# MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 8

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

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#### **Choose one:**

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

# 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

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# OR

# $\bigcirc$ 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

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# MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 8

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

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# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

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Name of MS4 Town of New Paltz		N	Y	R	2	0	A	5	5	3

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:

# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4 Town of New Paltz

SPDES ID N Y R 2 0 A

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## 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
- O Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

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# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4 Town of New Paltz

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# 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).
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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

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# MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4 Town of New Paltz

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# Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one 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.

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

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	MCC form for period ending March 9	, 2	0 1	8							
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# 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	
Neill	B e t t e z	
Title (Clearly print title of individual signing report)		
T o w n S u p e r v i s o r		
Signature	Date	

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9,	2	0	1	8	
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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 New Paltz

# Water Quality Trends

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

- On behalf of an individual MS4
- $\bigcirc$  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.  $\odot$  Yes

If Yes, choose one of the following

- Report(s) attached to the annual report
- $\bigcirc$  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.

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# This report is being submitted for the reporting period ending March 9, 2 0 1 8

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 New Paltz

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# Minimum Control Measure 1. Public Education and Outreach

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

- On behalf of an individual MS4
- $\bigcirc$  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:

<ul> <li>Construction Sites</li> </ul>		$\bigcirc$ Pesticide and Fertilizer Application
• General Stormwater	Management Information	$\bigcirc$ Pet Waste Management
• Household Hazardou	ıs Waste Disposal	• Recycling
• Illicit Discharge Det	ection and Elimination	O Riparian Corridor Protection/Restoration
○ Infrastructure Maint	enance	Trash Management
$\bigcirc$ Smart Growth		$\bigcirc$ Vehicle Washing
○ Storm Drain Marking	g	$\bigcirc$ Water Conservation
○ Green Infrastructure/	/Better Site Design/Low Impact Development	• Wetland Protection
O Other:		O None
2. Specific audience	es targeted during this reporting period:	
• Public Employees	• Contractors	
○ Residential	• Developers	
○ Businesses	• General Public	
• Restaurants	$\bigcirc$ Industries	
• Other:	○ Agricultural	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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 New Paltz

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

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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 New Paltz

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#### This report is being submitted for the reporting period ending March 9, 2 0 1 8

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 New Paltz

#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The Town continues to promote local events and makes SWMP information available on its website and social media sites (Town and Transfer Station Recycling/Reuse facebook pages)

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

The Town promoted events, such as the annual Clean Sweep and the UCRRA Household Hazardous Waste, on its website and facebook pages. Relevant MS4 documentation is made available on the Town's website. The kiosk at the Town's Reuse and Recycling Center provides pamphlets promoting proper waste disposal and management and promoting annual UCRRA HHW disposal. The Town posts a newspaper ad promoting the proper disposal of medications at sites within the Town.

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

(ex.: samples/participants/events)

1

 $\bigcirc$  No

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

• Yes  $\bigcirc$  No

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

# F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will pass both local laws at a public hearing, which are currently in Planning Board review. The Environmental Conservation Board added an emphasis on Green Infrastructure to the laws. As a newly designated MS4, the Town will develop their MCM 1 program as part of their Stormwater Management Program Plan by the due date in December.

#### This report is being submitted for the reporting period ending March 9, $2 \mid 0$ 1 8

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

Town of New Paltz Name of MS4/Coalition

#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The Town looks for opportunities to promote/offer public speakers, such as by Town Officials and volunteer committee members, to present relevant stormwater pollution prevention topics to the community.

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

The Town Supervisor presented "Nutrients in the Wallkill" at a Green Infrastructure workshop on 03/28/2017. The Town promotes the annual Wallkill Watershed Alliance workshop held each Spring, including volunteer speakers from the local organization.

#### 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  $\bigcirc$  No

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

The Town will continue to look for opportunities to promote/offer public speakers on stormwater pollution prevention topics to the community. The Town will post links to these opportunities on its website (e.g. Mid-Hudson River Watershed Alliance breakfast speaker series)

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#### This report is being submitted for the reporting period ending March 9, 2 0 1 8

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 New Paltz

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# Minimum Control Measure 2. Public Involvement/Participation

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

• On behalf of an individual MS4

 $\bigcirc$  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					1
• Comments on SWMP Received		# Comments					0
• Community Hotlines	Phone # $\left( \begin{array}{c c} 8 & 4 & 5 \end{array} \right)$	) 2 5 5	] -	0	6	0	4
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• Community Meetings		# Attendees				1	0
○ Plantings		Sq. Ft.					
$\odot$ Storm Drain Markings		#Drains					
$\bigcirc$ Stakeholder Meetings		# Attendees					
○ Volunteer Monitoring		# Events					
• Other: P l a n n i n g B o a r d	Public	H e a	r	i	n	g	s

#### 2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?

Program (SWMP) Plan provided?	$\bigcirc$ Yes	• No
○ List-Serve # In List		
Newspaper Advertising     # Days Run		7
○ TV/Radio Notices # Days Run		
Other:		

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

MCM 2 Page 1 of 6

# This report is being submitted for the reporting period ending March 9, 2 0 1 8

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 New Paltz

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# This report is being submitted for the reporting period ending March 9, 2 0 1 8

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Name of MS4/Coalition Town of New Paltz

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

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 New Paltz

SPDES ID YR 2 0 A 5 5 Ν 3

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 С 1 ۲ Т 0 W n е r k s Ο f f i С е Address 5 2 С 1 d Ρ 5 5 0 t r R 0 В е а r W а е 0 а 0 х , City Zip 2 5 6 1 1 Ν Ρ 1 t Ν Y е W а Ζ Phone 8 5 2 5 5 0 6 4 4 0 • Library • Annual Report ✓ SWMP Plan  $\bigcirc$  Comments 9 i 3 S М t t а n r е е City Zip 2 5 1 6 1 Ρ 1 N Υ Ν e W а t Ζ Phone 8 4 5 2 5 5 5 0 3 0 ○ Annual Report ○ SWMP Plan  $\bigcirc$  Comments ○ Other Address City Zip Phone ○ Web Page URL: Annual Report SWMP Plan  $\bigcirc$  Comments f h t t р : W W W t 0 W n 0 n е W а 1 t Ζ 0 r g t р • • i i 1 b 0 а r d / / m u n С а S е r 0 W n \_ р а g е S р р а 4 S t t S t а t е 0 r m | W а е r У S m \_ m S \_ е Please provide specific address of page where report can be accessed - not home page. ○ eMail  $\bigcirc$  Comments

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

#### If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID NYR 5 2 0 A 5 3 Town of New Paltz 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. 2 0 5 0 8 1 0 1 4.b. For how many days was/will this report be posted? 5 3 6 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? 0 5 1 7 2 0 1 8 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 $\bigcirc$ No 6. Were comments received during this reporting period? $\bigcirc$ Yes • 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, 2 0 1 8

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

SPDES ID

N Y R 2 0 A 5 5 3

Name of MS4/Coalition Town of New Paltz

#### 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.

The Town hosts community clean-up events.

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

A community wide Clean Sweep public participation event was held on April 29, 2017. Volunteers received t-shirts, gloves, snacks and garbage bags to collect litter from around the community. The 2017 event was coordinated by the Community Improvement Committee and promoted/supported by the Town. Approximately 150 participants were involved.

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

(ex.: samples/participants/events)

1

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

• Yes  $\bigcirc$  No

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

• 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).

The Town will continue to request volunteers to organize and participate in the annual clean up event. The next Clean Sweep event is scheduled for April 28th, 2018.

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

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

Town of New Paltz 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.

Development of public involvement/participation opportunities based on the Town's needs, for target audiences and priority water bodies.

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

The Town provides funding to the Wallkill River Watershed Alliance (WRWSA), in the order of \$1,500 for this reporting period, to support its efforts in public involvement/participation. The WRWSA provides opportunities for the public to attend its meetings and events such as monthly boat brigade events during spring/summer to kayak the river and observe stormwater outfalls along the river. The boat brigade reports any potential illicit discharges to the Building Inspector.

#### 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  $\bigcirc$  No

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

• 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).

The Town will continue to support the WRWSA and its public participation events.

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#### This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Town of New Paltz Name of MS4/Coalition

# Minimum Control Measure 3. Illicit Discharge Detect

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

- On behalf of an individual MS4
- $\bigcirc$  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)? 2
- 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	$\bigcirc$ Landscaping (Irrigation)																	
○ Building Maintenance	С	Ma	rina	as														
○ Churches	С	) Met	tal	Pla	teir	ng C	)pe	ratio	ons									
• Commercial Carwashes	С	Out	tdoo	or F	lui	d St	tora	ge										
○ Commercial Laundry/Dry Cleaners		Parl	kin	g L	ot	Mai	nte	nan	ce									
• Construction Vehicle Washouts	С	Prir	ntin	ıg														
$\bigcirc$ Cross-Connections	○ Residential Carwashing																	
$\bigcirc$ Distribution Centers	○ Restaurants																	
$\bigcirc$ Food Processing Facilities	$\bigcirc$ Schools and Universities																	
$\bigcirc$ Garbage Truck Washouts		Sep	otic	Ma	aint	ena	nce											
$^{\bigcirc}$ Hospitals	С	) Swi	imr	ning	g P	ools	5											
$\bigcirc$ Improper RV Waste Disposal	C	Veh	nicl	e F	uel	ing												
$\bigcirc$ Industrial Process Water		Veh	nicl	e M	lair	nt./R	lepa	air S	Shc	ps								
• Other:	С	) Nor	ne															
Discharges to		r	0	а	d	s	i	d	е		d	i	t	С	h	е	s	
$\odot$ Sewersheds:																		

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# **This report is being submitted for the reporting period ending March 9,** 2 0 1 8 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 New Paltz	SPDES ID           N         Y         R         2         0         A         5         5         3							
3.b.What types of illicit discharges have	e been found during this reporting period?							
$\bigcirc$ Broken Lines From Sanitary Sewer	$\bigcirc$ Industrial Connections							
$\bigcirc$ Cross Connections	$\bigcirc$ Inflow/Infiltration							
$\bigcirc$ Failing Septic Systems	$\bigcirc$ Pump Station Failure							
$\bigcirc$ Floor Drains Connected To Storm Sewers	$\bigcirc$ Sanitary Sewer Overflows							
• Illegal Dumping	$\bigcirc$ Straight Pipe Sewer Discharges							
• Other: 0 i l s p i l l s	○ None							
4. How many illicit discharges/potential illegal connections have been detected during this reporting period?								
5. How many illicit discharges have be	en confirmed during this reporting period?							
6. How many illicit discharges/illegal c period?	onnections have been eliminated during this reporting							
7. Has the storm sewershed mapping been completed in this reporting period?       O Yes       No         If No, approximately what percent was completed in this reporting period?       O Yes       0								
8. Is the above information available in Is this information available on the If Yes, provide URL(s):								
Please provide specific address of page	where map(s) can be accessed - not home page.							

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### This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

		SPI	DES	ID						
Name of MS4/Coalition	Town of New Paltz	Ν	Y	R	2	0	A	5	5	3

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- 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?
- **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?

#### This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

N Y R 2 0 A 5 5 3

Name of MS4/Coalition Town of New Paltz

#### 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.

The Town actively inspects for illicit discharges, and enforces based on its illicit discharge law.

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

The Town Engineer completed outfall inspections for 20% of outfalls in Fall of 2017. Six potential illicit discharges were identified and reported to the Highway Department and Building Departments for follow up. An illegally dumped pile of soil/rubble was ordered to be cleaned up. Two leaking oil tanks were also identified during this reporting period, property owners and DEC notified for remediation. Ongoing remedial efforts at these 2 sites are monitored by the Town.

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

(ex.: samples/participants/events)

8

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 O No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to inspect for illicit discharges, and enforce the IDDE local law. The Town will apply for an intern to complete storm sewershed mapping in Fall of 2018 / Spring 2019 and leverage the Environmental and Conservation Board (ENCB) to maintain the information using its GIS license and volunteer members.

#### This report is being submitted for the reporting period ending March 9, 2 0 1 8

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 New Paltz

#### 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.

Develop program to eliminate improper disposal of waste.

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

The Town runs its annual spring clean up at the Recycling Center and Transfer Station. The center promoted this event on facebook and on the Town's website and hosted the event throughout the last week of April / first week of May, 2017. At this time, Town residents were invited to drop off household garbage, mattress, furniture, freon unit and non-freon unit and tires.

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

(ex.: samples/participants/events)

1

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

• Yes  $\bigcirc$  No

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

• Yes O No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to host its Annual Spring Clean Up event at the Recycling Center and Transfer Station.

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#### This report is being submitted for the reporting period ending March 9, 2 0 1 8

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 New Paltz

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Minimum Control Measures 4 and	<u>5.</u>
<b>Construction Site and Post-Construction</b>	<b>Control</b>

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

- On behalf of an individual MS4
- $\bigcirc$  On behalf of a coalition

How many MS4s contributed to this report?

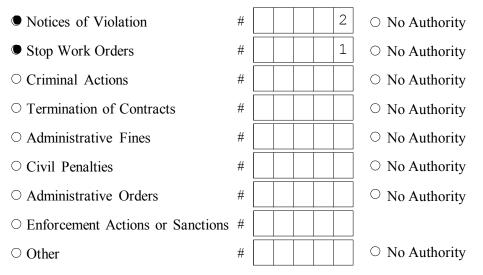
- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory<br/>mechanism that provides equivalent protection to the NYS SPDES General Permit for<br/>Stormwater Discharges from Construction Activities?• Yes• No
- 1b. Has each Town, City and/or Village contributing to this 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?

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?
- 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? Yes No 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 O No 6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:



#### This report is being submitted for the reporting period ending March 9, 2 0 1 8

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 New Paltz

# Minimum Control Measure 4. Construction Site Stormwater Runoff Control

SPDES ID

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

- On behalf of an individual MS4
- $\bigcirc$  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?  $\odot$   $_{NT}$
- 4. What percent of active construction sites were inspected more than once? ONT
- 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?

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, 2 0 1 8

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 New Paltz

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#### 6. con't.:

Submit additional pages as needed.

• MS4/Coalition Office

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### This report is being submitted for the reporting period ending March 9, 2 0 1 8

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Name of MS4/Coalition Town of New Paltz

#### 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.

The Town Engineer and/or Building Department will continue to review SWPPPs to ensure projects meet the MS4 general permit requirements.

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

The Town Designated Engineer reviewed one SWPPP for construction sites disturbing more than 1 acre (South Putt Rd widening). Active construction sites were inspected by the Town's Building Inspector and/or Town Designated Engineer. There was 1 active construction site (OSI) during this reporting period and this site was inspected weekly.

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

(ex.: samples/participants/events)

1

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

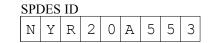
• Yes O No

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

• Yes O No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town Designated Engineer and/or Building Inspector will continue comprehensive reviews of all SWPPPs and inspections of all active construction sites in accordance with the Blue Book. The Building Department will continue to keep records/documentation for active construction projects and inspections.



### This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

# Minimum Control Measure 5. Post-Construction Stormwater Management

SPDES ID

NYR

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

- On behalf of an individual MS4
- $\bigcirc$  On behalf of a coalition

How many MS4s contributed to this report?

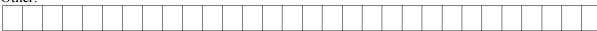
1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices			
$\bigcirc$ Filter Systems			
$\bigcirc$ Infiltration Basins			
$\bigcirc$ Open Channels			
• Ponds	3	3	3
$\bigcirc$ Wetlands			
• Other	1	1	

- 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 O Municipal Comprehensive Plans

• Overlay Districts • Open Space Preservation Program

- Zoning O Local Law or Ordinance
- None Land Use Regulation/Zoning
- Watershed Plans Other Comprehensive Plan
- Other:



### This report is being submitted for the reporting period ending March 9, 2 0 1 6

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 New Paltz	Ν	Y	R	2	0	A	5	5	3

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

Ο	Yes	No

• No

No

%

○ Yes

 $\bigcirc$  Yes

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

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?

4d. How many stormwater management practices have been implemented as part of this sy	sten	n in t	his
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?

MCM 5 Page 2 of 3

#### This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

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Name of MS4/Coalition Town of New Paltz

#### 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.

Conducts inspections and ensures adequate long-term operation and maintenance of stormwater management practices.

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

The Highway Department completed maintenance of SMPs in stormwater districts included mowing grass around ponds, checking outlet structures and spillways for proper functioning.

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

(ex.: samples/participants/events)

3

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 O No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Highway Department will continue to maintain and inspect post-construction stormwater practices within stormwater districts. The Town will maintain an inventory of its SMPs and conduct annual inspections of privately owned SMPs, and notify owner of maintenance needs, as required.

#### This report is being submitted for the reporting period ending March 9, 2 0 1 8

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 New Paltz



# 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
- $\bigcirc$  On behalf of a coalition

How many MS4s contributed to this report?



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

			Self-Assess	ment				
		<b>Operation/Activity</b> /						
			performed within	n the past 3				
<b>Operation/Activity/Facility</b>	Addressed i	n SWMP?	<u>vears</u> :	<u>?</u>				
Street Maintenance	• Yes	○ No	• Yes	○ No				
Bridge Maintenance	• Yes	○ No	• Yes	○ No				
Winter Road Maintenance	• Yes	○ No	• Yes	$\odot$ No				
Salt Storage	• Yes	○ No	• Yes	$\odot$ No				
Solid Waste Management	• Yes	○ No	• Yes	$\odot$ No				
New Municipal Construction and Land Disturba	-	○ No	• Yes	$\bigcirc$ No				
Right of Way Maintenance	• Yes	○ No	• Yes	$\bigcirc$ No				
Marine Operations		• No	○ Yes	• No				
Hydrologic Habitat Modification	O Yes	• No	○ Yes	• No				
Parks and Open Space	• Yes	○ No	• Yes	$\bigcirc$ No				
Municipal Building	• Yes	○ No	• Yes	$\bigcirc$ No				
Stormwater System Maintenance	• Yes	○ No	• Yes	$\odot$ No				
Vehicle and Fleet Maintenance		○ No	• Yes	○ No				
Other	○ Yes	• No	○ Yes	• No				

#### This report is being submitted for the reporting period ending March 9, 2 0 1 8

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 New Paltz
Name of MIS4/Coalifion	

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

$\bigcirc$ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
$\bigcirc$ Streets Swept (Number of miles X Number of times swept)	# Miles	
• Catch Basins Inspected and Cleaned Where Necessary	#	1 0
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#	3
$\bigcirc$ Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
$\bigcirc$ Nitrogen Applied In Chemical Fertilizer	# Lbs.	0
<ul> <li>Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)</li> </ul>	# Acres	0.

- 3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 0
- 4. What was the date of the last training?
- 5. How many municipal employees have been trained in this reporting period?
- 6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 0 1



2

0 1 6

0

%

0

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0 A

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2

0

0 4

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Name of MS4/Coalition Town of New Paltz

#### 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.

Implement a catch-basin and storm drain cleaning program, as well as maintenance activities including catch basin inspection and maintenance and cleaning of roadside ditches.

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

100% of Catch-basins (approx. 10) and roadside ditches (50 road miles) within the Town's MS4 are inspected each Spring and cleaned, if required. Culverts are also inspected and replaced as necessary (approx 20 replaced in this reporting period).

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  $\bigcirc$  No

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

• Yes O No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Highway Department will continue to inspect catch-basins annually and clean roadside ditches.

SPI	DES	ID						
Ν	Y	R	2	0	A	5	5	3

#### This report is being submitted for the reporting period ending March 9, 2 0 1 8

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Town of New Paltz Name of MS4/Coalition

# **Additional Watershed Improvement Strategy Best Management Practices**

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

On behalf of an individual MS4

 $\bigcirc$  On behalf of a coalition

How many MS4s contributed to this report?

#### MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
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
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana 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
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

#### 1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? ○ Yes

#### 2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?

○ Yes ○ No

 $\bigcirc$  No

• N/A

• N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

Estimate what percentage was mapped in this reporting period.

% %

Additional BMPs Page 1 of 3



# <u>MS4 Annual Report Form</u>

### This report is being submitted for the reporting period ending March 9, 2 0 1 8

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		SPI	DES	ID						
Name of MS4/Coalition	Town of New Paltz	Ν	Y	R	2	0	Α	5	5	3

- 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? O Yes O No O 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 No 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 Standards? ○ Yes ○ No ● N/A
- 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? O Yes O No N/A
- 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?

○ 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
   No
- 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? O Yes O No O N/A

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	SPDES ID           N         Y         R         2         0         A         5         5         3									
Name of MS4/Coalition Town of New Paltz			Y	R	2	0	IA	5		3

9. Has your MS4/Coalition developed and implemented a program of native planting?

Yes
Yes
No

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?
Yes
No
N/A

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