### **MS4 Annual Report Cover Page**

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

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

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#### **Choose one:**

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

Fill in SPDES ID in upper right hand corner.

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#### **OR**

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

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

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#### **OR**

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

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

Nai	ne c	of Co	oali	tion													

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# MS4 Annual Report Cover Page

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

Provide SPDES ID of each permitted MS4 included in this report.

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

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Each MS4 must submit an MCC form.

### **Section 1 - MCC Identification Page**

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

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

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

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

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#### **Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

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

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For each contact, select all that apply:

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

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

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Name of MS4 Town of Carmel		NY	R 2	2 0	A 2	9 4
Section 3 - Partner Information						
Did your MS4 work with partners/coalition to complete some or all per	nit requii	rements	s duri	ng th	is rep	orting
period?	1				Yes	O N
If Yes, complete information below.						
Submit a separate sheet for each partner. Information provided						
accepted. If your MS4 cooperated with a coalition, submit one coalition. It is not necessary to include a separate sheet for each					he	
If No, proceed to Section 4 - Certification Statement.	11 11157 11	i the co	Janu	OII.		
Partner/CoalitionName						
	h e d	С	0 1	r p		
Partner/Coalition Name (con't.)		SPDES			- If ar	nlicabl
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Address						
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Phone Legally	Binding A	Agreem	ent in	accor	dance	
	GP-08-002	_			Yes	$\bigcirc$ No
What tasks/responsibilities are shared with this partner (e.g. MM1	School	Progra	ms o	or Mu	ıltiple	Task
O MM1						
O IVIIVI I						
○ MM2						
O MM3						
○ MM4						
MM5 installation of re	tro	fi	t	s		
O MM6						
Additional tasks/responsibilities						
<ul> <li>Watershed Improvement Strategy Best Management Practice</li> </ul>	s require	d for N	MS4s	s in ir	npair	ed
watersheds included in GP-0-08-002 Part IX.						
Development / implementation of retrofit program.						

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

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Name of MS4	Town of Carmel	N	Y	R	2	0	A	2	9	4

#### **Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name	MI	Last Name
K e n n e t h		S c h m i t t
Title (Clearly print title of individual signing report)		
Town Supervisor		
Signature		
Kenneth Digitally signed by Schmitt	/ Kenr	neth
Schmitt Date: 2021.05.26	12:01	:00 Date / / / / / / / / / / / / / / / / / / /

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

#### **Submit Form**

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

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

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

	SPDES ID
Name of MS4/Coalition Town of Carmel	N Y R 2 0 A 2 9 4
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul>	
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach de	uring this reporting period:
<ul><li>Construction Sites</li></ul>	O Pesticide and Fertilizer Application
● General Stormwater Management Information	Pet Waste Management
O Household Hazardous Waste Disposal	○ Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	● Trash Management
○ Smart Growth	• Vehicle Washing
O Storm Drain Marking	<ul><li>Water Conservation</li></ul>
O Green Infrastructure/Better Site Design/Low Impact Development	<ul><li>Wetland Protection</li></ul>
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period:	
<ul><li>Public Employees</li><li>Contractors</li></ul>	
<ul><li>Residential</li><li>Developers</li></ul>	
O Businesses • General Public	
○ Restaurants ○ Industries	
Other: OAgricultural	
Other	

This report is being submitted for the reporting period ending March 9, 2 0 2 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name	of M	ms4/Coalition Town of Carmel  at strategies did your ms4/Coalition use to achieve edu reporting period? Check all that apply: ruction Site Operators Trained t Mailings as or Other Displays Serves																	N	Y	R	2	0	A	2	9	4				
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition Town of Carmel	N Y R 2 0 A 2 9 4
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
Increase awareness of stormwater related issues through distribuinformation.	tion of pamphlets. Updated website
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
Printed materials were distributed to the general public this year.	
C. How many times was this observation measured or evalua	ted in this reporting period?
D. Has your MS4 made progress toward this Measurable Go	ex.: samples/participants/events al during this renorting neriod?
20 1140 your 1120 t made progress to war a time in toward 200	• Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in t	the SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation scho	9
Continue to make pamphlets available in Town Hall. Continue t website	o update information on the Town

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

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SPDES ID

Name of MS4/Coalition Town of Carmel															
Minimum Control Measure 2.															
The information in this section is being reported (check	c one):														
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this re-</li> </ul>	eport?														
1. What opportunities were provided for public development, evaluation and improvement o (SWMP) Plan during this reporting period?	f the Storm	ıwat	er N	lan	nag				-	ram	1				
<ul><li>Cleanup Events</li></ul>						# E	ven	its					1		
O Comments on SWMP Received	, _														
O Community Hotlines	Phone #	(			)[				_						
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O Community Meetings					# /	Atte	nde	es							
○ Plantings						S	Sq. F	₹t.							
O Storm Drain Markings						# D	raiı	ns							
O Stakeholder Meetings					# /	Atte	nde	es							
O Volunteer Monitoring						# E	ven	ts							
Other:															
2. Was public notice of availability of this annu Program (SWMP) Plan provided?	ıal report a	nd S	tori	nw	ate	er N	<b>A</b> aı	nag		ent Ye		0]	No		
○ List-Serve	Phone # ( Phone * ( Phone														
O Newspaper Advertising					# I	Day	s Rı	ın							
○ TV/Radio Notices					# I	Day	s Rı	ın							
Other:															

• Web Page URL: Enter URL(s) on the following two pages.

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

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

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Name of MS4/Coalition Town of Carmel

### **MS4 Annual Report Form**

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	MS4/Coalition Office       ● Annual Report       ● SWMP Plan       ● Comments         Department       Townoff CarmellEngine       Engineering       Dept         Townoff CarmellEngine       Engineering       Dept         Address       60 M c A 1 p i n A v e n u e       Zip         Mahopac       NY 10541 -         Phone       Address         City       OAnnual Report       SWMP Plan         Comments																														
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

	<u>S</u>	SPD	ES ID						
Name of MS4/Coalition Town of Carmel	]	N	YR	2	0	А	2	9	4
4.a. If this report was made available on the internet, what date v	vas it	po	sted?						
Leave blank if this report was not posted on the internet.	5	/	2	0	2	1			
4.b. For how many days was/will this report be posted?								4	5
If submitting a report for single MS4, answer 5.a If submitting	a joint	t re	eport,	ans	we	r 5.	b		
<b>5.a. Was an Annual Report public meeting held in this reporting</b> If Yes, what was the date of the meeting?	)   	Ye	es	•	No				
If No, is one planned?					C	Ye	es	•	No
5.b. Was an Annual Report public meeting held for all MS4s con	tribut	ting	g to t	his	rep	ort	t du	ırir	ıg
this reporting period?					C	Ye	es		No
If No, is one planned for each?					C	Ye	es		No
6. Were comments received during this reporting period?  If You attach comments responses and changes made to					C	Ye	es	•	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,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

Name of MS4/Coalition Town of Carmel  SPDES ID  N Y R 2 0 A 2 9 4
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.
Monitor number of comments received on SWMPP and Annual Report.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
No comments were received on the SWMPP or Annual Report this year.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/events)  D. Has your MS4 made progress toward this measurable goal during this reporting period?
● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
● Yes ○ No  F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during
the next reporting cycle (including an implementation schedule).
Continue to post the annual report on the Town's website to offer the public a many opportunities as possible to offer input and comments.

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

Name of MS4/Coalition Town of Carmel	N Y R 2 0 A 2 9 4													
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination													
The information in this section is being reported (	check one):													
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to the</li> </ul>	nis report?													
1. Enter the number and approx. percent of	of outfalls mapped: 4 0 0 # 1 0 0 %													
2. How many of these outfalls have been so reporting period (outfall reconnaissance	ereened for dry weather discharges during this inventory)?													
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this													
O Auto Recyclers	O Landscaping (Irrigation)													
O Building Maintenance	O Marinas													
○ Churches	O Metal Plateing Operations													
O Commercial Carwashes	Outdoor Fluid Storage													
O Commercial Laundry/Dry Cleaners	<ul><li>Parking Lot Maintenance</li></ul>													
<ul> <li>Construction Vehicle Washouts</li> </ul>	○ Printing													
O Cross-Connections	O Residential Carwashing													
O Distribution Centers	○ Restaurants													
O Food Processing Facilities	O Schools and Universities													
○ Garbage Truck Washouts	O Septic Maintenance													
○ Hospitals	O Swimming Pools													
O Improper RV Waste Disposal	O Vehicle Fueling													
O Industrial Process Water	O Vehicle Maint./Repair Shops													
• Other:	○ None													
[C   o   n   s   t   r   u   c   t   i   o   n	S   i   t   e   s     a   n   d     s   e   p   t   i   c													
O Sewersheds:														

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

	SPDES ID
Name of MS4/Coalition Town of Carmel	N Y R 2 0 A 2 9 4
3.b. What types of illicit discharges hav	ve been found during this reporting period?
O Broken Lines From Sanitary Sewer	O Industrial Connections
O Cross Connections	○ Inflow/Infiltration
• Failing Septic Systems	O Pump Station Failure
O Floor Drains Connected To Storm Sewers	Sanitary Sewer Overflows
O Illegal Dumping	O Straight Pipe Sewer Discharges
Other:	○ None
4. How many illicit discharges/potenti	ial illegal connections have been detected during this
reporting period?	
/ TT 11 1 1 1 1	
5. How many illicit discharges have be	een confirmed during this reporting period?
6. How many illicit discharges/illegal operiod?	connections have been eliminated during this reporting
7. Has the storm sewershed mapping If No, approximately what percent was	been completed in this reporting period? ○ Yes • No as completed in this reporting period? ○ 10 %
8. Is the above information available i	in GIS? ○ Yes • No
<b>Is this information available on the</b> If Yes, provide URL(s):	e web? ○ Yes • No
-	ge where map(s) can be accessed - not home page.
URL	

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

	(s) con	't.:																								
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

		SPDES ID
Name of MS4/Coalition T	own of Carmel	N Y R 2 0 A 2 9 4
12. Evaluating Progre	ress Toward Measurable Goals MCM 3	
	t on your progress and project plans toward mwater Management Program Plan (SWMI onal pages as needed.	
A. Briefly summarize	te the Measurable Goal identified in the S	SWMPP in this reporting period.
The Town shall perfordischarges.	orm annual dry weather screening of outfalls	s to identify potential illicit
B. Briefly summarize Goal.	ze the observations that indicated the over	rall effectiveness of this Measurable
Three (3) potential illifixed. Two (2) remain	icit discharges were detected . One (1) illici n under investigation.	it discharge was investigated and
·	was this observation measured or evaluat	(ex.: samples/participants/events
D. Has your MS4 ma	ade progress toward this measurable goal	l during this reporting period? ● Yes ○ No
E. Is your MS4 on so	chedule to meet the deadline set forth in t	the SWMPP?  • Yes • No
•	te the stormwater activities planned to me g cycle (including an implementation sche	eet the goals of this MCM during
Continue dry weather	outfall screening to identify potential illicit	t discharges.

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

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

N V D 2 O A 2 O A

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Name of MS4/Coalition Town of Carmel		N Y	R 2	0 A	2	9 4
Minimum Control Measures Construction Site and Post-Constru		•	οl			
Construction Site and 1 ost-Constr	uction C	UIILI	<u>01</u>			
The information in this section is being reported (check one):						
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>						
1a. Has each MS4 contributing to this report adopted a law, of mechanism that provides equivalent protection to the NYS Stormwater Discharges from Construction Activities?				_	for	○ No
1b. Has each Town, City and/or Village contributing to this re equivalent to a NYSDEC Sample Local Law for Stormwa	ter Mana	geme	nt and	d Eros	ion	and
Sediment Control through either an attorney cerfification Analysis Workbook?	or using			$\circ$ N	Τ	$\circ$ NT

reviewed in this reporting period? 1 9 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been

2. Does your MS4/Coalition have a SWPPP review procedure in place?

- comments related to construction SWPPPs? Yes  $\bigcirc$  No  $\circ$  NT 0 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

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

Notices of Violation	#		4	○ NI - A41
• Notices of violation	#		4	<ul><li>No Authority</li></ul>
<ul><li>Stop Work Orders</li></ul>	#		4	O No Authority
O Criminal Actions	#		0	O No Authority
O Termination of Contracts	#		0	O No Authority
O Administrative Fines	#		0	O No Authority
O Civil Penalties	#		0	O No Authority
O Administrative Orders	#		0	O No Authority
O Enforcement Actions or Sanctions	#			
Other	#			O No Authority

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

Naı	me of MS4/Coalition Town of Carmel N Y R 2 0 A 2 9 4
	Minimum Control Measure 4. Construction Site Stormwater Runoff Control
Th	e information in this section is being reported (check one):
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?
1.	How many construction projects have been authorized for 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? $\begin{array}{ c c c c c c c c c c c c c c c c c c c$
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?  ONT  1 0 0 %
5.	Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  • Yes O No O NT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  ● Yes ○ No ○ NT
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  O Yes O 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,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID
Name of MS4/Coalition Town of Carmel N Y R 2 0 A 2 9 4
7. Evaluating Progress Toward Measurable Goals MCM 4
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
Review SWPPP's through planning process to ensure compliance with the General Permit NYS Stormwater Management Design Manual, and NYS Standards and Specifications for Erosion & Sediment Control.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
100% of SWPPP's requiring coverage under the General Permit were reviewed for conformance with the General Permit requirements, NYS Stormwater Management Design Manual and NYS Standards and Specifications for Erosion & Sediment Control. Comments were issued for deficient SWPPP's.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/events  D. Has your MS4 made progress toward this measurable goal during this reporting period?  • Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  • Yes • No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
Continue to review SWPPP's in accordance with the General Permit requirements, the NYS Stormwater Management Design Manual, and NYS Standards and Specifications for Erosion & Sediment Control.

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

				SPDES ID	
Name of MS4/Coalition	Town of Carme	1		N Y R	2 0 A 2 9 4
Minimum	Control Meas	ure 5. Post-	Constructio	n Stormwater M	anagement
The information in th	is section is being	reported (check	c one):		
<ul><li>On behalf of an inc</li><li>On behalf of a coa</li><li>How m</li></ul>		buted to this re	eport?		
1. How many and	•	-construction s	tormwater mai	onagement practices be porting period?	as your
	1	# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	es				
O Filter Systems					
○ Infiltration Basins					
Open Channels					
Ponds		6 5	6 5	0	
○ Wetlands					
Other					
BMPs, inspecti	ons and maintai	nance?		eet) to track post-c	○ Yes • No
• •	non-structural p Better Site Desig			implement Low Im aciples?	pact
O Building Codes	<ul><li>Municipal Cor</li></ul>	mprehensive Pla	ans		
Overlay Districts	Open Space Pr	reservation Prog	gram		
<ul><li>Zoning</li></ul>	O Local Law or	Ordinance			
○ None	● Land Use Reg	gulation/Zoning			
<ul><li>Watershed Plans</li></ul>	Other Compre	hensive Plan			
Other:					

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

		SPI	7E2 II	)				
Name of MS4/Coalition Town of Carmel		N	YF	2	0 2	A 2	9	4
4a. Are the MS4s contributing to this report involved in a region	nal/watershe	ed v	vide p	lanı	_			) No
4b. Does the MS4 have a banking and credit system for stormw	ater manage	me	nt pra	ectic				
					0	Yes		No
4c. Do the SWMP Plans for each MS4 contributing to this report and approval of banking and credit of alternative siting of a								
and approval of Danking and Credit of afternative siting of a	stormwater	1111	ınage	шеп	-			No
4d. How many stormwater management practices have been im reporting period?	plemented a	ıs p	art of	this	s syst	em i	n th	is
					L			
5. What percent of municipal officials/MS4 staff responsible for training on Low Impace Development (LID), Better Site Des		-				tteno	led	
Infrastructure principles in this reporting period?	igii (DSD) a	nu	other	JIC			0	%

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

	SPDES ID
Name of MS4/Coalition Town of Carmel	N Y R 2 0 A 2 9 4
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Inventory and inspect post-construction stormwater management boundaries.	practices within municipal
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
65 post-construction stormwater management practices were inveaccordance with the NYS Stormwater Management Design Manu	<u> </u>
C. How many times was this observation measured or evaluate	ted in this reporting period?  6 5  (ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goal	l during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	he SWMPP?  ● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	
Continue to inventory and inspect post-construction stormwater r municipal boundaries.	management practices within

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

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

		SPDES ID									
Name of MS4/Coalition Town of	Carmel		N	Y	R	2	0	А	2	9	4

#### Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>	
How many MS4s contributed to this report?	

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

Self-Assessment
Operation/Activity/Facility
performed within the past 3
years?

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

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

	SPDES ID						
Name of MS4/Coalition Town of Carmel	N Y R 2	0 A	2 9	9 4			
2. Provide the following information about municipal operat	ions good housekeep	oing pr	ogra	ıms:			
• Parking Lots Swept (Number of acres X Number of times swep	t) # Acres			8			
• Streets Swept (Number of miles X Number of times swept)	# Miles		1	7 0			
• Catch Basins Inspected and Cleaned Where Necessary	#	1	0 (	0 0			
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#		-	1 3			
O Phosphorus Applied In Chemical Fertilizer	# Lbs.			0			
O Nitrogen Applied In Chemical Fertilizer	# Lbs.			0			
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	# Acres Uumber of		0	0			
3. How many stormwater management trainings have been put during this reporting period?	provided to municipa	al emp	loye	<b>es</b> 0			
4. What was the date of the last training?	1 1 / 2 0	/ 2	0 (	8 0			
5. How many municipal employees have been trained in this	reporting period?			1			
6. What percent of municipal employees in relevant positions and departments receive stormwater management training?							

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

Name of MS4/Coalition Town of Carmel  SPDES ID  N Y R 2 0 A 2 9 4
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.
Annually inspect and maintain approximately 25% of the stormwater collection system and drainage structures.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
This 1,000 of the Town's drainage structures were inspected, cleaned, and maintained as necessary.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/e  D. Has your MS4 made progress toward this measurable goal during this reporting period?
● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  • Yes • No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
Continue to annually inspect and maintain the stormwater collection system and drainage structures.

Non-Traditional

Non-Traditional

Traditional Land Use

Traditional Non-Land Use

Oscawana Lake Watershed

LI 27 Embayments

### **MS4 Annual Report Form**

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

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

N Y R 2 0 A 2 9 4

Pathogens and Nitrogen

Phosphorus

Phosphorus

Phosphorus

ame of MS4/Coalition Town		N Y R 2 0 A 2 5	
Additional Wat	ershed Improvemer	nt Strategy Best Ma	nagement Practices
he information in this section	on is being reported (chec	k one):	
·	S4s contributed to this re		
MS4 Description	Answer	Check NA	e below.
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen

	Traditional Land Use 1,2,3,4,7a-d,9,10,11,12 5,6,8a,8b				Pathogens				
	Гraditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens					
_1	Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens					
1.	Does your MS4/Coalitio		2 0	-					
	phosphorus/nitrogen/pa	ithogens on waterboo	dies?	$\bigcirc$ Yes	No	$\bigcirc$ N/A			
2.	Has 100% of the MS4/0 If N/A, go to question 3.	Coalition conveyance	system been mapped in	o GIS? ○ Yes	• No	○ N/A			
	If No, estimate what perc	entage of the conveya	nce system has been map	pped so far.	-	9 5 %			
	Estimate what percentage	was mapped in this r	eporting period.			0 %			

2,3,4,5,8b,10,11,12

2,3,5,8b,10,11,12

2,3,5,8b,10,11,12

2,3,5,8b,10,11,12

1,4,7a-d,8a,9

1,4,6,7a-d,8a,9

1,4,6,7a-d,8a,9

1,4,6,7a-d,8a,9

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

		SPDE	S ID		
Naı	me of MS4/Coalition Town of Carmel	NY	R 2	0 A 2	2 9 4
	Does your MS4/Coalition have a Stormwater Conveyance S and Maintenance Plan Program?		• Yes	○ No	O N/A
4.	Estimate the percentage of on-site wastewater treatment sy and maintained or rehabilitated as necessary in this report		ve beei	1 inspec	0 %
5.	Has your MS4/Coalition developed a program that provide NYSDEC SPDES General Permit for Stormwater Discharg (GP-0-08-001) to reduce pollutants in stormwater runoff fr disturb five thousand square feet or more?	ges from Cons om construct	structio	on Activ	ities
6.	Has your MS4/Coalition developed a program to address prunoff from new development and redevelopment projects equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Active New York State Stormwater Design Manual Enhanced Standards?	that disturb § NYS DEC Sivities (GP-0-0 Phosphorus i	greater PDES ( 8-001),	than or General , includi	•
7a.	Does your MS4/Coalition have a retrofitting program to re phosphorus/nitrogen/pathogen loading?		or • Yes	○ No	O N/A
7b.	How many projects have been sited in this reporting period	1?			1
7c.	What percent of the projects included in 7b have been com	pleted in this	report	ing peri	od?
7d.	What percent of projects planned in previous years have be	een completed	1?	1 (	0 0 %
			○ No	Projects	Planned
8a.	Has your MS4/Coalition developed and implemented a turf procedures policy that addresses proper fertilizer applicatilands?	on on munici		wned	○ N/A
8b	Has your MS4/Coalition developed and implemented a turi procedures policy that addresses proper disposal of grass c	lippings and	leaves f	from	
	municipally owned lands?	(	Yes	$\bigcirc$ No	$\bigcirc$ N/A

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

Name of MS4/Coalition Town of Carmel	N Y R 2	0 A 2	2 9 4
9. Has your MS4/Coalition developed and implemented a program of		0	○ N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste prohibiting goose feeding?	on municipa	l prope	
11. Does your MS4/Coalition have a pet waste bag program?	○ Yes	○ No	• N/A
12. Does your MS4/Coalition have a program to manage goose populations?	○ Yes	○ No	• N/A