3258632975

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2016

SPDES ID: NYR20A329

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

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4: TOWN OF CLARKSTOWN

OR

○ **This report is being submitted on behalf of a Single Entity**

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

Name of Single Entity:

OR

○ **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.

Name of Coalition:

SPDES ID: NYR20A

SPDES ID: NYR20A

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MS4 Annual Report Cover Page

MCC form for period ending March 9, 2016

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

SPDES ID: N Y R 2 0 A _ _ _	SPDES ID: N Y R 2 0 A _ _ _	SPDES ID: N Y R 2 0 A _ _ _
SPDES ID: N Y R 2 0 A _ _ _	SPDES ID: N Y R 2 0 A _ _ _	SPDES ID: N Y R 2 0 A _ _ _
SPDES ID: N Y R 2 0 A _ _ _	SPDES ID: N Y R 2 0 A _ _ _	SPDES ID: N Y R 2 0 A _ _ _
SPDES ID: N Y R 2 0 A _ _ _	SPDES ID: N Y R 2 0 A _ _ _	SPDES ID: N Y R 2 0 A _ _ _
SPDES ID: N Y R 2 0 A _ _ _	SPDES ID: N Y R 2 0 A _ _ _	SPDES ID: N Y R 2 0 A _ _ _
SPDES ID: N Y R 2 0 A _ _ _	SPDES ID: N Y R 2 0 A _ _ _	SPDES ID: N Y R 2 0 A _ _ _
SPDES ID: N Y R 2 0 A _ _ _	SPDES ID: N Y R 2 0 A _ _ _	SPDES ID: N Y R 2 0 A _ _ _
SPDES ID: N Y R 2 0 A _ _ _	SPDES ID: N Y R 2 0 A _ _ _	SPDES ID: N Y R 2 0 A _ _ _
SPDES ID: N Y R 2 0 A _ _ _	SPDES ID: N Y R 2 0 A _ _ _	SPDES ID: N Y R 2 0 A _ _ _
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3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: GEORGE | MI: | Last Name: HOEHMANN

Title: Supervisor

Address: 10 Maple Avenue

City: New City | State: NY | Zip: 10956 -

eMail: g.hoehmann@clarkstown.org

Phone: (845) 639-2050 | County: Rockland

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

First Name: Kurian | MI: L | Last Name: Kalarickal

Title: Director, Dept of Envir Control

Address: 10 Maple Avenue

City: New City | State: NY | Zip: 10956 -

eMail: l.kalarickal@clarkstown.org

Phone: (845) 639-2111 | County: Rockland

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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

○ Duly Authorized Representative

○ Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Dennis | MI: M | Last Name: Letson

Title: 1st Dep Dir, Dept of Env. Control

Address: 10 Maple Avenue

City: New City | State: NY | Zip: 10956 -

eMail: d.letson@clarkstown.org

Phone: (845) 639-2111

County: Rockland

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Cornell Cooperative Extension

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable:

Address: 10 Patriot Hills Drive

City: Stony Point

State: NY

Zip: 10980 -

eMail: aep8@cornell.edu

Phone: (845) 429 - 7085

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ● Yes ○ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- ● MM1 Public Education
- ● MM2 Public Involvement
- ○ MM3
- ○ MM4
- ○ MM5
- ● MM6 Employee Training

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ○ Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Stormwater Consortium of Rockland

Partner/Coalition Name (con't.): County c/o CCE

SPDES Partner ID - If applicable: NYR20

Address: 10 Patriot Hills Drive

City: Stony Point

State: NY

Zip: 10980 -

eMail: aep8@cornell.edu

Phone: (845) 429 - 7085

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ○ Yes ○ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- ● MM1 Program Development
- ○ MM2
- ● MM3 Ordinance Development
- ● MM4 Ordinance Development
- ○ MM5
- ● MM6 Coord. of Programs, Training

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ○ Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Rockland County Soil and Water

Partner/Coalition Name (con't.): Conservation District

SPDES Partner ID - If applicable:

Address: 50 Sanitorium Road - Bldg P

City: Pomona State: NY Zip: 10970 -

eMail: env@co.rockland.ny.us

Phone: ( ) -

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ○ Yes ○ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- ● MM1 Public Education
- ● MM2 Public Involvement
- ○ MM3
- ○ MM4
- ○ MM5
- ● MM6 Employee Training

Additional tasks/responsibilities

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

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

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: George

MI:

Last Name: Hoehmann

Title (Clearly print title of individual signing report): Supervisor

Signature:

Date: 06 / 10 / 2016

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

1100364151

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

Water Quality Trends

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s are contributed to this report? ___

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. None During this Reporting Period ○ Yes ● No

If Yes, choose one of the following

○ Report(s) attached to the annual report

● Web Page(s) where report(s) is/are provided below

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

URL

URL

URL

URL

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

Minimum Control Measure 1. Public Education and Outreach

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ● Construction Sites
- ● General Stormwater Management Information
- ● Household Hazardous Waste Disposal
- ○ Illicit Discharge Detection and Elimination
- ○ Infrastructure Maintenance
- ○ Smart Growth
- ○ Storm Drain Marking
- ● Green Infrastructure/Better Site Design/Low Impact Development
- ○ Other:

Other

- ● Pesticide and Fertilizer Application
- ○ Pet Waste Management
- ● Recycling
- ○ Riparian Corridor Protection/Restoration
- ○ Trash Management
- ○ Vehicle Washing
- ● Water Conservation
- ○ Wetland Protection
- ○ None

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ● Businesses
- ○ Restaurants
- ● Other:

Other: Planning & Zoning Boards

- ● Contractors
- ● Developers
- ● General Public
- ○ Industries
- ○ Agricultural

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

● Construction Site Operators Trained	# Trained
● Direct Mailings	# Mailings: 2
○ Kiosks or Other Displays	# Locations
○ List-Serves	# In List
○ Mailing List	# In List
○ Newspaper Ads or Articles	# Days Run
○ Public Events/Presentations	# Attendees
○ School Program	# Attendees
○ TV Spot/Program	# Days Run
● Printed Materials:	Total # Distributed: 50

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

Town DEC Office

○ Other:

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

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

3. Web Page con't.: Provide specific web addresses - not home page.

URL

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URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Number of targeted group individuals trained, Continue outreach programs w/ Cornell Cooperative Extension, Stormwater Consortium and RC Soil & Water Conservation District

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

CCE Seminar - "Fertilizer Law Seminar", 10 occurrences - 19 attendees based in Clarkstown
RCSWCD Seminar - NYSDEC 4-Hr Contractor Training - attendees not broken out by MS4
Mailing of Household Hazardous Waste and Green Waste Information Brochures

Continued Next Page

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

10

(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 identified groups training.
Continue school group involvements

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

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

CCE - 10 Radio Show Broadcast w/ Public Call-In and Discussion on Stormwater & Related Topics
CCE - 9 Public Service Announcements Revised and Distributed to Local Media Outlets on Various Topics

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).

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

Minimum Control Measure 2. Public Involvement/Participation

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

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report?

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

● Cleanup Events — # Events: 13

● Comments on SWMP Received — # Comments: 0

● Community Hotlines

Phone # (845) 639-2111

Phone # ( ) -

Phone # ( ) -

Phone # ( ) -

Phone # ( ) -

Phone # ( ) -

Phone # ( ) -

Phone # ( ) -

Phone # ( ) -

○ Community Meetings — # Attendees

○ Plantings — Sq. Ft.

● Storm Drain Markings — # Drains: 642

○ Stakeholder Meetings — # Attendees

○ Volunteer Monitoring — # Events

● Other: Adopt-a-Spot, Adopt-a-Road

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

○ List-Serve — # In List

○ Newspaper Advertising — # Days Run

○ TV/Radio Notices — # Days Run

● Other: Town Board Agenda

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

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

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

2. URL(s) con't.:
Please provide specific address(es) where notices can be accessed - not home page.

URL

URL

URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

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 ● Annual Report ● SWMP Plan ● Comments

Department: Dept of Environmental Control

Address: 10 Maple Ave

City: New City NY Zip: 10956 -

Phone: (845) 639-2111

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

○ Other ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Web Page URL: ● Annual Report ● SWMP Plan ○ Comments

http://www.clarkstown.org/html/environmental_stormwater.html

Please provide specific address of page where report can be accessed - not home page.

○ eMail ○ Comments

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

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. 06 / 10 / 2016

4.b. For how many days was/will this report be posted? 365

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

5.a. Was an Annual Report public meeting held in this reporting period? ○ Yes ● No

If Yes, what was the date of the meeting? 06 / 21 / 2016

If No, is one planned? ● Yes ○ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? ● Yes ○ No

If No, is one planned for each? ○ Yes ● No

6. Were comments received during this reporting period? ○ Yes ● No
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Continue participation in Great American Clean-up, Adopt-a-Road and Adopt-a-Spot programs.

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

Great American Clean-up, 1550 volunteer participants, 1148 bags of trash, 398 bags of recyclables and debris including mattresses, lumber, car parts, tires (48) removed.
Adopt-a-Road Program, 33 adopted locations, appox. 230 roadway clean-ups
Adopt-a-Spot Program, 9 locations

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 existing activities.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

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: 895 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 48

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ○ Auto Recyclers
- ○ Building Maintenance
- ○ Churches
- ○ Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ○ Construction Vehicle Washouts
- ○ Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ○ Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ○ Restaurants
- ○ Schools and Universities
- ○ Septic Maintenance
- ○ Swimming Pools
- ○ Vehicle Fueling
- ○ Vehicle Maint./Repair Shops
- ○ None
- ○ Other: ___
- ○ Sewersheds: ___

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

3.b. What types of illicit discharges have been found during this reporting period?

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ● None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

7. **Has the storm sewershed mapping been completed in this reporting period?** ○ Yes ● No
   If No, approximately what percent was completed in this reporting period? 10 %

8. **Is the above information available in GIS?** ○ Yes ● 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

MS4 Annual Report Form

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Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ● Yes ○ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

100 %

MS4 Annual Report Form

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Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Outfall reconnaissance to continue

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

48 Outfalls (5%) inspected

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

1

(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 previous activities

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

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 ○ 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 cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ○ 03/2006 ○ NT

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

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 12

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

If Yes, how many public comments were received during this reporting period? 0

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:

● Notices of Violation	#	4	○ No Authority
● Stop Work Orders	#	2	○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

MS4 Annual Report Form

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

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?** 39

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 18

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
100 %

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

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

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

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

7482169883

MS4 Annual Report Form

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Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Dept of Environmental Control

Address: 10 Maple Ave

City: New City NY Zip: 10956-

Phone: (845) 639-2111

○ Library

Address:

City: Zip: -

Phone: ( ) -

○ Other

Address:

City: Zip: -

Phone: ( ) -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL:

URL:

MS4 Annual Report Form

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Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

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.

Additional training of inspection personnel.

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

Fewer public complaints regarding erosion and sediment deposition

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

1

(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 SWPPP reviews per GP, SWMDM and Town Ordinance
Continue Erosion and Sediment Control Inspections and Enforcement
Continue to notify contractors and developers of training course opportunities

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

Minimum Control Measure 5. Post-Construction Stormwater Management

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 and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices			
○ Filter Systems			
○ Infiltration Basins			
○ Open Channels			
○ Ponds			
○ Wetlands			
○ Other			

None yet dedicated to Town ownership
Private maintained by owners under maintenance agreements.

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ Yes ● No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

○ Building Codes	● Municipal Comprehensive Plans
○ Overlay Districts	● Open Space Preservation Program
● Zoning	● Local Law or Ordinance
○ None	● Land Use Regulation/Zoning
○ Watershed Plans	○ Other Comprehensive Plan

○ Other:

MS4 Annual Report Form

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

○ Yes ● No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

1

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

100 %

MS4 Annual Report Form

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Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

Educate board members on the requirements of GP
Enacted Zoning Code limitations on principal building and total development impervious coverage in residential zoning districts.

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?

0

(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 Education efforts
Inventory and create database of stormwater management structures
Continue Implementation of Stormwater Maintenance Agreements for Treatment/Management Measures
Review commercial zoning districts for potential impervious coverage limitations

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? ___

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

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

6445134838

MS4 Annual Report Form

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Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

2. Provide the following information about municipal operations good housekeeping programs:

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
● Streets Swept (Number of miles X Number of times swept)	# Miles	118
● Catch Basins Inspected and Cleaned Where Necessary	#	469
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	2
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
● Nitrogen Applied In Chemical Fertilizer	# Lbs.	1370
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 6

4. What was the date of the last training? 02 / 03 / 2016

5. How many municipal employees have been trained in this reporting period? 104

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 80 %

MS4 Annual Report Form

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

Name of MS4/Coalition: TOWN OF CLARKSTOWN

SPDES ID: NYR20A329

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.

Maintain Good Housekeeping Practices
Continue Employee Training

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

104 Employees Trained
All waste oil recycled, all waste anti-freeze recycled, all used oil filters recycled
74473 cy leaves and 2731 tons brush picked up for recycling
80 public trash cans maintained, 74 Litter Removals
740 tons of street sweepings collected and disposed

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

1

(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).

Formalize policies and procedures of all affected departments or units in written form.
Work with departments/units as necessary to improve procedures or recordkeeping.
Create Facility Stormwater Management Plans for All Town Facilities and, where applicable, Operations.