAT TYPE (BREACH OF CONTRACT ECT. REGULATORY AGENCIES) N/A

OTHER COMMENTS:

The best project that the Library has ever done. Everyone was kept in the loop. Generally the smoothest project.

<u>UPON COMPLETION, THIS DOCUMENT IS EXEMPT FROM DISCLOSURE UNDER</u>
NEW YORK STATE PUBLIC OFFICERS LAW §87(2)(g).

From: <u>Maxwell,Mary Ann</u>
To: <u>Franzetti,Richard</u>

Cc: Gilchrist, Jim; Vara, Rob; Esteves, Donna; Suzi McDonough Personal

Subject: RE: 05-04-15 Sycamore Roof Replacement Budget Request.

Date: Thursday, May 05, 2016 10:31:10 AM

Rich,

In the Sycamore Park Special Bldg Repair line there is approximately \$46,443. Through discussions Councilwoman McDonough had with the Town Board the Board would like to transfer the remaining funds from the capital reserve fund balance. This transfer could be approved by the Town Board through a budget revision.

Mary Ann

Mary Ann Maxwell
Town Comptroller
Town of Carmel
(845) 628-1500 ext 175
Fax (845) 628-7085
mam@ci.carmel.nv.us

From: Franzetti, Richard

Sent: Thursday, May 05, 2016 9:43 AM

To: Maxwell, Mary Ann

Cc: Gilchrist, Jim; Vara, Rob; Esteves, Donna

Subject: 05-04-15 Sycamore Roof Replacement Budget Request.

Importance: High

Mary Ann

Do we have sufficient funds on the Recreation budget to fund the roof replacement project at Sycamore Park?

The cost is \$59,332.00 or the next lowest bidder at \$67,940.00

Thanks

Richard J. Franzetti. P.E, BCEE, LEED AP
Town Engineer
60 McAlpin Avenue
Mahopac, New York 10541
Phone - (845) 628-1500 ext 181
Fax - (845) 628-7085
Cell - (914) 843-4704
rjf@ci.carmel.ny.us

This communication may be confidential and is intended for the sole use of the addressee(s). No use or reproduction of the information provided is permitted without the written consent of the Town of Carmel. If you are not the intended recipient,

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

(AP)

Date: May 2, 2016

Re: Welding CSD#4

Severn Trent Environmental Services (STES), the operators for Carmel Sewer District #4 (CWD#4), have alerted the Engineering Department (Department) that steel beams which support of the wastewater treatment plant roof are in need of immediate repair as shown in the following photograph:



STES requested and received the following quotes from certified welders:

TAMS Enterprises \$5,000.00
Westar Carmel Steel \$6,950.00
Hudson Valley Property Solutions \$7,290.00

This work entails the replacement of the a single beam by a New York State licensed welder (certification attached).

This Department verified that there are sufficient funds in the CSD#4 budget to cover the cost for this work. A copy of this correspondence is attached. The repair needs to be performed immediately as there are concerns for the as the safety of the workers in the plant.

This Department requests that the Town Board authorize the repair by TAMS Enterprises at a cost of \$5,000.00 and that this request be placed on the next Town Board work session.



Severn Trent Services 1961 Route 6, Rear 3 Carmel, NY 10512 United States

T: +1 845 228 0460 F: +1 845 228 0465

www.severntrentservices.com

TOWN OF CARMEL

ENGINEERING

REQUEST FOR PURCHASE OR REPAIR

District: SD#4

Date of Request: 4-28-16

Item requested: Repair of Steel support beam in building

Purpose of item: hold up wall and roof of main building

Estimated age of equipment to be replaced / repaired 40 years

Estimated life expectancy of new equipment / repair: 40 years

Labor cost for installation and or repair: \$0

Vendor # 1: TAM Cost: \$5,000.00

Vendor # 2: HVPS Cost: \$7,290.00

Vendor # 3: West Star Cost: \$6,950.00



114 Hartley Road Goshen, NY 10924

Phone: (845)-294-8882 Fax: (845)-294-8883

Bill To

Town of Carmel 60 McAlpin Avenue Mahopac, NY 10541 **Proposal**

Date

Proposal #

4/27/2016

11608

P.O. No.

Terms

Qty	Description	Rate	Amount
	Sewer District #4		
	TAM Enterprises, Inc. proposes repair of structural steel I-Beams at Sewer Plant to include: Labor, Materials and Equipment.	5,000.00	5,000.00

A Service Charge of 1.5%, 18% APR, will be added to all overdue accounts. Accounts are considered overdue on the 31st day past the invoice date. You will also be liable for all legal and collection fees.

Total

Payments/Credit

\$5,000.00

Customer Signature:

Accepted By:

24 Hour Emergency Service • Hydro Vacuum Excavation • Pump Station, Installation & Maintenance
High Pressure Water Jetting • Video Inspection of Underground Lines • Installation of Water & Sewer Lines
Clearing of Catch Basins • Man-Hole Rehabs • Sewer & Water Plant Rehabs • Confined Space Entry
Pipe Lining Services • Soil Remediation Services • Pipe Location Services • Industrial Tank Pumping
Excavation Services • Emergency Sewer By-pass Pumping • Emergency Utility Services



PROPOSAL

DATE: PROPOSAL # 4/28/2016 20160449-03

FOR:

Structural Steel

PO Box 911 Goshen, NY 10924

Phone: (845)-325-0918 Email: geraldr.taggart@gmail.com

Customer:

ST Services Town of Carmel 60 McAlpin Ave Mahopac, NY 10541

DESCRIPTION		AMOUNT
SD#4, Town of Carmel		
		7.200.00
Repair of structural steel at Sewer Plant. To include necessary labor, materials and heavy equipment needed to make structural repairs.	\$	7,290.00
equipment needed to make structural repairs.	-	ļ
	-	
	-	
	1	
NYS Sales Tax		
TOTAL	\$	7,290.00
Your Local. One Stop Property and Landscape Maintenance Soluti	ion	



ESTIMATE

DATE:

4/28/2016

ESTIMATE: DESC:

Structural Steel
Structural Steel

28 Sands Station Middletown, NY 10940

Phone: 845-342-1118

Customer:

ST Services Town of Carmel 60 McAlpin Ave Mahopac, NY 10541

DESCRIPTION		AMOUNT
Repair of Structural Steel at Carmel SD#4 to include all necessary Labor, Materials and	\$	6,950.00
Equipment required.		
NYS Sales Tax TOTAL		- 6,950.00
TOTAL	ې	0,930.00

Airgas

Welders Qualification Test

Welders Name: Norman Wyss JR

Welding Process: SMAW

Manual: Yes

SS#: 053-60-6147 Semiautomatic: N/A

Machine: N/A

Position: 3G 4G

Procedure Specification No.: AWS-Bu2a Material Specification: A36 to A36

Material Thickness: 1"

Thickness Range this Qualifies: 1/8" to Unlimited

Position Qualifies

1G-2G-3G-4G 1F-2F-3F-4F

Diameter (if pipe): N/A

Filler Metal

Specification No.: AWS-5.1

Classification: E7018

F#: N/A

Filler Metal (if not covered by AWS Specification:) N/A

Is backing strip used: Yes

Filler Metal diameter and trade name: 1/8" Lincoln LH 70

Flux for Submerged Arc Welding or gas for Gas Metal Arc Welding or Flux Cored Arc Welding: N/A

Visual Inspection (9.25.1)

Appearance: Acceptable

Undercut: Acceptable

Piping Porosity: Acceptable

Guided Bend Test Results (4.30.5)

_	Guided 1	sena Test Results (4.3	0.5)
Туре	Results	Type	Results
Side Bend 3G	Passed	Side Bend 4G	
Side Bend 3G	D 1		Passed
Side Bella 30	Passed	Side Bend 4G	Passed

Test Conducted By: David Schaffer

Laboratory #: P110

Test date: 5-3-08

Fillet Weld Size: N/A

Fillet Weld Test Results (4.30.2.3) (4.30.4.1)

Appearance: N/A

Macro Test-Fusion: N/A

Fracture Test Root Penetration: N/A

Macrotech: N/A

We, the undersigned, certify that the statements in the record are correct and that the wellds were prepared and tested in accordance with the requirements of 5C or D of AWS D1.1/structural welding code,

Date: 5-3-08

David W Sch CWI 92101

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

 Subject:
 RE: 04-29-16 CSD 4 beam repair.

 Date:
 Friday, April 29, 2016 9:59:43 AM

Yes there are sufficient funds in the budget for this repair.

Donna Esteves

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

From: Franzetti, Richard

Sent: Friday, April 29, 2016 9:04 AM

To: Esteves, Donna

Subject: 04-29-16 CSD 4 beam repair.

Donna,

Do we have sufficient funds in CSD 4 to have this repaired. Low cost is 5 K

Richard J. Franzetti. P.E, BCEE, LEED AP
Town Engineer
60 McAlpin Avenue
Mahopac, New York 10541
Phone - (845) 628-1500 ext 181
Fax - (845) 628-7085
Cell - (914) 843-4704
rjf@ci.carmel.ny.us

This communication may be confidential and is intended for the sole use of the addressee(s). No use or reproduction of the information provided is permitted without the written consent of the Town of Carmel. If you are not the intended recipient, you should not copy, disclose or take any action in reliance on this communication. If you have received this communication in error, please notify the sender by reply e-mail and delete the message and any attached documents.

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: May 11, 2016

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-0-1-002).

Attached for your consideration is the Draft Annual (MS4) Report and I respectfully request that this be placed the next Town Board Work session.

MS4 Annual Report Cover Page

				IVI			OLI	11 10	or I	P			s	, -,	Aar)II >	,				_						
is cove int repo						_			-		_	ort	pre	ep	are	:			SPI	DES	S ID)					
100se (oose one:																										
This r	epoi	rt is	be	ing	ı sı	ub	mi	tte	ed (on	bel	hal	f of	· 2	an i	ndi	iv	idı	ıal	l N	1S	4.					
Fill in	_																										
Name o	of MS4																										
This r	_			_				tte	ed (on	bel	hal	f of	8	a Si	ngl	le	Eı	nti	ty							
(Per P				-0-	10-	-00)2)																				
Name o	Singi	e En	tity																								
	- 1																			l		1					1
This is	s a jo	oint	t re	poi	rt \	be	eing	g s	ub	mi	itted	d or	ı be	 eh	nalf	of	a	co	oal	liti	on.	•					
Provid	le SPI	DES	-	_																			2 i	f r	nee	ede	d.
	le SPI	DES	-	_																			2 i	of r	nee	ede	d.
Provid	le SPI	DES	-	_																			2 i	f n	nec	ede	d.
Provid	le SPI	DES	-	_																			2 i	f n	nee	ede	d.
Provid	le SPI	DES	-	_																			2 i	f r	nec	ede	d.
Provid	de SPI	DES	-	_				nit		M	S4 i							ort.	. L		pa	ge	2 i	af r	nee	ede	d.
Provide Name o	de SPI	DES	-	_				nit	ted	M	S4 i							ort.	. L	Jse	pa	ge	2 i	f r	nec	ede	d.
Provide Name o	lle SPl	DES	-	_				mit	ted	ESI	S4 i							ort.	SPI	Jse	pag	ge	2 i	f r	nec	ede	d.
Name o SPDES SPDES SPDES	ID ID	DES	-	_				mit S: S: S:	PDF	ES 1	S4 i							ort.	SPI	DES	pag	ge	2 i		nec	ede	d.
Name o	ID ID	DES	-	_				mit S: S: S:	PDF	ES 1	S4 i							ort.	SPI	DES	pag	ge	2 i	f r	nee	ede	d.
Name o SPDES SPDES SPDES	ID ID	DES	-	_				s:	PDF	ES 1	S4 i								SPI SPI	DES	page 100 S ID	ge	2 i	af r	nee	ede	d.
Name o SPDES SPDES SPDES SPDES	ID ID	DES	-	_				s:	PDF	ES 1	S4 i								SPI SPI	DES	page 100 S ID	ge	2 i		nee	ede	d.
Name o SPDES SPDES SPDES SPDES	ID ID ID	DES	-	_				mit S S S S S S S S S S S S S S S S S S	PDF	ES 1	S4 i								SPI SPI	DES	page state of the	ge	2 i		nec	ede	d.
SPDES SPDES SPDES SPDES SPDES	ID ID ID ID	DES	-	_				mit S S S S S S S S S S S S S S S S S S	PDF	ES I	S4 i								SPI SPI SPI	DES DES DES	pa;	ge	2 i		nee	ede	d.

MS4 Annual Report Cover Page

MCC form for period ending March 9,

Provide SPDES ID of each permit	ted MS4 included in this report.	
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID

$\underline{MS4\ Municipal\ Compliance\ Certification(MCC)\ Form}$

MCC form for period ending March 9,
Name of MS4 SPDES ID
Each MS4 must submit an MCC form.
Section 1 - MCC Identification Page
ndicate 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

County

MS4 Municipal Compliance Certification (MCC) Form

me of MS4),										
me of MS4			SPD	_ DES	ID						
Alan 2. Danta an Information	_						•				-
ection 3 - Partner Information	٠,				1		.1			,.	
your MS4 work with partners/coalition to complete some or all period?	mit re	quii	reme	ents	s dui	rıng		1S T) Ye	_		ng) I
Yes, complete information below.								,	-0		-
Submit a separate sheet for each partner. Information provided	in ot	her	for	ma	ts w	/ill	no	t b	e		
accepted. If your MS4 cooperated with a coalition, submit one											
coalition. It is not necessary to include a separate sheet for each	h MS	4 ir	n the	e co	oalit	tioi	n.				
No, proceed to Section 4 - Certification Statement.											
ner/CoalitionName											
ner/Coalition Name (con't.)		7	SPE	DES	Par	tnei	r ID	- I1	ap	plic	ab
ress											
Sta	ate	Zip)								_
							-				
il										_	
ne Legally	Rind	ina	Δore	eme	ent i	n ac	cor	dan	CE		
) - with 0								Ye		C	N
not tasks/responsibilities are shared with this partner (a.g. MM1	Soh	201	Dro	œro:	ma	or	NΔı	.14;	nla	То	o1.
nat tasks/responsibilities are shared with this partner (e.g. MM1	SCH	JOI -	FIO	gra	1118	OI .	IVIU	muj	pie	1 a	SF
/IM1		1									T
MM1											
MM2											
4M2											
MM2											
1M2											

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

This report is being submitted for the reporting period of If submitting this form as part of a joint report on behalf of a continuous submitted for the report on behalf of a continuous submitted for the reporting period of the report of th												a co	alitio				ES II) blai	ık.		
Name of N	MS4/Coal	ition													SPI	DES 	ID				
																		•	'		•
							W	<u>atei</u>	· Q	<u>ualit</u>	<u>y T</u>	renc	<u>ls</u>								
The infor	rmation i	n this	sec	tion is	bei	ing 1	epor	ted (chec	k one):										
○ On bel	half of a	coalit	ion							2			7								
Н	ow man	y MS	4s a	are co	ntri	bute	ed to	this	rep	ort?											
1. Has	this MS ted to st			_				-	_						_					<u>;</u>	
One		C .		11 .															○ Ye	S	\bigcirc No
If Yes, cl					-																
ReportWeb P						_		d he	low												
O WC0 1	Please		_			_				here	repo	ort(s)	can	be a	cces	sed	- no	ot ho	me p	age	•
	URL																				
	URL				-								_			_	\vdash				
		1																			
	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	1
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. Towasted Dublic Education and Outree of Deet Management Ducations	
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/Restora	tion
○ 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	,
Other 2. Specific audiences targeted during this reporting period:	
2. Specific addictices targeted during this reporting period.	
○ Public Employees ○ Contractors	
○ Residential ○ Developers	
O Businesses O General Public	
○ Restaurants ○ Industries	
Other: OAgricultural	1
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

																	1		SPI	LS				$\overline{}$
e of N	IS4/C	oaliti	on																					L
Web JRL	Page	con	t.: Provide specific web addresses - not home page.																					
KL																								
JRL																								
JRL																								
																								<u></u>
JRL																								
																								<u>_</u>
																								<u>_</u>
																								L
JRL																								_
				_																				<u></u>
																								<u> </u>
																								<u></u>
JRL	T																							_
				+																			=	<u>—</u>
				\perp																				_
																								<u></u>
JRL	T			_																				
																						.		

	ch 9,			
If submitting this form as part of a joint report on behalf of a coalition leave	SPDI	ES ID	blank	•
SPDI	ES ID			
fame of MS4/Coalition				
. Evaluating Progress Toward Measurable Goals MCM 1				
Use this page to report on your progress and project plans toward achieving me dentified in your Stormwater Management Program Plan (SWMPP), including II.C.1. Submit additional pages as needed.		_		Part
A. Briefly summarize the Measurable Goal identified in the SWMPP in th	is rep	ortin	g per	iod.
Briefly summarize the observations that indicated the overall effectiven Goal.	ess of	f this	Meas	surable
C. How many times was this observation measured or evaluated in this rep	portir	ıg pei	riod?	
	(ex	.: samp	les/pa	rticipants/ev
D. Has your MS4 made progress toward this Measurable Goal during this	repo	rting	perio	od?
		С	Yes	\bigcirc No
		С	Yes	\bigcirc No
2. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?				
2. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? 2. Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).		s MC	M du	ring
5. Briefly summarize the stormwater activities planned to meet the goals of		s MC	M du	ring
5. Briefly summarize the stormwater activities planned to meet the goals of		s MC	M du	ring
5. Briefly summarize the stormwater activities planned to meet the goals of		s MC	M du	ring

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	Σ.	
Name of MS4/Coalition SPDES ID			\top	
Minimum Control Measure 2. Public Involvement/Participa	atio	'n		
The information in this section is being reported (check one):	an	<u>/11</u>		
 ○ 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 implementation development, evaluation and improvement of the Stormwater Management Processing Plan during this reporting period? Check all that apply:		ram		
○ Cleanup Events #Events				
○ Comments on SWMP Received #Comments				
○ Community Hotlines Phone # ()] - [
Phone # (- [
Phone # () Phone # ()] - [
Phone # () Phone # ()	-			
Phone # (Phone # ()	- [
Phone # (Phone # ()	- [
O Community Meetings # Attendees				
○ Plantings Sq. Ft.				
○ Storm Drain Markings #Drains				
○ Stakeholder Meetings # Attendees			T	
○ Volunteer Monitoring #Events			T	
Other:				
2. Was public notice of availability of this annual report and Stormwater Manag Program (SWMP) Plan provided?	_	ent Yes	C	No
○ List-Serve # In List				
O Newspaper Advertising # Days Run				
○ TV/Radio Notices # Days Run				
Other:				

MCM 2 Page 1 of 6

 \bigcirc 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

ne page
le page
le page
ne page
ne page

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), included		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	ı 9,				
If submittir	ng this for	rm as part	of a join	t repo	ort on beha	ılf of a	coaliti	ion lea	ive Sl	PDE	S ID	bla	nk.	
Name of MS4/Coalition								SP	DES	ID				
Minimum (<u>Contro</u>	l Meası	<u>ıre 5. I</u>	Post-	-Constr	uction	ı Sto	rmw	ater	<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		-	,	data	ıbase, spr	eadsh	eet) to	o trac	k po	st-c		truc		n O No
3. What types of a Development/B		_					_		Low	Imp	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? \bigcirc 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	IPP 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?
N. II M.C.A	(ex.: samples/participant:
D. Has your MS4 made progress toward this measurable goal dur	
	\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	9
	-/-

WIS4 Alliual Report Form	
This report is being submitted for the reporting period ending Mar	rch 9,
If submitting this form as part of a joint report on behalf of a coalition leave	e SPDES ID blank.
SPDI	ES ID
Name of MS4/Coalition	
Minimum Control Measure 6. Stormwater Management for M	<u>lunicipal Operations</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. Choose/list each municipal operation/facility that contributes or may p	otentially 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>	1 the past 3
Operation/Activity/Facility	Addressed in	n SWMP?	<u>years?</u>	•
Street Maintenance	O 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	○ 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: # Acres O Parking Lots Swept (Number of acres X Number of times swept)

○ Streets Swept (Number of miles X Number of times swept)	# Miles			
O Catch Basins Inspected and Cleaned Where Necessary	#			
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#			
O Phosphorus Applied In Chemical Fertilizer	# Lbs.			
O Nitrogen Applied In Chemical Fertilizer	# Lbs.			
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)	of # Acres			-
times applied to the nearest tenth.)				
3. How many stormwater management trainings have been provide during this reporting period?	d to municipa	al emp	loye	es
3. How many stormwater management trainings have been provide	d to municipa	al emp	loye	es
3. How many stormwater management trainings have been provide during this reporting period?		al emp	loyed	es

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/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).

If submitting this fo			March 9,	
	rm as part of a joint repor	rt on behalf of a coalition	leave SPDES ID blank.	
			SPDES ID	
63 KG 4/G 11/1				
e of MS4/Coalition				
A J J'4' 1 337 - 4 -		- 4 C4 4 D 4 M	D	
Additional Wate	rshed Improvemen	nt Strategy Best Man	nagement Practices	
information in this section	n is heing reported (check	k one).		
		v one).		
on behalf of an individual Non behalf of a coalition	MS4			
	As contributed to this re	mort?		
now many MS	4s contributed to this re	sport?		
'As movet answer the sur	agtions on shoot NA a	a indicated in the table	halarr	
948 must answer the qu	estions of check IVA a	s indicated in the table	e Delow.	
MS4 Description	Answer	Check NA	(POC)	
NYC EOH Watershed raditional Land Use	- 1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	- Phoenhorus	
raditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	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	1 6 7- 4 9- 0	2 2 4 5 95 10 11 12	- TN -	
aditional Land Use aditional Non-Land Use	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	
on-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	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	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus	
Oyster Bay 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	-	-	-	
aditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen	
raditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen	
on-Traditional Oscawana Lake Watershed	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen	
Oscawana Lake Watersned	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	- Dhoonhoma	
			Phosphorus Phosphorus	
aditional Land Use	1 4 6 7a-d 8a 9	2 3 5 8b 10 11 12	Phosphorus	
aditional Land Use aditional Non-Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12		
raditional Land Use raditional Non-Land Use on-Traditional LI 27 Embayments	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus -	
raditional Land Use raditional Non-Land Use on-Traditional		2,3,5,8b,10,11,12		
raditional Land Use raditional Non-Land Use on-Traditional LI 27 Embayments	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus -	

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



WORK SESSION #9

TOWN OF CARMEL RECREATION & PARKS DEPARTMENT SYCAMORE PARK, 790 LONG POND ROAD MAHOPAC, NEW YORK 10541

JAMES R. GILCHRIST, CPRP, DIRECTOR

TELEPHONE: (845) 628-7888

FAX: (845) 628-2820

EMAIL: carmelrecreation@ci.carmel.ny.us

WEB: http://www.carmelny.org

DATE:

May 6, 2016

TO:

Carmel Town Board

Carmel Town Hall

FROM:

James R. Gilchrist, CPRP

Director, Recreation and Parks

SUBJECT:

Chamber Park Bench Donation

Long-time resident and business owner Barry Gelber would like to enhance the park by donating a bench "In Loving Memory of Bertha and Julius Gelber". I have been in contact with Mr. Gelber regarding the size, estimated cost, and vendor we have used (see attached). This project was reviewed and approved by all members at last night's Recreation and Parks Advisory Committee meeting.

Please add this to the next Town Board meeting agenda and contact me with any questions.

/sms.

Attachment

Gilchrist, Jim

From:

Gilchrist, Jim

Sent:

Monday, April 25, 2016 3:56 PM

To:

'barryrgelber@gmail.com'

Cc:

Schmitt, Kenneth

Subject:

RE: Donation of Park Bench for Chamber Park

Attachments:

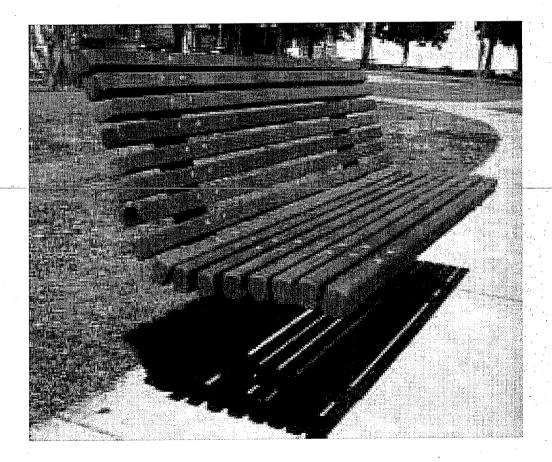
Park Bence.pdf

Barry,

Below is the bench that we currently have in the Chamber Park. I attached an estimate from the supplier. Let me know if you are interested in this bench.

Thanks,

Jim Gilchrist





The Park Catalog 3350 NW Boca Raton Blvd Suite B2 Boca Raton, FL 33431 5616207878 sales@theparkcatalog.com

Shopping Cart

PRODUCT NAME	 UNIT PRICE	QTY	SUBTOTAL
Palisade Single Contour Oak Bench	 \$629.00	1	\$629.00
Size: 4ft Mount Type: Inground Mount		P .	

	ALTO CONTRACTOR OF THE PARTY OF	
Subtotal	•	\$629.00
Grand Total	•	\$629.00
•		1

© 2015 The Park Catalog. All Rights Reserved. https://www.theparkcatalog.com/



WORK SESSION #10

TOWN OF CARMEL RECREATION & PARKS DEPARTMENT SYCAMORE PARK, 790 LONG POND ROAD MAHOPAC, NEW YORK 10541

JAMES R. GILCHRIST, CPRP, DIRECTOR

TELEPHONE: (845) 628-7888

FAX: (845) 628-2820

EMAIL: carmelrecreation@ci.carmel.ny.us

WEB: http://www.carmelny.org

DATE:

May 6, 2016

TO:

Carmel Town Board

Carmel Town Hall

FROM:

James R. Gilchrist, CPRD

Director, Recreation and Parks

SUBJECT:

Chamber Park Gazebo Refurbishment

Eagle Scout candidate Will Lacey has proposed refurbishing the gazebo at the Chamber Park (see attached). These needed repairs would help enhance the appearance of the Chamber Park and was approved at last night's Recreation and Parks Advisory Committee Meeting.

Please add this to the next Town Board meeting agenda and contact me with any questions.

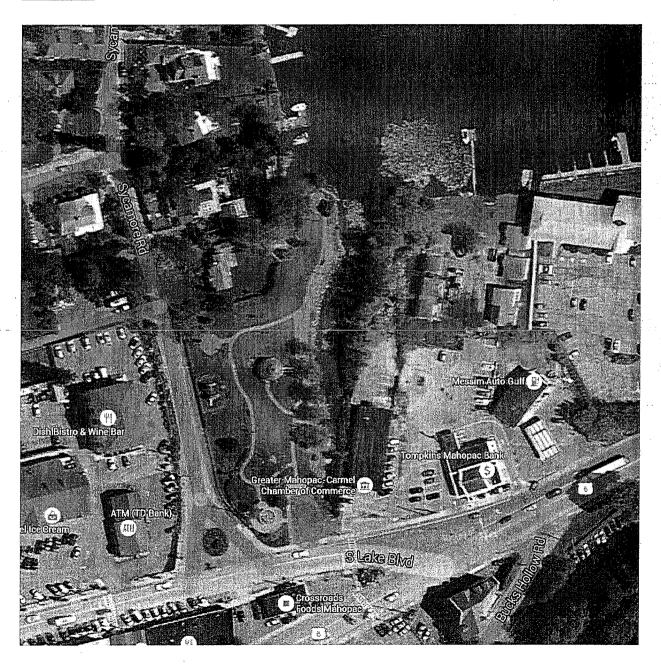
/sms

Attachment

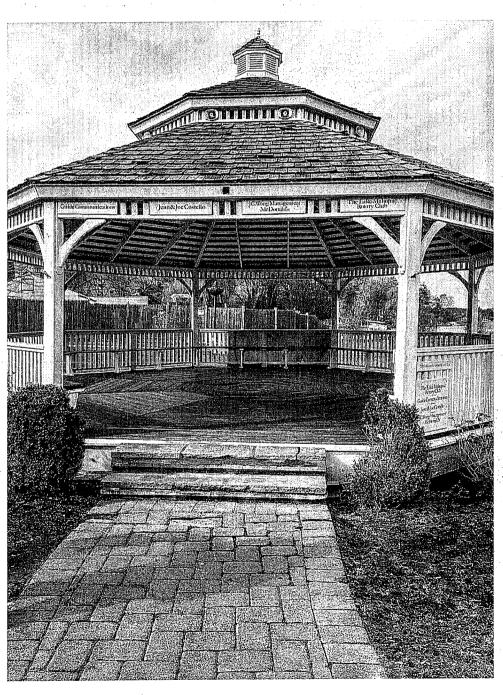
Will Lacey - Eagle Project Proposal

For my Eagle Project I would like to clean and repair the gazebo in Mahopac Chamber Park in Mahopac NY.

https://www.google.com/maps/@41.3732306,-73.7348857,279m/data=! 3m1!1e3



I would like to do this project because I feel that it is a chance for me to help repair something that is important to the community and give me the chance to show my leadership abilities. The Park is next to the bank that my aunt works at. Since I was a child I spent many weekends with my aunt and uncle in Mahopac and it has become a second home to me. My Uncle John has agreed to be my project coach. He has a construction business and knows a lot about repairing these kinds of things.



This park is the only public access to Lake Mahopac. Over time vandals have broken some of the wooden fence pieces. Also weather has damaged the gazebo.



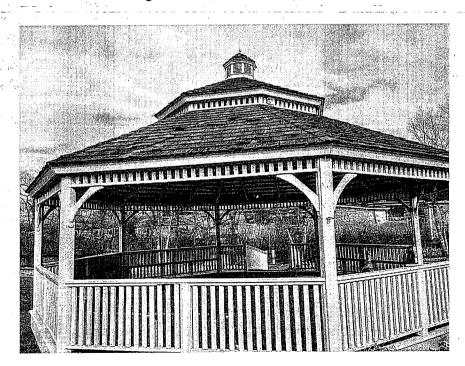
Some additional landscaping needs to be completed.



Nails and unused latches need to be removed and the holes filled.



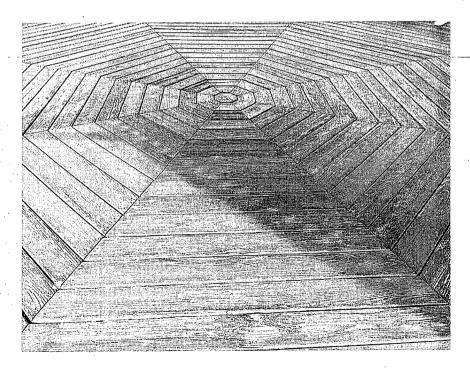
Some roof shingles need to be replaced.



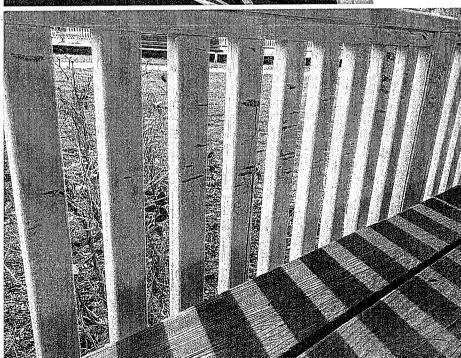
Some pieces were temporarily fixed by park staff but need to be replaced and installed properly.



The fence and floors need to be power washed and painted.







I feel this is a good project to do with the troop because all the scout volunteers who help me can do power washing, painting and landscaping. Older scouts can be taught to hammer the fence posts with nails. My uncle would have to climb on to the roof to replace the shingles but there will be no power tools needed.



Once the town approves I can submit an Eagle project proposal to the Boy Scout Council for approval.



WORK SESSION #11

TOWN OF CARMEL RECREATION & PARKS DEPARTMENT
SYCAMORE PARK, 790 LONG POND ROAD
MAHOPAC, NEW YORK 10541

JAMES R. GILCHRIST, CPRP, DIRECTOR

TELEPHONE: (845) 628-7888

FAX: (845) 628-2820

EMAIL: carmelrecreation@ci.carmel.ny.us

WEB: http://www.carmelny.org

DATE:

May 6, 2016

TO:

Carmel Town Board

Carmel Town Hall

FROM:

James R. Gilchrist, CPP

Director, Recreation and Parks

SUBJECT:

Outfield Fencing at McDonough Park

Eagle Scout candidate Robert Sokerka has proposed installing outfield fencing near the scoreboard on the 90 ft. field at Jimmy McDonough Park. This new fencing will prevent spectator entrance onto the ballfield, block the scoreboard to prevent player injury, and increase the safety of those attending games (see attached). This idea was reviewed and approved by all members at last night's Recreation and Parks Advisory Committee Meeting.

Please add this to the next Town Board meeting agenda and contact me with any questions.

/sms

Attachment

