MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 4

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

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Choose one:

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

Fill in SPDES ID in upper right hand corner.

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

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

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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.

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MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 4

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

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MCC form for period ending March 9, $2 \mid 0 \mid 1 \mid 4$

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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

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MCC form for period ending March 9, 2 0 1 4

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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

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MCC form for period ending March 9, 2 0 1 4

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MCC form for period ending March 9, 2 0 1 4

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- Report Preparer

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MCC form for period ending March 9, 2 0 1 4

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MCC form for period ending March 9, 2 0 1 4

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Additional tasks/responsibilities

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

Conveyance System Mapping (IX3); On-site Wastewater Inspection and Maintenance Program (IX3b) and Stormwater Retrofit Program (IX5b).

MCC form for period ending March 9, 2 0 1 4

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Name of MS4 TOWN OF NORTH CASTLE	N	Y	R	2	0	Α	0	4	4

Section 4 - Certification Statement

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

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

First Name M I C H A E L	MI	Last Name S C H I L I R O
Title (Clearly print title of individual signing report) S U P E R V I S O R		
Signature Malto Polkuru		Date 0 5 / 2 8 / 2 0 1 4

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 4

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

SPDES ID

Name of M	S4/Co	alition	TOW	N OF	NOF	RTH	CAS	TLE												И	Y	R	2	0	A	0	4	4
	Mater Quality Trends Information in this section is being reported (check one): In behalf of an individual MS4 In behalf of a coalition How many MS4s are contributed to this report? Has this MS4/Coalition produced any reports documenting water quality trends The related to stormwater? If not, answer No and proceed to Minimum Control Measure One. ○ Yes No Seport(s) attached to the annual report																											
The inform	Water Quality Trends information in this section is being reported (check one): the behalf of an individual MS4 the behalf of a coalition How many MS4s are contributed to this report? 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. (res, choose one of the following teport(s) attached to the annual report Veb 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 URL																											
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	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? 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. 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																											
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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 4 & 1 \end{vmatrix}$

Name of MS4/Coalition TOWN OF NORTH CASTLE	SPDES ID N Y R 2 0 A 0 4 4
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	A CHANGE CHANGE
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 Managem	ent Practices
Check all topics that were included in Education and Outreach of	luring this reporting period:
• Construction Sites	• Pesticide and Fertilizer Application
General Stormwater Management Information	O Pet Waste Management
 Household Hazardous Waste Disposal 	Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
○ Infrastructure Maintenance	■ Trash Management
○ Smart Growth	O Vehicle Washing
O Storm Drain Marking	Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	• Wetland Protection
• Other:	○ None
S E P T I C S Y S T E M M A I N T E N Other	I A N C E
2. Specific audiences targeted during this reporting period:	•
O Public Employees • Contractors	
● Residential ○ Developers	
BusinessesGeneral Public	
○ Restaurants ○ Industries	
Other: O Agricultural	
Other	

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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This report is being submitted for the reporting period ending March 9, 2 0 1 4

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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This report is being submitted for the reporting period ending March 9, 2 0 1 4

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Name of MS4/Coalition	TOWN OF NORTH CASTLE		N	Y	R	2	0	A	0	4	4
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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.

Continue compiling and developing informational flyers and brochures on stormwater management and make available to the public, continue updating Town website to include new information on stormwater related topics, inform the public during televised Town Board, Planning Board and Conservation Board meetings on stormwater management. The Town participates in the Westchester County Stormwater Education Outreach program.

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

Increased awareness from public, especially applicants before the applicable approval Boards of stormwater related infrastructure and maintenance requirements. Banners and kiosks have been displayed in Town Hall, the Town Hall Annex and the library.

C.	How	many	times	was th	is observ	ation	measured	or eval	uated in	1 this	reporting _l	perio	d?	
		•												

(ex.: samples/participants/events)

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

• Yes O No

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

● Yes ○ No

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

Continue updating the Town website with new information gathered from NYSDEC, USEPA, NYCDEP, and other agencies (ongoing).

Continue the development of Conservation Board newsletters.

Continue to update stormwater management practices.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 4 & 0 \end{vmatrix}$

		SPDES ID
Name of MS4/Coalition TOWN OF NORTH CASTLE		N Y R 2 0 A 0 4 4
Minimum Control Measure 2. Pu	ıblic Involvemen	t/Participation
The information in this section is being reported (check or	ne):	
 On behalf of an individual MS4 On behalf of a coalition 		
How many MS4s contributed to this repo	ort?	
1. What opportunities were provided for public p development, evaluation and improvement of the (SWMP) Plan during this reporting period? C	he Stormwater Mai	nagement Program
Cleanup Events		#Events 2
Comments on SWMP Received		# Comments 0
Community Hotlines	Phone # () -
Phone # (9 1 4) 2 7 3 - 3 5 4 2 1	Phone # ()
Phone # ()	Phone # ()
Phone # () - 1	Phone # () -
Phone # () - 1	Phone # () -
Phone # () - 1	Phone # ()
O Community Meetings		# Attendees
○ Plantings		Sq. Ft.
O Storm Drain Markings		# Drains
O Stakeholder Meetings		# Attendees
O Volunteer Monitoring		# Events
Other:		
2. Was public notice of availability of this annual Program (SWMP) Plan provided?	report and Stormv	vater Management ● Yes ○ No
○ List-Serve		# In List
O Newspaper Advertising		# Days Run
○ TV/Radio Notices		# Days Run
Other:		
• 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, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 4 & 0 \end{vmatrix}$

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

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This report is being submitted for the reporting period ending March 9, 2 0 1 4 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 4 \end{vmatrix}$

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This report is being submitted for the reporting period ending March 9, 2 0 1 4

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Name of MS4/Coalition TOWN OF NORTH CASTLE			N	YF	2	0	A	0	4 4
4.a. If this report was made available on the internet, what d	late wa	as it	po	sted	?	_			
Leave blank if this report was not posted on the internet.			5	1 2	2 7]/	2	0	1 4
4.b. For how many days was/will this report be posted?							ļ	3	6 5
If submitting a report for single MS4, answer 5.a If submit	tting a	join	t re	eport	, an	swe	er 5.	b	
5.a. Was an Annual Report public meeting held in this report	rting p	erio		, [٦,	Y €		O No
If Yes, what was the date of the meeting?			5	1 [2 8]/	2	0	1 4
If No, is one planned?						•	P Y€	es	○ No
5.b. Was an Annual Report public meeting held for all MS4s	s conti	ribu	tin	g to	this	re	por	t dı	ıring
this reporting period?							₽ Y¢		○ No
If No, is one planned for each?						(⊃ Y ∈	es	○ No
6. Were comments received during this reporting period?						(O Y	es	• No
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.									

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

If submittin	ng this form as part of a joint report on behal		S ID blank.
	TOWN OF NORTH CASTLE	SPDES ID N Y R	2 0 A 0 4 4
Name of MS4/Coalition	75 51.1103 51.81.28		
7. Evaluating Pro	gress Toward Measurable Goals MCM	1 2	
identified in your St	ort on your progress and project plans to tormwater Management Program Plan (Sitional pages as needed.	ward achieving measural WMPP), including requi	ole goals rements in Part
A. Briefly summa	rize the Measurable Goal identified in	the SWMPP in this rep	orting period.
access to all stormy	y for public input at all public meetings, water materials at the Planning office as the Planning Board, Conservation Board polic.	well as on the Town web	site, meetings
B. Briefly summa Goal.	rize the observations that indicated the	e overall effectiveness o	f this Measurable
to the public, and s discussed. The To	conthly Conservation Board and bi-weekled ite visits are conducted and potential storm participates in EOHWC. There has betings regarding stormwater measures.	rmwater mitigation meas	ures are
C. How many tim	es was this observation measured or e		1
D. Has your MS4	made progress toward this measurabl		:.: samples/participants/e
D. IIIIS your 1125.	progress to make the second		● Yes ○ No
E. Is your MS4 or	n schedule to meet the deadline set for	th in the SWMPP?	• Yes O No
F. Briefly summa the next report	rize the stormwater activities planned ting cycle (including an implementatio	to meet the goals of thin schedule).	s MCM during
Continue participa meetings (bi-week roles (quarterly).	tion in EOHWC, continue discussions or ly), where applicable, continue outreach	a stormwater measures at to residents for involven	t all public nent in volunteer
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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 4 & 0 \end{vmatrix}$

SPDES ID		
Name of MS4/Coalition TOWN OF NORTH CASTLE	2 0 A 0 4	4
Minimum Control Measure 3. Illicit Discharge Detection and E	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: 4 4 6	# 100)%
2. How many of these outfalls have been screened for dry weather discharges d reporting period (outfall reconnaissance inventory)?	luring this	0
3.a. What types of generating sites/sewersheds were targeted for inspection during reporting period?	ng this	
● Auto Recyclers ○ Landscaping (Irrigation)		
● Building Maintenance ○ Marinas		
● Churches ○ Metal Plateing Operations		
● Commercial Carwashes ○ Outdoor Fluid Storage		
● Commercial Laundry/Dry Cleaners ○ Parking Lot Maintenance		
 Construction Vehicle Washouts Printing 		
● Cross-Connections ○ Residential Carwashing		
 Distribution Centers Restaurants 		
 Food Processing Facilities Schools and Universities 		
○ Garbage Truck Washouts Septic Maintenance		
○ Hospitals ○ Swimming Pools		
○ Improper RV Waste Disposal		
○ Industrial Process Water		
Other: O None		
• Sewersheds:		
Byram River		

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} 1 \begin{bmatrix} 4 & 1 \end{bmatrix}$

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This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$

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This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} \begin{bmatrix} 1 & 4 \end{bmatrix}$

Name of MS4/Coalition TOWN OF NORTH CASTLE 12. Evaluating Progress Toward Measurable Goals MCM 3	N Y R 2 0 A 0 4 4
2. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward acidentified in your Stormwater Management Program Plan (SWMPP III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SW	WMPP in this reporting period.
Continue the use of a standard form for completing during outfall is of each outfall with associated information. Mapping of entire stordetermine upstream conveyance.	
B. Briefly summarize the observations that indicated the overa Goal.	ll effectiveness of this Measurable
Mapping and inspection forms aid the Highway department in inspection to enforce a law requiring all residents with septic system least once every 5 years and repaired and rehabilitated or tanks pure	ns to have the system inspected at
C. How many times was this observation measured or evaluate	ed in this reporting period?
	(ex.: samples/participants/
D. Has your MS4 made progress toward this measurable goal o	during this reporting period?
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the	e SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to mee the next reporting cycle (including an implementation sched	
Continue outfall inspections (Summer/ Fall 2014). Train any new (ongoing).	employees on IDDE as needed

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 4 \end{vmatrix}$

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Name of MS4/Coalition TOWN OF NORTH CASTLE	N	Y	R	2	0	А	0	4	4

	Minimum Control Measures 4 and 5.	
	Construction Site and Post-Construction Control	
• (e information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?	
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?	O No
1b	o. Has each Town, City and/or Village contributing to this report documented that the law equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion a Sediment Control through either an attorney cerfification or using the NYSDEC Gap	and
	Analysis Workbook? • Yes • No	O NT
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. ○ 09/2004 ● 03/2006	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place? • Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?	5
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? • Yes • No	O 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	l 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:

Notices of Violation	#			5	O No Authority
• Stop Work Orders	#			1	O No Authority
O Criminal Actions	#				O No Authority
O Termination of Contracts	#				O No Authority
O Administrative Fines	#		A CONTRACTOR OF THE CONTRACTOR		O No Authority
O Civil Penalties	#				O No Authority
O Administrative Orders	#				O No Authority
O Enforcement Actions or Sanctions	#				
Other	#			2	O No Authority
Icomplaints I					

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID Name of MS4/Coalition TOWN OF NORTH CASTLE N Y R 2 0 A 0 4 4

	Minimum Control Measure 4. Construction Site Stormwater Runo	ff Cont	<u>irol</u>
The	e information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1.	How many construction projects have been authorized for disturbances of one a during this reporting period?	acre or 1	nore 3
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	r jurisd	iction 3
3.	What percent of active construction sites were inspected during this reporting	period?	1 1
4.	What percent of active construction sites were inspected more than once?	1 0	O NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual? • Yes	the NY	S ONT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prever (SWPPPs) of construction projects that are subject to MS4 review and approva-	ntion Plant? O No	ans
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made av public review?	ailable 1 O Yes	for O No
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	d.	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$ 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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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 1 $\begin{vmatrix} 4 & 0 \end{vmatrix}$

Name of MS4/Coalition TOWN OF NORTH CASTLE	SPDES ID N Y R 2 0 A 0 4 4
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.	achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Review all SWPPPs as projects enter the approval process. Towerosion and sediment control plan regardless of area of disturban with the NYSDEC Blue Book and SWMDM as necessary	n requires all projects to develop an ce. All projects designed to comply
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
All development projects reviewed by the Town engineer for corregulations. Town Engineer inspects construction sites for comprequires modifications and maintenance of erosion controls, as n	pliance with the E&SC plans and
C. How many times was this observation measured or evalua	ited in this reporting period? (ex.: samples/participants/events,
D. Has your MS4 made progress toward this measurable goa	
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 m the next reporting cycle (including an implementation sch	eet the goals of this MCM during edule).
Continue to review, approve and monitor all construction projec stormwater regulations. Continue to train contractors on E&SC	ts for compliance with all as projects progress.

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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 NORTH C	CASTLE		N Y F	2 0 A 0 4 4
Minimum (Control Meas	sure 5. Post	-Constructio	on Stormwater	<u>Management</u>
The information in the On behalf of an ind On behalf of a coal	lividual MS4	g reported (chec	ck one):		
	any MS4s contr	ibuted to this	report?		
1. How many and w MS4/Coalition in					es has your
		# Inventoried	# Inspections	# Times Maintained	
Alternative Practice	es		4	4	
O Filter Systems					
○ Infiltration Basins					
Open Channels		5 0			
○ Ponds					
O Wetlands					
Other					
2. Do you use an e BMPs, inspecti		` •	abase, spreads	heet) to track pos	st-construction • Yes • No
3. What types of I Development/B		•		-	Impact
Building Codes	• Municipal Co	omprehensive P	lans		
Overlay Districts	Open Space	Preservation Pre	ogram		
○ Zoning	• Local Law or	r Ordinance			
○ None	• Land Use Re	egulation/Zoning	g		
• Watershed Plans	• Other Compr	ehensive Plan			
Other:		La control de la			

This report is being submitted for the reporting period ending March 9, 2 0 1 4

		SEI	7ES	ענ						
Nan	ne of MS4/Coalition TOWN OF NORTH CASTLE	N	Y	R	2	0 .	A 1	0 4	1	4
4a.	Are the MS4s contributing to this report involved in a regional/watersh	ied v	vide	pl	ann	_		rt?	ı c	No
4b.	Does the MS4 have a banking and credit system for stormwater manag	eme	nt p	rae	etic		Yes	4	9 1	νΤα
4c.	Do the SWMP Plans for each MS4 contributing to this report include a	pro	toco	ol f	or e				9 1	NU
	and approval of banking and credit of alternative siting of a stormwater	~				t pra	etic		9 1	No
4d.	How many stormwater management practices have been implemented reporting period?	as p	art (of t	this	syst	em	in t		ļ
5.	What percent of municipal officials/MS4 staff responsible for program training on Low Impace Development (LID), Better Site Design (BSD)	-					tten	ded	<u> </u>	
	Infrastructure principles in this reporting period?							(%

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

			SPDES ID
Name of MS4/Coalition	TOWN OF NORTH CASTLE		N Y R 2 0 A 0 4 4
6. Evaluating Pro	gress Toward Measurable Go	als MCM 5	
identified in your S	oort on your progress and project tormwater Management Prograr itional pages as needed.	t plans toward achiev n Plan (SWMPP), in	ring measurable goals cluding requirements in Part
A. Briefly summa	rize the Measurable Goal iden	tified in the SWMP	PP in this reporting period.
goal of reducing th	of the EOHWC. EOHWC has done levels of phosphorus in the sun Continue to inspect and monitor	rface water of the Ne	ew York City Watershed East
B. Briefly summa Goal.	rize the observations that indi	cated the overall ef	fectiveness of this Measurable
The Town is part of	er management practices require of the EOHWC. EOHWC has do not levels of phosphorus in the su	eveloped a plan for s	tormwater retrofits with the
C. How many time	es was this observation measu	ired or evaluated in	this reporting period? (ex.: samples/participants/ev.
D. Has your MS4	made progress toward this m	easurable goal duri	
E. Is your MS4 o	n schedule to meet the deadlin	e set forth in the SV	VMPP? ● Yes ○ No
F. Briefly summa	rize the stormwater activities ting cycle (including an imple	planned to meet the mentation schedule)	e goals of this MCM during).
Continue to work continue to docum	with EOHWC to develop and in nent and inspect post-construction	nplement a retrofit plon stormwater practic	lan to meet NYSDEC goals. ces (ongoing).

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

	SPL)ES	ID						ų
Name of MS4/Coalition TOWN OF NORTH CASTLE	И	Y	R	2	0	A	0	4	4

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.

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

		berrorr	ALCO TYTEITT	i tue past 5
Operation/Activity/Facility	Addressed i	n SWMP?	<u>years?</u>	• •
Street Maintenance	• Yes	○ No	• Yes	○ No
Bridge Maintenance	• Yes	○ No	• Yes	○ No
Winter Road Maintenance		○ No	• Yes	○ No
Salt Storage	• Yes	○ No	• Yes	○ No
Solid Waste Management	○ Yes	● No	O Yes	No
New Municipal Construction and Land Disturba	ance • Yes	○ No	• Yes	○ No
Right of Way Maintenance	• Yes	○ No	• Yes	○ No
Marine Operations		• No	O Yes	No
Hydrologic Habitat Modification		• No	O Yes	No
Parks and Open Space	A	○ No	• Yes	○ No
Municipal Building	A 11	○ No	• Yes	○ No
Stormwater System Maintenance		○ No	• Yes	\bigcirc No
Vehicle and Fleet Maintenance		○ No	• Yes	O No
Other		○ No	O Yes	O No

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 4 & 4 \end{vmatrix}$

	SPDES ID				
Name of MS4/Coalition TOWN OF NORTH CASTLE	N Y R 2	0 A	0 4	4	
2. Provide the following information about municipal operation	ions good housekeep	oing pr	ogran	ns:	
• Parking Lots Swept (Number of acres X Number of times swept	t) # Acres			3	
• Streets Swept (Number of miles X Number of times swept)	# Miles		2	3	
Catch Basins Inspected and Cleaned Where Necessary	#		9 9	0	
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#			1	
O Phosphorus Applied In Chemical Fertilizer	# Lbs.				
O Nitrogen Applied In Chemical Fertilizer	# Lbs.				
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	# Acres umber of				
3. How many stormwater management trainings have been p	rovided to municip	al empl	oyees	\$	
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?			0	
6. What percent of municipal employees in relevant positions and departments receive stormwater management training?					

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 4 & 0 \end{vmatrix}$

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Name of MS4/Coalition	TOWN OF NORTH CASTLE		N Y R 2	0 A 0 4 4
7. Evaluating Pro	gress Toward Measurab	ble Goals MCM 6		
dentified in your S	ort on your progress and paternwater Management Pational pages as needed.			
A. Briefly summa	rize the Measurable Goa	al identified in the S	WMPP in this repo	rting period.
improvements and washing facilities,	modify their Municipal C maintenance measures at parking lot runoff improv fertilizers or pesticides or	all relevant Town-overements, etc. Continu	wned sites including	potential truck
B. Briefly summa Goal.	rize the observations tha	at indicated the over	rall effectiveness of	this Measurable
	ss by Town staff on muni- lots swept and 23 miles of		facilities. 990 Catch	basins cleaned,
C. How many tim	es was this observation	measured or evalua		g period? 1 samples/participants/ev
D. Has your MS4	made progress toward t	this measurable goa	l during this report	ing period? ● Yes ○ No
E. Is your MS4 or	schedule to meet the de	eadline set forth in t	the SWMPP?	• Yes • No
•	rize the stormwater acti ing cycle (including an i	_		MCM during
	catch basins and sweep sta date the Municipal Opera			s allowable

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

ORTH CASTLE		SPDES ID N Y R 2 0 A 0 4	
hed Improvemen	t Strategy Best Mai	nagement Practices	
s being reported (check	c one):		
64 contributed to this re	eport?		
	- Instantique - I	below.	
Å	Charl NA	(POC)	
Answer -	CHECK NA	(POC)	
1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus	
1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus	
1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus	
1.67 10.0	2 2 4 5 01 10 11 12	Ple control of	
		Phosphorus Phosphorus	
		Phosphorus	
1,0,74-4,54,7	-	-	
1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus	
1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus	
1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus	
÷		-	
		Pathogens	
		Pathogens	
1,4,7a-d,9	2,3,4,5,8a,85,10,11,12	Pathogens	
1472 480 0 10 11 12	2 2 5 6 9h	Pathogens and Nitrogen	
		Pathogens and Nitrogen	
		Pathogens and Nitrogen	
-		-	
1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus	
1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus	
1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus	
	-	-	
1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens	
1 1 7 4 76 4 0 10 11 17	5,6,8a,8b	Pathogens	
	s being reported (check 54 contributed to this retions or check NA a Answer 1,2,3,4,5,6,7a-d,8a,8b,9 1,2,3,4,7a-d,8a,8b,9 1,2,77a-d,8a,8b,9 1,2,77a-d,8a,9 1,6,7a-d,8a,9 1,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,7a-d,9,10,11,12 1,4,7a-d,9,10,11,12 1,4,7a-d,9,10,11,12 1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	s being reported (check one): 34 contributed to this report? tions or check NA as indicated in the table Answer Check NA 1,2,3,4,5,6,7a-d,8a,8b,9 10,11,12 1,2,3,4,7a-d,8a,8b,9 5,10,11,12 1,2,77a-d,8a,8b,9 3,4,5,10,11,12 1,6,7a-d,8a,9 2,3,4,5,8b,10,11,12 1,6,7a-d,8a,9 2,3,4,5,8b,10,11,12 1,6,7a-d,8a,9 2,3,4,5,8b,10,11,12 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12 1,4,7a-d,9,10,11,12 2,3,5,6,8a,8b 1,4,7a-d,9,10,11,12 2,3,5,6,8a,8b 1,4,7a-d,8a,9,10,11,12 2,3,5,6,8b 1,4,6,7a-d,8a,9,10,11,12 2,3,5,6,8b	

%

Estimate what percentage was mapped in this reporting period.

This report is being submitted for the reporting period ending March 9, 2 0 1 4

		SPDES ID		
Naı	ne of MS4/Coalition TOWN OF NORTH CASTLE	N Y R 2	0 A 0	4 4
3.	Does your MS4/Coalition have a Stormwater Conveyance and Maintenance Plan Program?	System (infrastructu • Yes	re) Inspe	ection O N/A
4.	Estimate the percentage of on-site wastewater treatment sy and maintained or rehabilitated as necessary in this report		inspect	ed 0 %
5.	Has your MS4/Coalition developed a program that provide NYSDEC SPDES General Permit for Stormwater Dischar (GP-0-08-001) to reduce pollutants in stormwater runoff for disturb five thousand square feet or more?	ges from Construction	n Activi	ties
6.	Has your MS4/Coalition developed a program to address prunoff from new development and redevelopment projects equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Actithe New York State Stormwater Design Manual Enhanced Standards?	that disturb greater e NYS DEC SPDES (ivities (GP-0-08-001)	than or General , includi	
7a	Does your MS4/Coalition have a retrofitting program to rephosphorus/nitrogen/pathogen loading?	educe erosion or • Yes	○ No	O N/A
7b	.How many projects have been sited in this reporting perio	d?		0
7e	. What percent of the projects included in 7b have been con	apleted in this report	ing peri	od?
7d	. What percent of projects planned in previous years have b	oeen completed?		0 %
		• No	Projects	Planned
8a	.Has your MS4/Coalition developed and implemented a turprocedures policy that addresses proper fertilizer applicate lands?	of management pract tion on municipally o ● Yes	wned	O N/A
81:	e. Has your MS4/Coalition developed and implemented a turprocedures policy that addresses proper disposal of grass municipally owned lands?	rf management pract clippings and leaves • Yes	tices and from	O N/A

This report is being submitted for the reporting period ending March 9, 2 0 1 4

Name of MS4/Coalition TOWN OF NORTH CASTLE	SPDES ID N Y R 2	0 A 0	0 4 4
9. Has your MS4/Coalition developed and implemented a program of			O N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste prohibiting goose feeding?			rties and O N/A
11. Does your MS4/Coalition have a pet waste bag program?	• Yes	O No	O N/A
12. Does your MS4/Coalition have a program to manage goose populations?	○ Yes	O No	• N/A