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

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

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

SPI	DES	ID						
N	Y	R	2	0	A	0	4	4

### **Choose one:**

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

Fill in SPDES ID in upper right hand corner.

Na	me o	ot M	IS4																		
Т	0	W	n	0	f	N	0	r	t	h	С	a	ន	t	1	е					

#### OR

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

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

### **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	Coali	tion																			
	-																				,
SPDES I	D							S	PD:	ES I	D					SPI	DES	ID			

SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	A		

SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		

SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
ТЛT	v	D	2	$\cap$	7		

# MS4 Annual Report Cover Page

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

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

SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A

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

		_	SPL	)ES	ID						
Name of MS4	TOWN OF NORTH CASTLE		N	Y	R	2	0	А	0	4	4

Each MS4 must submit an MCC form.

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

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

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

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

If Jo	oint	Rep	ort,	ent	er c	oali	tion	nar	ne:										
																			$\overline{}$

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

	SPL	DES	ID						
Name of MS4 TOWN OF NORTH CASTLE	N	Y	R	2	0	А	0	4	4

#### **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

Firs	st Na	ame												_		MI		Las	t Na	ame										
М	I	С	Н	A	E	L												S	С	Н	I	L	I	R	0					
Titl	e																													
S	U	Р	Ε	R	V	I	S	0	R																					
Ado	lres	S																												
1	5		В	E	D	F	0	R	D		R	0	A	D																
	•		•	•		•	•	•								•														 
City	y																			S	tate		Zip							
City A	R	М	0	N	K																	Y	Zip 1	0	5	0	4	_		
	R	M	0	N	K																				5	0	4	<b>-</b>		
Α	R	М	О	N	K	I	R	0	@	N	0	R	Т	Н	С	A	S	T	L						5	0 M	4	<b>-</b>		
A eMa	R ail S					I	R	0	@	N	0	R	Т	Н	С	A		T Cou		E	1 7	Y	1	0			4	] <b>-</b>		

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

		SPI	DES	ID						
Name of MS4	TOWN OF NORTH CASTLE	N	Y	R	2	0	А	0	4	4

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

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

FIFSt															MI		Las	t Na	ime									_			
R	0	В	E	R	Т													М	Ε	L	I	L	L	0							
Title	Title BUILDING INSPECTOR																														
В	U	I	L	D	Ι	N	G		I	N	S	Р	Ε	С	Т	0	R														
Addı	B U I L D I N G I N S P E C T O R Address																														
1	7		В	Ε	D	F	0	R	D		R	0	A	D																	
~.	•			•	•	•		•						•	•														•	•	
City																				St	tate		Zip	)				_			
	R	М	0	N	K															Si		Y	Zip	0	5	0	4	<b>-</b>			
	R	M	0	N	K																				5	0	4	_			
A eMa	R	M E	0 L	N	K	L	0	@	N	0	R	Т	Н	С	A	S	Т	L	E						5 M	0	4	] <b>-</b>			
A eMa	R il M					L	0	@	N	0	R	Т	Н	С	A	S		L		N	1 ]	Y	1	0		0	4	<b>-</b>			

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

	_	SPL	JES	עו						
Name of MS4 TOWN OF NORTH CASTLE		N	Y	R	2	0	A	0	4	4

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

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs															MI	_	Las	t Na	ame											
J	0	S	E	Р	Н											M		С	Ε	R	M	E	L	E						
Titl	Title TOWNCONSULTINGENGINEER																													
Т	0	W	N		С	0	N	S	U	L	Т	Ι	N	G		Ε	N	G	I	N	Ε	Е	R							
Ado	lres	s																												
5	0	0		M	A	I	N		S	Т	R	Ε	Ε	Т																
Cit	У																			$\underline{S}$	tate		Zip					_		
City	R	М	A R M O N K 1 0 5 0 4 -																						5	0	4	_		
Г.	R	M	0	N	K																				5	0	4	_		
A	R	M	0 R	N M	K	L	E	@	K	E	L	S	E	S	•	С	0	M							5	0	4	_		
eM	R ail C					L	E	@	K	Е	L	S	Е	S	•	С		M Cou	ınty						5	0	4	_		

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

Name of MS4 TOWN OF NORTH CASTLE SPDES ID																														
Name of	MS	34 7	OW	/N O	F NO	ORT	H CA	ASTI	Æ													N	Y	R	2	0	A	0	4	4
Section	n 3	- P	ar	tne	er	In	for	ma	atio	on_																				
Did your period?	MS <sup>2</sup>	1 w	ork	wit	th p	artı	ners	s/co	alit	ion	to c	com	ple	te s	om	e or	all	pei	mit	rec	quir	eme	ents	s du	ring	g th	is r∈	_	_	g No
If Yes, c	omr	let	e ir	ıfoı	rma	atio	n b	elo	w.																				Ŭ	
Subn	-									art	ner	. In	for	ma	tior	ı pr	ovi	idea	l in	otl	her	for	ma	ts v	vill	no	t be	3		
accep			-				-																				he			
	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/CoalitionName																													
If No, pr	oce	ed t	0 5	sect	10r	14	- C	erti	11C	at10	n S	tat	em	ent.	•															
Partner/Co	aliti	on N	am	e			1								1															
WES	Т	С	Η	Ε	S	Т	Ε	R		С	0	U	N	Т	Y		S	Т	0	R	M	W	A	Т	Ε	R				
Partner/Co	aliti	on N	Jam	ne (c	on't	t.)							_								1	SPI	DES	Par	tne	· ID	- If	app	lica	ble
E D U	С	A	Т	Ι	0	N		P	R	0	G	R	A	M								N	Y	R	2	0	А	0	4	4
Address																														
1 4 8		М	A	R	Т	Ι	N	Ε		A	V	Ε	N	U	Ε															
City											_		_					St	ate	_	Zip									
WHI	Т	Ε		Р	L	А	I	N	S									N	1 X		1	0	6	0	1	-				
eMail																														
c c a	1	@	W	е	s	t	С	h	е	s	t	е	r	g	0	v		С	0	m										
Phone																	Ιa	an 11	., D.	ndi	na /	ara	ama	ant i	n 00	oor	dan			
(91	4	)	9	9	5	-	3	7	8	2														ν.G.			Ye			No
Whattoo	.1- ~ /			~ :1. :	:1:4:			~1		1	:41.	41			(	·	. 1. /	rv r	1 0	.1	.11	D	~			N /L-	.141.	.1. '	т	1\9
What tas	SKS/T	esp	on	S10	11111	les	are	sna	irec	1 W	ıtn	tnis	s pa	ırın	er (	e.g	;. IV	IIVI .	1 50	cno	01 1	Pro	gra	ms	or	IVI	ուու	ne	1 as	KS):
• MM1	W	Е	В	S	I	Т	Е		Р	0	S	Т	I	N	G	S	,	Р	0	S	Т	Ε	R	S	,	M	Е	D	I	A
• MM2	Р	R	0	G	R	А	М		М	А	Т	Е	R	I	А	L	S		D	I	S	Т	R	I	В	U	Т	Е	D	
○ ммз																														
																													$\overline{}$	
O MM4																													$\exists$	
O MM5																												Ш		
O MM6																														
Addition	nal ta	ask	s/re	espe	ons	ibi	litie	es																						
O Wate	ersh	ed	Im	pro	ver	ner	it S	trai						gen	ieni	t Pı	raci	tice	s re	equ	irec	l fo	r N	1S4	s ii	ı in	npa	ire	1	
wate	ersh	eds	inc	cluc	ded	in	GP	-0-	08-	002	2 Pa	art	IX.																	

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

Name of MS4 TOWN OF NORTH CASTLE SPDES ID N Y R 2 0 A 0 4 4																														
TValle of Mish														N	Y	R	2	0	А	0	4	4								
Section	1 3	_ F	) 9 a r	·tn	er	Inf	for	ms	atio	n																				
Did your period?											to c	com	ple	te s	om	e or	all	pe	rmi	t red	quir	em	ents	s du	ring		is re	_		g 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.																														
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/CoalitionName																														
If No, proceed to Section 4 - Certification Statement.																														
Partner/CoalitionName  C R O T O N																														
Partner/Co	Partner/CoalitionName           C R O T O N K E N S I C O W A T E R S H E D I N T E R -															ble														
M U N	I	С	I	Р	А	L		С	0	A	L	I	Т	I	0	N						N	Y	R	2	0	А			
Address																				1										
3 3 5		R	0	U	Т	Ε		2	0	2																				
City																		St	tate	_	Zip									
SOM	E	R	S															l	1   7		1	0	5	8	9	-				
eMail																														
S U P	Ε	R	V	Ι	S	0	R	@	S	0	M	Ε	R	S	N	Y	•	С	0	m										
Phone		1.				1					1						Le	gall	y B	indi	ng A	\gre	eeme	ent i	n ac	cor	dano	ce		
(91	4	)	2	7	7	_	3	3	2	3										-08							Ye		0	No
What tas	ks/1	resp	on	sib	iliti	ies	are	sha	arec	l w	ith	this	s pa	ırtn	er (	e.g	;. M	IM	1 S	cho	ol l	Pro	gra	ms	or	Mu	ıltip	ole '	Tas	sks)?
O MM1																														
O MM2																														
• MM3	0	N	-	S	I	Т	Е		W	A	S	Т	E	W	А	Т	E	R		S	Y	S	Т	E	M	S				
O MM4																														
• MM5	R	Е	Т	R	0	F	I	Т		Р	R	0	G	R	А	М														
O MM6																														

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 2 0

		SPDES	ID				
Name of MS4 TOWN OF NORTH CASTLE		N Y	R	2 0	А	0 4	4
Section 2 Partner Information							
Section 3 - Partner Information  Did your MS4 work with partners/coalition to complete some or all perm	it reani	rement	s dur	ing th	is ret	nortin	ισ
period?	nt requi	CHICHE	J dui		Yes	_	No
If Yes, complete information below.							
Submit a separate sheet for each partner. Information provided i							
accepted. If your MS4 cooperated with a coalition, submit one s coalition. It is not necessary to include a separate sheet for each					he		
If No, proceed to Section 4 - Certification Statement.	IVIST II	i the e	Jairi	1011.			
Partner/CoalitionName							
E A S T O F H U D S O N W A T E R S H	E D					$\top$	
Partner/Coalition Name (con't.)		SPDES	Part	ner ID	) - If a	 ipplica	⊥ ⊔able
CORPORATION		NY		2 0	А		
Address							
1 1 4 2 R O U T E 3 1 1							
City State	e Zip	)					
P A T T E R S O N N	Y 1	0 6	0	1 -		$\perp$	
eMail							
S U P E R V I S O R @ P A T T E R S O N N Y	7 . C	OM					
Phone Legally I							
( 9 1 4 ) 8 7 8 - 6 5 0 0 with GP-	-0-08-002	2 Part I'	V.G.?	· (	Yes	. ()	No
What tasks/responsibilities are shared with this partner (e.g. MM1	School	Progra	ıms (	or Mu	ıltipl	e Tas	sks)
O MM1						$\top$	
O IVIIVI I			$\perp$			$\perp$	$\square$
O MM2						$\perp$	
O MM3							
						$\pm$	$\Box$
O MM4							
● MM5						$\perp$	
○ MM6							
Additional tasks/responsibilities							
<ul> <li>Watershed Improvement Strategy Best Management Practices: watersheds included in GP-0-08-002 Part IX.</li> </ul>	require	d for N	/IS4s	s in in	npaiı	red	
STODMWATED DETROEIT DROCD AM (1V5k)							

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

	2LD	E2	ш						
Name of MS4 TOWN OF NORTH CASTLE	N	Y	R	2	0	A	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	MI	Last Name
M I C H A E L		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		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,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

										7	Və	tor	٠.	าเอ	lit	, <b>T</b>	\re	nd	C										
																	10	<u>nu</u>	. <u>S</u>										
The infor	mat	ion	in 1	his	sec	ctio	n is	bei	ing	rep	orte	ed (	che	ck o	one)	:													
● On beh ○ On beh Ho		of a	co	alit	ion				but	ed	to t	his	rep	ort	?														
1. Has relat One.	ed 1						_				_		_						_			_	-			eas	ure Ye		• No
If Yes, cl	100s	e or	ne o	of tl	he f	follo	wii	ng																					
○ Report	(s) a	ittac	chec	d to	the	e an	nua	l re	por	t																			
○ Web P	age(Ple	ase			_	-			_						ere 1	repo	ort(	(s) c	ean	be	acc	ess	ed	- n	ot h	on	ne p	age	<b>.</b>
	URL																												
		,																											
	URL	,																											
																												=	
																												_	
	URL	,																											

Other

# **MS4 Annual Report Form**

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

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

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

SPDES ID

Nam	e of	M	S4/0	Coa	litic	on_T	OW	N OF	F NO	RTH	CAS	STLI	Ξ											N	Y	R	2	0	A	0	4	4
3.										MS eck						e to	ac	hie	eve	ed	uca	tio	n a	nd	out	trea	ach	go	als	du	rin	g
$\circ$ C	ons	tru	ctio	on S	Site	Op	era	tors	s Tr	aine	ed													#	#Tr	aine	ed					
$\circ$ D	ire	et l	Mai	ling	gs																			#	Ma	ilinį	gs					
$\circ$ K	ios	ks	or (	Oth	er I	Disp	olay	'S																# I	Loca	atio	ns					
$\circ$ L:	ist-	Ser	ves	5																					# I1	n Li	st					
$\circ$ M	Iail	ing	Li	st																					# I1	n Li	st					
$\circ$ N	ew	spa	per	· Ac	ds c	or A	rtic	les																# I	Day	s Ru	ın					
$\bigcirc$ P	ubli	lic Events/Presentations pol Program																# A	Atte	nde	es											
$\circ$ S	cho	ol :	Pro	gra	m																			# A	Atte	nde	es					
$\circ$ T	V S	Spo	t/P	rog	ram	1																		# I	Day	s Ru	ın					
$\bigcirc$ P <sub>1</sub>																						Т	otal	# Di	istri	bute	ed					
	L	ocat	ions	s (e.	g. li	brar	ies,	towi	n off	ices,	kio	sks)																	'			
	L			1								+									$\dashv$											
	F			+								+									$\dashv$											
				1								1									$\dashv$											
$\circ$ o	the	r:																														
• W	/eb	Pa	ge:			vid edec		peci	ific	weł	ad	ldre	sse	S - 1	not	hon	ne p	oage	e. (	Con	tinu	ie o	n no	ext p	pag	e if	ado	litio	onal	spa	ace	is
,	W	W	W		n	0	r	t	h	С	a	s	t	1	е	n	У		С	0	m	/	р	1	a	n	n	i	n	g	/	
	р	a	g	е	s	/	s	t	0	r	m	W	a	t	е	r	_	m	a	n	a	g	е	m	е	n	t	•	h	t	m	
U	RL																															
	_																															

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

						_															7			SPI	DES	ID						
Naı	ne o	f M	S4/C	oal	itio	n_T	OW.	N OI	FNO	RTE	I CA	STL	Е											N	Y	R	2	0	A	0	4	4
3.		eb ]	Page											eb	ado	lres	sses	- n	ot ]	hor	ne j	pag	e.									
	URL							-	-		-													-								
	URL																															
	URL																															
	URL																															
	URL										1																					1
	URL							1																								I

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

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

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

#### 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 information 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.

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

(ex.: samples/participants/events)

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

Yes O No

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

● Yes ○ No

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

Continue 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, 2 0 2 0

Name of MS4/Coalition TOWN OF NORTH CASTLE			N	YR	2	0	A	0 4	4
Minimum Control Measure 2. Public In	volve	men	t/Pa	artic	cipa	atio	<u>n</u>		
The information in this section is being reported (check one):									
● On behalf of an individual MS4 ○ On behalf of a coalition How many MS4s contributed to this report?									
1. What opportunities were provided for public participal development, evaluation and improvement of the Storm (SWMP) Plan during this reporting period? Check all	nwater	Mar	age				ram		
O Cleanup Events			Ŧ	# Eve	nts				
• Comments on SWMP Received			#Co	mme	nts				0
Community Hotlines Phone #	(		)[			_			
Phone # ( 9 1 4 ) 2 7 3 - 3 0 0 0 Phone #	(		)[			_			
Phone # ( Phone #	(		)[			_			
Phone # ( Phone #	(		)[			_			
Phone # ( Phone #	(		)[			_			
Phone # ( Phone #	(		)[			_			
O Community Meetings			# A	ttend	ees				
○ Plantings				Sq.	Ft.				
O Storm Drain Markings			į	# Dra	ins				
O Stakeholder Meetings			# A	ttend	ees				
O Volunteer Monitoring			7	# Eve	nts				
Other:									
2. Was public notice of availability of this annual report a Program (SWMP) Plan provided?	and Sto	rmw	atei	r Ma	nag	-	ent Yes		No
○ List-Serve			ŧ	# In L	ist				
O Newspaper Advertising			# D	ays R	un				
○ TV/Radio Notices			# D	ays R	un				
Other:									
• Web Page URL: Enter URL(s) on the following two pages.									

Name of MS4/Coalition TOWN OF NORTH CASTLE

## **MS4 Annual Report Form**

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

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

SPDES ID

NYR2

0 A

0 4 4

	eas		cor			eci	ific	ad	dre	ess(	es)	wł	ier	e no	otic	e(s	) ca	an l	be :	acc	ess	ed	- ne	ot ł	ıon	ne j	pag	ge.		
W	W	W		n	0	r	t	h	С	a	s	t	1	е	n	У		С	0	m	/	р	1	a	n	n	i	n	g	/
р	a	g	е	s	/	s	t	0	r	m	W	a	t	е	r	-	m	a	n	a	g	е	m	е	n	t		h	t	m
JR.	L_																													
IR.	L																													
IR.	L_																													
JR.	L																													
JR.	L	1												1																
JR.	L																													

Name of MS4/Coalition TOWN OF NORTH CASTLE

## **MS4 Annual Report Form**

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

N

Y R 2

0 A

Plea	L(s) ase p	cor	ı t.: vide	: e sp	eci	fic	ad	dre	ess(	es)	wh	ere	e no	otic	es	can	be	ac	ces	sec	<b>l -</b> 1	not	ho	me	pa	ıge.		
JRL			1						I		I											I				1		Г
_																											<u> </u>	
JRL								-														-				-		
KL																												
JRL																												
	-																											
																												T
JRL																												
	_																										_	_
JRL																												
																												Ħ
																											<u> </u>	
																											 	_
JRL								1																				
	_																											_
JRL																												
KL																												
																											<u> </u>	
+	+	+	$\vdash$	+	$\vdash$		$\vdash$							$\vdash$											$\vdash$		$\vdash$	_

Name of MS4/Coalition TOWN OF NORTH CASTLE

### **MS4 Annual Report Form**

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

3. Where can the public access copies of this annual report, Stormwater Management

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 0 4

het 4/C	her Coal					J													Rep			2	WN	(P	Plai	า		Cor	nm	e
	artı															7 1 1	IIIIG	ui i	СР	OIT		, D	** 1*	11	ı ıuı	.1				_
Т	0	W	N		С	L	Ε	R	K																					
Ado	dres	S																												
1	5		В	Ε	D	F	0	R	D		R	0	A	D																
Cit	Ĭ	7.4		7.7	7.7												Γ,		7.7		Zip		_			]				
A	R	M	0	N	K													N .	Y		1	0	5	0	4	_				_
Pho (	one 9	1	4	)	2	7	3	_	3	3	2	1																		
rary Ado	y dres	s													C	) <b>A</b> 1	nnu	al I	Rep	ort		S	WN	1P ]	Plaı	1	0	Cor	nm	E
Cit	у																				Zip					_				
																										_				
Pho	ne					l				l							_									J		-		
,								1					ì																	
(				)				_																						
er Ado	dres	s		)				_							C	) <b>A</b> 1	nnu	al I	Rep	ort		S'	WM	1P ]	Plar	1	0	Con	nm	
Ado		S		)				-							С	) A1	nnu	al I	Rep			) S'	WM	1P ]	Plar	1	0	Con	nm	
		S		)				<b>-</b>							C	) <b>A</b> 1	nnu	al I	Rep		Zip	S 'S	WM	1P ]	Plaı	]	0	Cor	nm	
Add City	y	S		)				_								) A <sub>1</sub>	nnu	al I	Rep			) S'	WM	1P ]	Plaı	n		Cor	nm	. (
Ado	y	S		)				] <b>-</b>								) A1	nnu	al I	Rep			S (S	WN	МР I	Plar	]		Cor	mm	
City Pho	y		LL:	)															Rep		Zip				Plan	] -		Cor		
City Pho	y one		L:	) )	0	r	t	-  -	C	a	Ω	t	1	е							Zip					] -				
City Pho	one	UR		) ) n m		r	t	] -		a M		t		e g		y Y	nnu	al I	Rep	ort	Zip					] -				
City Pho w	one age	UR						- h								y Y	nnu	al I	Rep	ort	Zip	S	WN			] -				
Add City Pho (  b Pa w	age w	UR w	r	m	W	a	t	h e	r	M	а	n	a		n e	y m	nnu	al I	Rep	ort m	Zip /	b Si	WM m	<b>ПР</b> ]	Plar	] <b>-</b>	01			
Add City Pho (  b Pa w	age w	UR w	r	m	W	a	t	h e	r	M	а	n	a	g	n e	y m	nnu	al I	Rep	ort m	Zip /	b Si	WM m	<b>ПР</b> ]	Plar	] <b>-</b>	ge.		mm	
City Pho W S	age w	UR w	r	m	W	a	t	h e	r	M	а	n	a	g	n e	y m	nnu	al I	Rep	ort m	Zip /	b Si	WM m	<b>ПР</b> ]	Plar	] <b>-</b>	ge.	Cor	mm	
City Pho W S	age w	UR w	r	m	W	a	t	h e	r	M	а	n	a	g	n e	y m	nnu	al I	Rep	ort m	Zip /	b Si	WM m	<b>ПР</b> ]	Plar	] <b>-</b>	ge.	Cor	mm	

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

	SPL	DES ID					
Name of MS4/Coalition TOWN OF NORTH CASTLE	N	YR	2	0	A	0	4 4
4.a. If this report was made available on the internet, what date	e was it po	sted?					
Leave blank if this report was not posted on the internet.	5	/ 0	8	/	2	0	2 0
4.b. For how many days was/will this report be posted?						3	6 5
If submitting a report for single MS4, answer 5.a If submitting	ng a joint re	eport,	ans	wei	5.b	)	
5.a. Was an Annual Report public meeting held in this reporting	ng period?	•			Yes	3	○ No
If Yes, what was the date of the meeting?	0 5	/ 1	3	/	2	0	2 0
If No, is one planned?				0	Yes	3	• No
5.b. Was an Annual Report public meeting held for all MS4s co	ontributin	g to tl	his	rep	ort	duı	ring
this reporting period?				0	Yes	3	<ul><li>No</li></ul>
If No, is one planned for each?				0	Yes	3	• No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.				0	Yes	3	• No

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

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

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

#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Provide opportunity for public input at all public meetings, participate in EOHWC, provide full access to all stormwater materials at the Planning office as well as on the Town website, meetings and events held by the Planning Board, Conservation Board and Recycling committee open to and attended by the Public.

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

The Town holds monthly Conservation Board and bi-weekly Planning Board meetings that are open to the public, and site visits are conducted and potential stormwater mitigation measures are discussed. The Town participates in EOHWC. There has been increased participation from the public at these meetings regarding stormwater measures.

C. How many times was this observation measured or evaluated in this reporting pe	. J	Z.
---	-----	----

				1	
samp	les/	part	tici	pant	:s/events)

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

Yes	○ No

(ex.:

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).

Continue participation in EOHWC, continue discussions on stormwater measures at all public meetings (bi-weekly), where applicable, continue outreach to residents for involvement in volunteer roles (quarterly).

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

Name of MS4/Coalition TOWN OF NORTH CASTLE		N	Y R	2	0 7	. 0	4 4					
Minimum Control Massura 3	Illiait Disahawaa Dataat	ion	and	rı:	min	otic	\m					
Minimum Control Measure 3.	inicit discharge detect	1011	anu		111111	au	<u>)11</u>					
The information in this section is being reported	(check one):											
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to to</li> </ul>	his report?											
1. Enter the number and approx. percent	of outfalls mapped:	4	4 6	#		1 0	0 %					
2. How many of these outfalls have been s reporting period (outfall reconnaissance)	•	scha	ırges	dur	ing 1	his	8 1					
3.a. What types of generating sites/sewershereporting period?	eds were targeted for inspe	ectio	n dur	ing	this							
• Auto Recyclers	O Landscaping (Irrigation)											
<ul><li>Building Maintenance</li></ul>	O Marinas											
<ul><li>Churches</li></ul>	O Metal Plateing Operations											
<ul> <li>Commercial Carwashes</li> </ul>	Outdoor Fluid Storage											
<ul> <li>Commercial Laundry/Dry Cleaners</li> </ul>	O Parking Lot Maintenance											
<ul> <li>Construction Vehicle Washouts</li> </ul>	Printing											
<ul><li>Cross-Connections</li></ul>	O Residential Carwashing											
<ul><li>Distribution Centers</li></ul>	<ul><li>Restaurants</li></ul>											
<ul> <li>Food Processing Facilities</li> </ul>	<ul><li>Schools and Universities</li></ul>											
○ Garbage Truck Washouts	• Septic Maintenance											
○ Hospitals	O Swimming Pools											
O Improper RV Waste Disposal	Vehicle Fueling											
O Industrial Process Water	• Vehicle Maint./Repair Sho	ops										
Other:	○ None				,							
• Sewersheds:												
Byram River,	Kensico&		Cr	0	t c	n						

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

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

SPDES ID

Name of MS4/Coalition TOWN OF NORTH CASTLE		N Y R	2 0 A	0 4	4
3.b.What types of illicit discharges have	been found during this	s reporting period	d?		
O Broken Lines From Sanitary Sewer	O Industrial Connections				
O Cross Connections	○ Inflow/Infiltration				
O Failing Septic Systems	O Pump Station Failure				
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overfl	ows			
O Illegal Dumping	O Straight Pipe Sewer D	ischarges			
Other:  4. How many illicit discharges/potentia	None     Il illegal connections ha	ve been detected	during	this	
reporting period?	S				0
5 TI 111 1 1 1 1	e 11 · 41	. ,	10		
5. How many illicit discharges have be	en commined during th	is reporting perio	iu:		0
6. How many illicit discharges/illegal coperiod?	onnections have been el	iminated during	this rep	ortin	0
7. Has the storm sewershed mapping b	een completed in this r	eporting period?	• Ye	es (	⊃ No
If No, approximately what percent was	completed in this report	ing period?			%
8. Is the above information available in	GIS?		<ul><li>Ye</li></ul>	es (	O No
Is this information available on the			$\circ$ Ye		• No
If Yes, provide URL(s): Please provide specific address of page URL	where map(s) can be acc	eessed - not home	page.		
URL					
					<u> </u>
					<u> </u>

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

JRL														
		+	$\exists$					+						
									<u> </u>					
JRL			Ш											
KL														
		T	$\Box$				T	$\dagger$						
		T	$\Box$				T							
JRL	 			<u> </u>										_
JRL							_							
			H					_	<u> </u>					
		+	$\square$				1	+	-					
			Ш											
JRL		$\bot$	$\perp \perp$				+							
JRL														1

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

If submitting	ng this form as part of a joint report of	on behalf of a coalition	
	TOWALOE MODELL CASTAE		SPDES ID
Name of MS4/Coalition	TOWN OF NORTH CASTLE		N Y R 2 0 A 0 4 4
Use this page to repidentified in your St	gress Toward Measurable Goals ort on your progress and project p ormwater Management Program I tional pages as needed.	lans toward achievin	
	ize the Measurable Goal identif	ied in the SWMPP	in this reporting period.
each outfall with as determine upstream	a standard form for completing of sociated information. Mapping of conveyance. 20% of outfalls instances throughout Town to include a	f entire storm sewer pected annually. Ma	system completed to apping is updated as
B. Briefly summar Goal.	rize the observations that indica	ted the overall effec	ctiveness of this Measurable
continues to enforce	ction forms aid the Highway depa e a law requiring all residents with rears and repaired and rehabilitate	n septic systems to ha	ave the system inspected at
C. How many time	es was this observation measure	d or evaluated in th	is reporting period?
D. Has your MS4	made progress toward this meas	surable goal during	
E. Is your MS4 on	schedule to meet the deadline s	et forth in the SWM	IPP?
•	rize the stormwater activities pla ng cycle (including an implemen	0	● Yes ○ No oals of this MCM during
Continue outfall ins (ongoing).	spections (+/-20% annually). Trai	n any new employee	es on IDDE as needed

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

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

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

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

	Construction Site and Post-Construction Control		
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?		
1a	. Has each MS4 contributing to this report adopted a law, ordinance or other remechanism that provides equivalent protection to the NYS SPDES General Perstormwater Discharges from Construction Activities?	·	,
1b	.Has each Town, City and/or Village contributing to this report documented the equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney certification or using the NYSDE Analysis Workbook?  • Yes	Erosion	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local L  O 09/2004	aw. 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) harviewed in this reporting period?	ve been	8
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of p comments related to construction SWPPPs? • Yes	ublic ○ No	O NT
	If Yes, how many public comments were received during this reporting period?		7
5.	Does your MS4/Coalition provide education and training for contractors about SWPPP process?	t the loca	al ○ No

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

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

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

	SPDES ID		
Nan	ne of MS4/Coalition TOWN OF NORTH CASTLE NY Y R 2	0 A 0	0 4 4
	Minimum Control Measure 4. Construction Site Stormwater Runo	off Cor	<u>ıtrol</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 during this reporting period?	acre or	more 5
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	ır jurisc	diction 4
3.	What percent of active construction sites were inspected during this reporting	_	O NT
4.	What percent of active construction sites were inspected more than once?	1 (	O NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual?   • Yes	e the NY	YS ONT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Preve (SWPPPs) of construction projects that are subject to MS4 review and approva • Yes		lans
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made ave public review?	- 1.0	for
	If Yes, use the following page to identify location(s) where SWPPPs can be accesse	ed.	

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

																						SPI	DES	ID						
Name o	of MS	4/Cc	aliti	on	ГОW	N O	F NC	ORTI	Н СА	STL	Е											N	Y	R	2	0	А	0	4	4
6. co	o <b>n't.</b> ubmi		diti	ona	l pa	age:	s as	s ne	ede	ed.																				
• MS	4/Co	alitio	on (	Offic	ce																									
	Depa																		_	_										
	$\Box$	L A	N	N	I	N	G		D	Ε	Р	A	R	Т	M	Ε	N	Т												
	Addr		Ъ	- T-	Ъ	- T-		Ъ	Ъ		Ъ	0	7\	Ъ						Τ										
	1 City	7	В	E	D	F	0	R	D		R	0	A	D							7in									
		R M	0	N	K												N	1 3	Y		Zip	0	5	0	4	_				
	Phon	e																					-	<u> </u>		J				
	(	9   1	. 4	)	2	7	3	_	3	5	4	2																		
O Lib	rary	•		•				•				,																		
	Addr	ess				1	I	1	I									ı	1									_		
	City		_																$\neg$		Zip					]				
	DI																									-				
	Phon	e	Т	١																										
	( _			<i>)</i>				_																						
Oth																														
	Addr	ess																												
	Cita																				7.									
	City		Τ																		Zip					_				
	L Phon																									] _				_
	(			)				_																						
○ We	h Pac	re II	RI (	٥)٠		leas	se n	rov	ide	sne	cifi	ic a	ddr	200	wh	ere	SW	ъρ	Ps (	can	be a	acce	2556	-d -	not	hoi	me ·	nao	e	
	URL	<b>30</b> 0	ICL(	3).	1	10a	se p	101	rac	spc	(C11)	ic a	aar	000	VV 11V		5 **	11	15	can		accı		u -	1101	1101	ine j	pag	С.	
			+																											=
			+																	<u> </u>										_
	URL		_															I	1	_										

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

ii suomittin	ig this form as part of a joint report on behal	SPDES ID Blank.
Name of MS4/Coalition	TOWN OF NORTH CASTLE	N Y R 2 0 A 0 4 4
value of 1415-4/ Countrion		
7. Evaluating Pro	gress Toward Measurable Goals MCM	I 4
identified in your St	ort on your progress and project plans to cormwater Management Program Plan (S tional pages as needed.	e e
A. Briefly summar	rize the Measurable Goal identified in	the SWMPP in this reporting period.
erosion and sedime management and m	nt control plan at a minimum regardless itigation is required by the Town Consul General Permit. All projects designed	
B. Briefly summar Goal.	ize the observations that indicated the	e overall effectiveness of this Measurable
applicable regulation	rojects reviewed by the Town Consulting ons. Town Consulting Engineer inspects d stormwater mitigation systems and require necessary.	construction sites for compliance with
C. How many time	es was this observation measured or ev	valuated in this reporting period?
·		1 1
D. Has your MS4 1	made progress toward this measurable	e goal during this reporting period?  • Yes • No
E. Is your MS4 on	schedule to meet the deadline set fortl	
		● Yes ○ No
•	rize the stormwater activities planned t ing cycle (including an implementation	9
	, approve and monitor all construction proons. Continue to train contractors on E&	

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

F				SPE	ES ID			
Name of MS4/Coalition	TOWN OF NORTH	CASTLE		N	Y R 2	2 0 A	0	4 4
Minimum (	Control Mea	sure 5. Post	-Constructio	on Stormwa	iter M	<u>anage</u>	<u>eme</u> i	<u>nt</u>
The information in this	is section is bein	ng reported (chec	ck one):					
<ul><li>On behalf of an ind</li><li>On behalf of a coal</li><li>How ma</li></ul>		ributed to this	report?					
1. How many and v MS4/Coalition in	• • •			_		as youi	r	
		# Inventoried	# Inspections	# Times Maintained				
Alternative Practice	es		4	4				
O Filter Systems								
O Infiltration Basins								
Open Channels								
○ Ponds								
O Wetlands								
Other								
2. Do you use an e BMPs, inspection		` •	abase, spreads	heet) to track	a post-co	onstru O Y		<b>1</b> ● No
3. What types of n Development/B		-		-	ow Imp	act		
<ul><li>Building Codes</li></ul>	• Municipal C	omprehensive P	lans					
<ul><li>Overlay Districts</li></ul>	Open Space	Preservation Pro	ogram					
○ Zoning	• Local Law o	r Ordinance						
○ None	• Land Use Re	egulation/Zoning						
<ul><li>Watershed Plans</li></ul>	Other Comp	rehensive Plan						
Other:								

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

	SPDES ID
Name of MS4/Coalition TOWN OF NORTH CASTLE	N Y R 2 0 A 0 4 4
4a. Are the MS4s contributing to this report involved in a regional/	1 0
	● Yes ○ No
4b. Does the MS4 have a banking and credit system for stormwater	r management practices?
	○ Yes ● No
4c. Do the SWMP Plans for each MS4 contributing to this report in and approval of banking and credit of alternative siting of a sto	
4d. How many stormwater management practices have been imple	mented as part of this system in this
reporting period?	0
5. What percent of municipal officials/MS4 staff responsible for p training on Low Impace Development (LID), Better Site Design	<u> </u>
Infrastructure principles in this reporting period?	0 %

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

If submitting this form as part of a joint report on behalf of a	SPDES ID blank.
Name of MS4/Coalition TOWN OF NORTH CASTLE	N Y R 2 0 A 0 4 4
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
The Town is part of the EOHWC. EOHWC has developed a plan goal of reducing the levels of phosphorus in the surface water of t of Hudson River. Continue to inspect and monitor stormwater may	the New York City Watershed East
B. Briefly summarize the observations that indicated the overa	all effectiveness of this Measurable
All new stormwater management practices required as part of SPI The Town is part of the EOHWC. EOHWC has developed a plan goal of reducing the levels of phosphorus in the surface water of t of Hudson River. The Town is working with EOHWC to identify projects for plan - Years 6-10.	n for stormwater retrofits with the the New York City Watershed East
C. How many times was this observation measured or evaluat	red in this reporting period?
	1
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	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	e e
Continue to work with EOHWC to develop and implement a retro Continue to document and inspect post-construction stormwater p	

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

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	А	0	4	4

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

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

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** 

 $\bigcirc$  No

○ No ...... ○ Yes

Operation/Activity/Facility performed within the past 3 Addressed in SWMP? vears? **Operation/Activity/Facility** Street Maintenance..... 9 Yes ○ No ...... • Yes  $\bigcirc$  No Bridge Maintenance.... • Yes ○ No ..... • Yes  $\bigcirc$  No Winter Road Maintenance.... • Yes ○ No ..... • Yes  $\bigcirc$  No Salt Storage..... • Yes ○ No ...... • Yes  $\bigcirc$  No Solid Waste Management..... O Yes ● No ...... ○ Yes No ○ No Yes New Municipal Construction and Land Disturbance.. • Yes  $\bigcirc$  No Right of Way Maintenance..... • Yes  $\bigcirc$  No ● No ..... ○ Yes Marine Operations.... O Yes No Hydrologic Habitat Modification..... O Yes ● No ..... ○ Yes No Parks and Open Space..... 

Yes ○ No Yes  $\bigcirc$  No ○ No ..... • Yes Municipal Building..... • Yes  $\bigcirc$  No ○ No ..... • Yes  $\bigcirc$  No Stormwater System Maintenance..... • Yes ○ No Yes  $\bigcirc$  No Vehicle and Fleet Maintenance.... 

Yes

Other..... O Yes

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

	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 operations	good housekeep	oing pr	ogra	ms:
• Parking Lots Swept (Number of acres X Number of times swept)	# Acres			3
• Streets Swept (Number of miles X Number of times swept)	# Miles		9	6
<ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>	#	1	4 4	2
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#			
O Phosphorus Applied In Chemical Fertilizer	# Lbs.			
O Nitrogen Applied In Chemical Fertilizer	# Lbs.			
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)	# Acres er of			•
3. How many stormwater management trainings have been provide	ded to municipa	al emp	loyee	:S
during this reporting period?	•			1
4. What was the date of the last training?	1 1 / 0 1	/ 2	0 1	. 9
5. How many municipal employees have been trained in this repo	rting period?		3	0
6. What percent of municipal employees in relevant positions and stormwater management training?	departments r	eceive	0 0	%

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

II Sublittilli	ng this form as part of a joint report or		
ſ		SPDES II	
Name of MS4/Coalition	TOWN OF NORTH CASTLE	N Y F	R 2 0 A 0 4 4
Use this page to repeidentified in your St	gress Toward Measurable Goals ort on your progress and project pl tormwater Management Program P tional pages as needed.	ans toward achieving measu	_
A. Briefly summar	rize the Measurable Goal identifi	ed in the SWMPP in this r	eporting period.
improvements and in washing facilities, p	modify their Municipal Operations maintenance measures at all releva parking lot runoff improvements, e fertilizers or pesticides on parkland	nt Town-owned sites included. Continue to train employ	ing potential truck
B. Briefly summar Goal.	rize the observations that indicat	ed the overall effectiveness	of this Measurable
	ss by Town staff on municipal oper street swept and 1442 catch basins		of parking lots
C. How many time	es was this observation measured	•	1
D. Has your MS4 i	made progress toward this measu		ex.: samples/participants/evo orting period? • Yes • No
E. Is your MS4 on	schedule to meet the deadline se	t forth in the SWMPP?	
•	rize the stormwater activities plaing cycle (including an implemen	_	● Yes ○ No his MCM during
	atch basins and sweep streets. Implate the Municipal Operations man		ts as allowable

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

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

S4s must answer the que			
NYC EOH Watershed	Answer	Check NA	(POC)
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Fraditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Von-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
raditional 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	-	-	-
raditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	- 1 4 7 1 0 10 11 12	- 22560 01	- D. d
Traditional Land Use Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens Pathogens
Von-Traditional	1,4,7a-d,9,10,11,12 1,4,7a-d,9	2,3,5,6,8a,8b 2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	2,3,4,3,64,60,10,11,12	- atnogens
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
raditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Ion-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
raditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Ion-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
raditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
' 1'4' 1 NI I 1 II	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
raditional Non-Land Use  Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

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

						_	SPDES I	υ		
Na	me of MS4/Coalition	TOWN OF NORTI	H CASTLE				N Y F	2	0 A	0 4 4
3.	Does your MS4, and Maintenan			water Coi	nveyance	System (		uctu Yes		oection O N/A
4.	Estimate the pe and maintained	_				•		beer		cted
5.	Has your MS4/0 NYSDEC SPDE (GP-0-08-001) t disturb five tho	ES General Po o reduce poll	ermit for St utants in sto	tormwate ormwatei	r Dischar	ges from	Construction	uctio	n Activ	vities
6.	Has your MS4/6 runoff from new equal to one acrepermit for Storthe New York Standards?	w developmen re that provid mwater Discl	nt and redev les equivale narges from	velopmen ent protec Constru	t projects tion to th ction Act	s that dis e NYS D ivities (G	turb gre EC SPD P-0-08-0	eater ES ( 001),	than of General includ	r I
7a	. Does your MS4, phosphorus/nitr				gram to r	educe ero		Yes	O No	O N/A
7b	.How many proj	ects have bee	en sited in th	his report	ting perio	od?				0
	. What percent o	1 0				-		port	ing per	iod?
/d	.What percent o	i projects pla	nned in pre	evious yea	irs have t	been com	-	No	Projects	0 % Planned
8a	.Has your MS4/0 procedures poli lands?						ement p	racti lly o	ces and	
8b	.Has your MS4/0 procedures poli municipally ow	cy that addre	-	-		_	and lea			l ○ N/A

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

	SPDES	עו				
Name of MS4/Coalition TOWN OF NORTH CASTLE	N Y	R 2	0 7	0 A	4	4
9. Has your MS4/Coalition developed and implemented a pro	ogram of native	e plar	nting	?		
		Yes	$\circ$ 1	No	$\circ$ N	/A
10. Has your MS4/Coalition enacted a local law prohibiting po	et waste on mu	nicipa	al pro	per	ties a	and
prohibiting goose feeding?		Yes	$\circ$ 1	No	$\circ$ N	/A
11. Does your MS4/Coalition have a pet waste bag program?		Yes	0 <b>1</b>	J.	O N	T / A
11. Does your 14154/Coantion have a pet waste bag program:		res	O I	NO	O IN	/ <b>A</b>
12. Does your MS4/Coalition have a program to manage goose	e					
populations?	C	Yes	$\circ$ 1	No	N	/A