# Fred Pena COMMISSIONER



# John Tully DEPUTY COMMISSIONER

# DEPARTMENT OF HIGHWAYS & FACILITIES

May 31, 2013

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

Dear Sir or Madam:

Enclosed please find the complete MS4 Annual Report for Putnam County. If you have any questions please contact John Tully at 845-878-6331 ext. 40108.

Sincerely,

Fred Pena, P.E., Esq.

Commissioner

Enc: MS4 Annual Report

### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 3

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This cover page must be completed by the report preparer.	N	Y	R	2	0	A	3	4	3
Joint reports require only one cover page.	L	Ш	l						لـــا

#### Choose one:

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

Fill in SPDES ID in upper right hand corner.

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#### OR

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

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

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Name of Single Entity							
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#### OR

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

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

Name of Coalition		
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### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 3

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

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## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 3

Name of MS4 Putnam County	N         Y         R         2         0         A         3         4         3
Each MS4 must submit an MCC form.	
Section 1 - MCC Identification Page	
Indicate whether this MCC form is being submitted to certify endorsement  • An Annual Report for a single MS4	nt or acceptance of:
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 b	inding agreements.
If Joint Report, enter coalition name:	

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# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	2 0 1 3
Name of MS4 Putnam County	SPDES ID N Y R 2 0 A 3 4 3
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following posit	ions as indicated below:
1. Principal Executive Officer, Chief Elected Official or other qualif GP-0-08-002 Part VI.J).	ied individual (per
2. Duly Authorized Representative (Information for this contact mus Authorized Representative is signing this form)	t only be submitted if a Duly
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 (Ind coordination/implementation of SWMP).	ividual responsible for
5. Report Preparer (Consultants may provide company name in the s	pace provided).
A separate sheet must be submitted for each position listed above	
filled by the same individual. If one individual fills multiple roles, once and check all positions that apply to that individual.	provide the contact information
If a new Duly Authorized Representative is signing this report, the	
provided and a signature authorization form, signed by the Princip Elected Official must be attached.	al Executive Officer or Chief
For each contact, select all that apply:  Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
•	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	
First Name MI Last Name	
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Title	
County Executive	
Address	
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City State	Zip
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Putnam

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## MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 3

	SPDES ID
Name of MS4 Putnam County	N Y R 2 0 A 3 4 3
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all	nermit requirements during this reporting
period?	● Yes ○ No
If Yes, complete information below.	
Submit a separate sheet for each partner. Information provi	
accepted. If your MS4 cooperated with a coalition, submit coalition. It is not necessary to include a separate sheet for	
If No, proceed to Section 4 - Certification Statement.	each MS4 in the coantion.
Partner/CoalitionName	
	shed Corp.
Partner/Coalition Name (con't.)	SPDES Partner ID - If applicable
Address	
2 Route 164	
City	State Zip
Patterson	N Y 1 0 5 1 2 -
eMail	
Phone	ally Binding Agreement in accordance
	GP-0-08-002 Part IV.G.? O Yes O No
What to day (no more illitiation are alread with this newtons (on M	Al Cabarl Duranna Market To 1 No
What tasks/responsibilities are shared with this partner (e.g. M)	wir school Programs or Multiple Tasks)?
O MM1	
O MM2	
O MM3	
O MM4	
O MM5	
O MM6	
Additional tasks/responsibilities	
# 100 m 100	and married Co. MCA.
Watershed Improvement Strategy Best Management Practice watersheds included in GP-0-08-002 Part IX.	ces required for M54s in impaired
STORMWATER RETROFIT PROGRAM	

#### MS4 Municipal Compliance Certification(MCC) Form

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

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Name of MS4	Putnam County		N	Y	R	2	0	A	3	4	3

#### **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.

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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 3

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

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	ehalf of an individual MS4 ehalf of a coalition How many MS4s are contributed to this report?  s this MS4/Coalition produced any reports documenting water quality trends ated to stormwater? If not, answer No and proceed to Minimum Control Measure																													
	How many MS4s are contributed to this report?  Is this MS4/Coalition produced any reports documenting water quality trends ated to stormwater? If not, answer No and proceed to Minimum Control Measure																													
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O Web P	Water 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 related to stormwater? If not, answer No and proceed to Minimum Control Measure  One.  O Yes  No  Separe (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																													
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This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 & 3 \end{bmatrix}$ 

Name of MS4/Coalition Putnam County	SPDES ID  N Y R 2 0 A 3 4 3
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 Management	ent Practices
Check all topics that were included in Education and Outreach d	uring 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
O Infrastructure Maintenance	● Trash Management
○ Smart Growth	O Vehicle Washing
○ Storm Drain Marking	Water Conservation
Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
● Other:  s e p t i c m a i n t e n a n c e   Other	○ None
2. Specific audiences targeted during this reporting period:	
● Public Employees ● Contractors	
● Residential • Developers	
● Businesses ● General Public	
O Restaurants O Industries	
Other: O Agricultural	

This report is being submitted for the reporting period ending March 9, 2 0 1 3

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

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If submittin	g this form as part of a joint report on behalf of a co	oalition leav	ve S	PD	ES	ID	bla	nk.	
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Name of MS4/Coalition	Putnam County	N	Y	R	2	0	Α	3	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.

The County provided a number of different public education strategies during this reporting period. Different demographics, including contractors, businesses, schools, the Putnam County Legislature and the general public, were targeted with specific public education and outreach methods, such as training sessions, direct mailings, kiosks and information booths.

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

The number of mailings, displays, planned public events and training sessions during this reporting period proved to reach a large and diverse portion of the public.

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

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- D. Has your MS4 made progress toward this Measurable Goal during this reporting period?
  - O No
- E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
- O No Yes

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

The County will continue its effort of providing public education and outreach by providing a contractors training, hosting a green infrastructure bus tour, co-hosting a regional stormwater conference, update existing brochures, developing a new brochure on our POCs, and developing a stormwater display.

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 3$ 

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

SI	PDES ID
Name of MS4/Coalition Putnam County	I         Y         R         2         0         A         3         4         3
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward achieving ridentified in your Stormwater Management Program Plan (SWMPP), includi III.C.1. Submit additional pages as needed.	neasurable goals ng requirements in Part
A. Briefly summarize the Measurable Goal identified in the SWMPP in	this reporting period.
B. Briefly summarize the observations that indicated the overall effective Goal.	eness of this Measurable
C. How many times was this observation measured or evaluated in this re	eporting period?
	(ex.: samples/participants/events)
D. Has your MS4 made progress toward this Measurable Goal during the	_
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP	and the same of th
F. Briefly summarize the stormwater activities planned to meet the goals the next reporting cycle (including an implementation schedule).	of this MCM during
The County will review its SWMP Plan, including the practices and the measurin place. As appropriate, modify the practices and measurable goals and/or estartegies and procedures to maximize compliance with the requirements including	ablish as needed the

SPDES Permit. Revise the SWMP Plan based upon the review process.

This report is being submitted for the reporting period ending March 9, 2 0 1 3

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 Putnam County NYR 2 0 A Minimum Control Measure 2. Public Involvement/Participation The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply: Cleanup Events # Events 5 O Comments on SWMP Received # Comments Community Hotlines Phone# 8 6 1 3 Phone # Phone # Phone # Phone # Phone# Phone # Phone # Phone # Phone # Phone # Community Meetings # Attendees 3 2 Plantings 0 0 5 Sq. Ft. O Storm Drain Markings # Drains Stakeholder Meetings # Attendees 1 8 O Volunteer Monitoring # Events Other: Tree 0 5 1 r 0 r a m e n d g e e s 2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? Yes O No O List-Serve # In List O Newspaper Advertising # Days Run O TV/Radio Notices # Days Run Other: websit е O Web Page URL: Enter URL(s) on the following two pages.

MCM 2 Page 1 of 6

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 & 3 \end{bmatrix}$  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 3

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This report is being submitted for the reporting period ending March 9, 2 0 1 3

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This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 & 3 \end{bmatrix}$ 

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Name of MS4/Coalition Putnam County	N	YR	2	0	A .	3 4	3
4.a. If this report was made available on the internet, what date	was it p	osted?	,				
Leave blank if this report was not posted on the internet.	0 5	/ 2	8	]/[	2 (	) 1	. 3
4.b. For how many days was/will this report be posted?					3	3 6	5
If submitting a report for single MS4, answer 5.a If submitting	g a joint 1	eport,	ans	wer	5.b.		
5.a. Was an Annual Report public meeting held in this reporting	g period	?		0	Yes		No
If Yes, what was the date of the meeting?		]/		1			
If No, is one planned?				0	Yes	•	No
5.b. Was an Annual Report public meeting held for all MS4s con	ntributir	ıg to tl	his	repo	ort d	luri	ng
this reporting period?				0	Yes	•	No
If No, is one planned for each?				0	Yes		No
6. Were comments received during this reporting period?				0	Yes	•	No
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.							
5 in response to comments to and reports							

on its website.

### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 1 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
Name of MS4/Coalition Putnam County SPDES ID  N Y R 2 0 A 3 4 3
7. Evaluating Progress Toward Measurable Goals MCM 2
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
The County will continue the following programs: Household Hazardous Waste Collection, E-Waste Collection, Prescription Drug take-back, Tree Program, and the PARC Litter Patrol Program. The County also added a Rain barrel making workshop as well as increased advertisement for these programs.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
The County saw an increase in the participation of the following programs: Household Hazardous Waste Collection, E-Waste Collection, Prescription Drug take-back, Tree Program, and the PARC Litter Patrol Program.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/events)
D. Has your MS4 made progress toward this measurable goal during this reporting period?  ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  • Yes • No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
The County will provide public involvement and participation by holding the following programs: Household Hazardous Waste Collection, E-Waste Collection, Prescription Drug take-back, Seedling/Tree Program, PARC Litter Patrol Program, Rain barrel making workshop, and Basin Marking Program. The County will also update and expand on the information currently provided

This report is being submitted for the reporting period ending March 9, 2 0 1 3

If submitting this form as part of a joint report on behalf of a coalition leave	SPDES ID blank.
SPDE	
Name of MS4/Coalition Putnam County N Y	R 2 0 A 3 4 3
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward achieving measidentified in your Stormwater Management Program Plan (SWMPP), including r III.C.1. Submit additional pages as needed.	surable goals equirements in Part
A. Briefly summarize the Measurable Goal identified in the SWMPP in this	reporting period.
B. Briefly summarize the observations that indicated the overall effectivenes Goal.	s of this Measurable
C. How many times was this observation measured or evaluated in this repo	ting period?
D. Has your MS4 made progress toward this measurable goal during this rep	(ex.: samples/participants/events  porting period?  O Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	
	O Yes O No
F. Briefly summarize the stormwater activities planned to meet the goals of t the next reporting cycle (including an implementation schedule).	his MCM during
The County will review its SWMP Plan, including the practices and the measurab in place. As appropriate, modify the practices and measurable goals and/or establi strategies and procedures to maximize compliance with the requirements included SPDES Permit. Revise the SWMP Plan based upon the review process.	sh as needed the

This report is being submitted for the reporting period ending March 9, 2 0 1 3

		SPDES ID								
Name of MS4/Coalition Putnam County		N Y R 2	0 A 3 4 3							
Minimum Control Measure 3.	Illicit Discharge	Detection and Elin	nination							
The information in this section is being reported	(check one):	· ·								
• On behalf of an individual MS4	(eneck one).									
On behalf of a coalition  How many MS4s contributed to	this report?									
1. Enter the number and approx. percent	of outfalls mapped:	8 4 9 #	1 0 0 %							
2. How many of these outfalls have been s reporting period (outfall reconnaissand	•	ther discharges duri	ng this							
3.a. What types of generating sites/sewersh reporting period?	eds were targeted fo	r inspection during t	his							
O Auto Recyclers	O Landscaping (Irrig	gation)								
O Building Maintenance	O Marinas									
○ Churches	O Metal Plateing Op	erations								
O Commercial Carwashes	Outdoor Fluid Sto	rage								
O Commercial Laundry/Dry Cleaners	Parking Lot Maintenance									
O Construction Vehicle Washouts	O Printing									
O Cross-Connections	O Residential Carwashing									
O Distribution Centers	<ul><li>Restaurants</li></ul>									
O Food Processing Facilities	O Schools and Universities									
O Garbage Truck Washouts	• Septic Maintenance	e								
O Hospitals	<ul><li>Swimming Pools</li></ul>									
O Improper RV Waste Disposal	O Vehicle Fueling									
O Industrial Process Water	• Vehicle Maint./Rep	pair Shops								
• Other:	O None									
County Roads	a n d f a c	i lities								
O Sewersheds:		_								

This report is being submitted for the reporting period ending March 9, 2 0 1 3

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

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Name of MS4/Coalition Putnam County		N	YR	2	0	A 3	3 4	3		
3.b. What types of illicit discharges have	been found during this report	ting	per	iod?	)					
Broken Lines From Sanitary Sewer	O Industrial Connections	O	•							
O Cross Connections	O Inflow/Infiltration									
• Failing Septic Systems	O Pump Station Failure									
● Floor Drains Connected To Storm Sewers	<ul><li>Sanitary Sewer Overflows</li></ul>									
O Illegal Dumping	O Straight Pipe Sewer Discharges	S								
O Other:	○ None									
4. How many illicit discharges/potentia reporting period?	d du	ırin	g thi	_	0					
5. How many illicit discharges have been	n confirmed during this repor	ting	per	iod'	?		2	6		
6. How many illicit discharges/illegal coperiod?	onnections have been eliminate	d dı	ırin	g th	is re	epor	Ť	5		
7. Has the storm sewershed mapping be If No, approximately what percent was			iod'	?	0	Yes	1	No &		
8. Is the above information available in Is this information available on the war If Yes, provide URL(s):						Yes Yes		No No		
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This report is being submitted for the reporting period ending March 9, 2 0 1 3

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This report is being submitted for the reporting period ending March 9, 2 0 1 3

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SPDES ID

Name of MS4/Coalition Putnam County	N Y R 2 0 A 3 4 3
12. Evaluating Progress Toward Measurable Goals MCM 3	
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.
Continuation of the County's Septic Repair Permitting Program an elimination.	nd additional illicit discharge and
B. Briefly summarize the observations that indicated the overa	all effectiveness of this Measurable
During this reporting period, the County made the following obser permits were issued by the County for 241 septic systems, (2) 390 Data and Inspection Forms were submitted by septage haulers, and reported, of which 26 were confirmed and 25 were eliminated. The Inspection Forms were also used to notify the County of septic systems.	8 Putnam County Septic System d (3) 111 illicit discharges were e County's Septic System Data and
C. How many times was this observation measured or evaluate	ed in this reporting period?
	4
D. Has your MS4 made progress toward this measurable goal o	(ex.: samples/participants/even 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 meet the next reporting cycle (including an implementation sched	<u> </u>
To continue the County's Septic Repair Permitting Program and co discharge detection and elimination.	ntinue to expand the illicit

This report is being submitted for the reporting period ending March 9, 2 0 1 3

			SPDES ID		
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12. Evaluating Progress	Toward Measurable	e Goals MCM 3			
Use this page to report on identified in your Stormw III.C.1. Submit additional	ater Management Pro			-	Part
A. Briefly summarize th	e Measurable Goal	identified in the S	WMPP in this repo	orting per	iod.
The Briefly Summarize to	- Ivious division double		· · · · · · · · · · · · · · · · · · ·		
•					
B. Briefly summarize th Goal.					Surable
C. How many times was	this observation me	easured or evaluat	ed in this reporting	period?	
		,, ,			ticipants/events
D. Has your MS4 made	progress toward this	s measurable goal	during this reporti	ng period O Yes	
E. Iawawa MC4 an ashad	ula to most the dead	lling set forth in th	o SW/MDD9	0 103	0110
E. Is your MS4 on sched	ule to meet the dead	imie set ioi in in u	IC 2 AAIMILL ;	O Yes	O No
F. Briefly summarize the the next reporting cyc		_	<del>-</del>		ring
The County will review its in place. As appropriate, no strategies and procedures SPDES Permit. Revise the	nodify the practices a to maximize complia	and measurable goa nce with the require	ls and/or establish as ements included in t	needed t	
· · · · · · · · · · · · · · · · · · ·		_	···		

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$  3

Nai	SPDES ID     N   Y   R   2   0   A   3   4   3   3   3   4   3   3   4   4									
	Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control									
Th	e information in this section is being reported (check one):									
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?									
1a	1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?  • Yes • No									
1b	.Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook?  O Yes  No ONT									
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  © 09/2004 © 03/2006 © NT									
2.	Does your MS4/Coalition have a SWPPP review procedure in place? • Yes ONO									
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?									
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?  • Yes • No • NT									
	If Yes, how many public comments were received during this reporting period?									
5.	Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? • Yes O No									

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

			$\overline{}$		
O Notices of Violation	#			0	O No Authority
O Stop Work Orders	#			0	O No Authority
O Criminal Actions	#			0	O No Authority
O Termination of Contracts	#			0	O No Authority
O Administrative Fines	#			0	O No Authority
O Civil Penalties	#			0	O No Authority
O Administrative Orders	#			0	O No Authority
O Enforcement Actions or Sanctions	#	J		0	
O Other	#			0	O No Authority

public review?

#### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 3$ 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 Putnam County	N Y R 2 0 A 3 4 3
Minimum Control Measure 4. Construction Site St	ormwater Runoff Control
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. How many construction projects have been authorized for dis during this reporting period?	sturbances of one acre or more
2. How many construction projects disturbing at least one acreduring this reporting period?	were active in your jurisdiction
3. What percent of active construction sites were inspected duri	
4. What percent of active construction sites were inspected more	e than once?
5. Do all inspectors working on behalf of the MS4s contributing Construction Stormwater Inspection Manual?	1 0 0 %  to this report use the NYS  ● Yes ○ No ○ NT
6. Does your MS4/Coalition provide public access to Stormwate	r Pollution Prevention Plans

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

(SWPPPs) of construction projects that are subject to MS4 review and approval?

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

 $\bigcirc$  No  $\bigcirc$  NT

O Yes O No

Yes

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 & 3 \end{vmatrix}$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	S	PDE	SID	)				
Name of MS4/Coalition Putnam County		N Y	? R	2	0	A	3	4 3
6. con't.:								
Submit additional pages as needed.								
O MS4/Coalition Office								
Department			T					
Address								
. radies							T	
City	Zip					_		
					-			
Phone								
○ Library								
Address								
City	Zip				Г			1
Phone					_ [			
O Other								
Address								
City	Zip	T			_ [		T	
Phone					<u>-</u> L			
(								
O Web Page URL(s): Please provide specific address where SWPPPs can	be acc	cesse	ed - :	not l	hom	e p	age.	
URL						_	_	
			Щ			1		
URL								

This report is being submitted for the reporting period ending March 9, 2 0 1 3

11 300	mitting this form as part of	a joint report on bena	iii oi a coantior		lank.
Name of MS4/Coa	Alition Putnam County			SPDES ID  N Y R 2 0 F	A 3 4 3
7. Evaluating	Progress Toward Meas	surable Goals MCI	VI 4		
identified in yo	ur Stormwater Managem	ent Program Plan (S			
Name of MS4/Coalition Putnam County  N Y R 2 0 A 3 4 3  7. Evaluating Progress Toward Measurable Goals MCM 4  Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.  A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.  Ensuring that all SWPPPs are reviewed, that active construction sites are inspected and that the inspectors acting on behalf of the County are utilizing the New York State Stormwater Pollution Prevention Manual.  B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.  All SWPPPs are reviewed by qualified county staff, active construction sites were inspected regularly and the County ensured that any inspectors acting on its behalf utilized the New York State Stormwater Pollution Prevention Manual.  C. How many times was this observation measured or evaluated in this reporting period?					
inspectors actir	ng on behalf of the Count				
					<u> </u>
	marize the observations	s that indicated the	overall effec	tiveness of this M	easurable
regularly and th	ne County ensured that an	y inspectors acting			
C How many t	times was this observati	on measured or ev	aluated in thi	s reporting period	
C. How many	tilles was this observati	on measured or ev	aruated iii (ii)		1
D. Has your M	S4 made progress toward	rd this measurable	goal during t		iod?
E. Is your MS4	on schedule to meet the	e deadline set forth	in the SWM		
*	marize the stormwater a	-	0	• Ye als of this MCM	
inspected regula	ll continue to be reviewed arly, and the County will of Stormwater Pollution Pr	ensure that any insp	ectors acting o	on its behalf utilize	

This report is being submitted for the reporting period ending March 9, 2 0 1 3

If submitting this form as part of a joint report on behalf of a coalid				DI	olank		
Name of MS4/Coalition Putnam County		Y		0	A 3	4	3
7. Evaluating Progress Toward Measurable Goals MCM 4							
Use this page to report on your progress and project plans toward achie identified in your Stormwater Management Program Plan (SWMPP), ir III.C.1. Submit additional pages as needed.						Part	
A. Briefly summarize the Measurable Goal identified in the SWMI	P in th	is r	epor	ting	peri	iod.	
B. Briefly summarize the observations that indicated the overall eff Goal.	fectiven	iess	of th	is M	Ieası	urab	le
C. How many times was this observation measured or evaluated in	this rer	ort	ina r	oric			
or many times was this observation measured or evaluated in	uns rep	, or t	mg F		,u.		
						Zurrend-	 nts/event
D. Has your MS4 made progress toward this measurable goal durin	g this i	epo	rting	g per		?	
E. Is your MS4 on schedule to meet the deadline set forth in the SW	мррэ			O I	es	O N	U
20 12 y cm 1.12 1 cm concumo co meco che demando coc 101 m uno 5 y i				0 Y	es	O No	o .
F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule).	goals o	f th	is M	CM	duri	ng	
The County will review its SWMP Plan, including the practices and the in place. As appropriate, modify the practices and measurable goals and strategies and procedures to maximize compliance with the requirements	or estal	blisl	as r	need	ed th		

SPDES Permit. Revise the SWMP Plan based upon the review process.

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$  3

				5.	DE2 II			
Name of MS4/Coalitio	Putnam County				10 July 12		3	4 3
<u>Minimum</u>	Control Mea	asure 5. Post	-Constructio	on Stormy	vater_	Manag	eme	<u>nt</u>
The information in t	his section is bei	ng reported (che	ck one):					
<ul><li>On behalf of an in</li><li>On behalf of a coa</li><li>How n</li></ul>		tributed to this	report?					
1. How many and MS4/Coalition is	what type of po inventoried, insp					s has you	r	
		# Inventoried	# Inspections	# Times Maintaine	d			
Alternative Practice	ces							
● Filter Systems			0	0				
• Infiltration Basins			0	9				
Open Channels			0	3				
<ul><li>Ponds</li></ul>			0	0				
<ul><li>Wetlands</li></ul>			0	0				
O Other			0	0				
2. Do you use an BMPs, inspects			abase, spreadsl	neet) to trac	k post	-constru O Y		• No
3. What types of Development/E				The second secon	Low I	mpact		
O Building Codes	O Municipal C	omprehensive P	lans					
Overlay Districts	Open Space	Preservation Pro	ogram					
○ Zoning	O Local Law o	r Ordinance						
○ None	O Land Use Re	egulation/Zoning						
O Watershed Plans	Other Compi	rehensive Plan						
Other:								

This report is being submitted for the reporting period ending March 9, 2 0 1 3

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		SPI	DES	D						
Nar	me of MS4/Coalition Putnam County	N	Y	R	2	0	Α	3	4	3
4a.	. Are the MS4s contributing to this report involved in a regional/waters	hed w	/ide	pla	nn	_				
						•	Ye	S	0	No
4b	. Does the MS4 have a banking and credit system for stormwater mana	gemei	ıt pr	aci	tice	s?				
						0	Yes	S		No
4c.	. Do the SWMP Plans for each MS4 contributing to this report include and approval of banking and credit of alternative siting of a stormwat	a prot er ma	ocol nag	fo em	r e ent	pr	uati acti Yes	ce?	•	No
4d.	. How many stormwater management practices have been implemented	as pa	rt o	f th	is s	sysi	tem	in	thi	S
	reporting period?	•				[			0	
5.	What percent of municipal officials/MS4 staff responsible for program training on Low Impace Development (LID), Better Site Design (BSD)						tter	ıde	d	
	Infrastructure principles in this reporting period?				_			2	0	%

This report is being submitted for the reporting period ending March 9, 2 0 1 3

Name of MS4/Coalition Putnam County	SPDES ID  N Y R 2 0 A 3 4 3
6. Evaluating Progress Toward Measura	able Goals MCM 5
	d project plans toward achieving measurable goals Program Plan (SWMPP), including requirements in Part
A. Briefly summarize the Measurable Go	oal identified in the SWMPP in this reporting period.
To continue to inventory, inspect, and mair The inventory will be updated annually and be performed as needed based on the inspec	ntain post construction stormwater management practices. I practices will be inspected annually. Maintenance will ctions.
B. Briefly summarize the observations the	nat indicated the overall effectiveness of this Measurable
The County continued to inventory, inspect management practices.	and maintain the post construction stormwater
C. How many times was this observation	measured or evaluated in this reporting period?
·	
D. Has your MS4 made progress toward	(ex.: samples/participants/ever this measurable goal during this reporting period?  • Yes • No
E. Is your MS4 on schedule to meet the d	eadline set forth in the SWMPP?
F. Briefly summarize the stormwater act the next reporting cycle (including an	● Yes ○ No ivities planned to meet the goals of this MCM during implementation schedule).
To continue to inventory, inspect, and main	tain post construction stormwater management practices.

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$  3

				SPDES ID	
Name of MS4/Coal	lition Putnam County			N Y R 2 0	A 3 4 3
6. Evaluating	Progress Toward Me	easurable Goals N	MCM 5		
identified in you	o report on your progre ur Stormwater Manage additional pages as nec	ement Program Pla			
A. Briefly sum	marize the Measural	ole Goal identifie	d in the SWMP	P in this reporting	g period.
B. Briefly sum Goal.	marize the observation	ons that indicated	l the overall effe	ectiveness of this N	Aeasurable
		,			
C How many t	times was this observa	ation measured o	r evaluated in t	his reporting peri	nd?
c. now many t	illes was tills observe	ation mousured o	i ovaranton mi t		
				(ex.: sample	s/participants/events
D. Has your M	S4 made progress tov	vard this measur	able goal during		eriod? Yes O No
E. Is vour MS4	on schedule to meet	the deadline set f	orth in the SWI		162 0 140
e. Is your mist	on senoutie to meet		01 Vm Xm 021 V D V I		es O No
	marize the stormwate orting cycle (includin			goals of this MCM	during
in place. As appr strategies and pr	l review its SWMP Pla ropriate, modify the pr rocedures to maximize Revise the SWMP Pla	ractices and measu compliance with	rable goals and/ the requirements	or establish as need	led the

This report is being submitted for the reporting period ending March 9, 2 0 1 3

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 Putnam County			N Y R 2 0	A 3 4 3
Minimum Control Measure 6. Stormwate	er Man	agement f	or Municipal	<b>Operations</b>
The information in this section is being reported (check o	ne):			
<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>	ort?			
1. Choose/list each municipal operation/facility the Pollutants of Concern to the MS4 system. For operation/facility has been addressed in the MS4 Program(SWMP) Plan and whether a self-assess reporting period. A self-assessment is perform potentially generated by the permittee's operate effectiveness of existing programs and 3) identificated will be addressed by the pollution prevention of done already.	each op S4's/Coaessment ed to: 1) ions and tify the	eration/faci alition's Stor has been pe ) determine I facilities; 2 municipal o	lity indicate who rmwater Manag rformed during the sources of p 2) evaluate the perations and fa	ether the gement the collutants
			Self-Assessi	ment
			Operation/Activi	
		j	performed within	the past 3
Operation/Activity/Facility Add	<u>ressed i</u>	n SWMP?	years?	
Street Maintenance	Yes	O No	• Yes	O No
Bridge Maintenance	O Yes	● No	O Yes	<ul><li>No</li></ul>
Winter Road Maintenance		○ No	• Yes	O No
Salt Storage	Yes	○ No	• Yes	O No
Solid Waste Management			O Yes	<ul><li>No</li></ul>
New Municipal Construction and Land Disturbance			• Yes	O No
Right of Way Maintenance	Yes	○ No	• Yes	O No
Marine Operations	O Yes	● No	O Yes	<ul><li>No</li></ul>

● No ..... ○ Yes

○ No ..... • Yes

○ No Yes

○ No ...... • Yes

○ No ..... • Yes

● No ..... ○ Yes

No

O No

O No

O No

O No

No

Hydrologic Habitat Modification..... O Yes

Parks and Open Space..... 9 Yes

Municipal Building..... • Yes

Stormwater System Maintenance..... • Yes

Vehicle and Fleet Maintenance..... • Yes

Other..... O Yes

This report is being submitted for the reporting period ending March 9, 2 0 1 3 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPI	DES	ID					
Name of MS4/Coalition Putnam County	N	Y	R Z	2 0	A	3	4	3
2. Provide the following information about municipal operations goo	d h	ous	ekee	pin	g p	rog	ran	18:
<ul><li>Parking Lots Swept (Number of acres X Number of times swept)</li></ul>		# A	cres				!	2
• Streets Swept (Number of miles X Number of times swept)		# N	1iles			1	1	1
Catch Basins Inspected and Cleaned Where Necessary			#			7	5	6
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>			#				1	3
Phosphorus Applied In Chemical Fertilizer		#	Lbs.			Π		6
Nitrogen Applied In Chemical Fertilizer		#	Lbs.				1	2
• Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# f	Acı	es		3	7 9	].[	0
3. How many stormwater management trainings have been provided during this reporting period?	to r	nun	icip	al e	mp	loy	1	2
4. What was the date of the last training?	1	/[	0 9	]/	2	0	1	2
5. How many municipal employees have been trained in this reporting	g pe	erio	d?		į			3
6. What percent of municipal employees in relevant positions and depstormwater management training?	art	mei	ıts ı	ece:	ive	1	7	%

This report is being submitted for the reporting period ending March 9, 2 0 1 3

Name of MS4/Coalition Putnam County	SPDES ID N Y R 2 0 A 3 4 3
Trume of 1915 if Countries.	
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMPI III.C.1. Submit additional pages as needed.	- C
A. Briefly summarize the Measurable Goal identified in the SV	VMPP in this reporting period.
To continue and expand maintenance and good house keeping pract	etices.
B. Briefly summarize the observations that indicated the overa Goal.	ll effectiveness of this Measurable
Municipal operations and good house keeping programs included, 111 miles of street sweeping, 756 catch basins cleaned, 13 storm water management training sessions for count	rater management practices
C. How many times was this observation measured or evaluate	d in this reporting period?
	(ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal of	luring this reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in the	● Yes ○ No e SWMPP?
F. Briefly summarize the stormwater activities planned to meet	• Yes O No
the next reporting cycle (including an implementation sched	0
To continue and expand maintenance and good house keeping prac	tices throughout the year.

This report is being submitted for the reporting period ending March 9, 2 0 1 3

Name of MS4/Coalition Putnam County	SPDES ID NYR20A343
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward acidentified in your Stormwater Management Program Plan (SWMPF III.C.1. Submit additional pages as needed.	chieving measurable goals P), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the SW	MPP in this reporting period.
	<u> </u>
B. Briefly summarize the observations that indicated the overal Goal.	ll effectiveness of this Measurable
C. How many times was this observation measured or evaluated	Lin this reporting period?
C. 110W Many times was this observation inclinated of evaluation	in this reporting period:
	(ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal de	
	O Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the	SWMPP?  O Yes O No
F. Briefly summarize the stormwater activities planned to meet	
the next reporting cycle (including an implementation schedu	9
The County will review its SWMP Plan, including the practices and in place. As appropriate, modify the practices and measurable goals strategies and procedures to maximize compliance with the requirem SPDES Permit. Revise the SWMP Plan based upon the review procedures.	and/or establish as needed the nents included in the MS4

This report is being submitted for the reporting period ending March 9, 2 0 1 3

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ame of MS4/Coalition Putnam Co	ounty		SPDES ID N Y R 2 0 A 3
Additional Wate	rshed Improveme	nt Strategy Best M	anagement Practices
ne information in this section	n is being reported (chec	k one):	
On behalf of an individual M On behalf of a coalition How many MS	AS4 4s contributed to this r	eport?	
IS4s must answer the qu	estions or check NA a	as indicated in the tab	le below.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-		(200)
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use Non-Traditional	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Onondaga Lake Watershed	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Dhogaharia
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-		- Thosphorus
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-		-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use Non-Traditional	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens Pathogens
Peconic Estuary	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Doth on an and Misses
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	r amogens and introgen
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
	-		-
LI 27 Embayments Traditional Land Use Traditional Non-Land Use Non-Traditional  Does your MS4/Coalitic	1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9	5,6,8a,8b 5,6,8a,8b 5,6,8a,8b,10,11,12	Pathogens Pathogens Pathogens

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 & 3 \end{bmatrix}$  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 Putnam County	N Y R	2 0 A 3 4 3
3. Does your MS4/Coalition have a Stormwater Conveya and Maintenance Plan Program?	ance System (infrastruc ● Yes	
4. Estimate the percentage of on-site wastewater treatme and maintained or rehabilitated as necessary in this re	ent systems that have be eporting period?	en inspected 5 %
5. Has your MS4/Coalition developed a program that pro NYSDEC SPDES General Permit for Stormwater Disc (GP-0-08-001) to reduce pollutants in stormwater runo	charges from Construct off from construction ac	ion Activities ctivities that
disturb five thousand square feet or more?	· • Yes	O No O N/A
6. Has your MS4/Coalition developed a program to address runoff from new development and redevelopment projectual to one acre that provides equivalent protection to Permit for Stormwater Discharges from Construction the New York State Stormwater Design Manual Enhant Standards?	ects that disturb greate o the NYS DEC SPDES Activities (GP-0-08-001	r than or General ), including
7a. Does your MS4/Coalition have a retrofitting program t phosphorus/nitrogen/pathogen loading?	to reduce erosion or  Yes	O No O N/A
7b. How many projects have been sited in this reporting pe	eriod?	3 7
7c. What percent of the projects included in 7b have been o	completed in this report	
7d. What percent of projects planned in previous years hav	e been completed?	0 %
	O No	Projects Planned
8a. Has your MS4/Coalition developed and implemented a t procedures policy that addresses proper fertilizer applicands?	turf management practication on municipally of Yes	wned
8b.Has your MS4/Coalition developed and implemented a t procedures policy that addresses proper disposal of gras	turf management practi	ices and
municipally owned lands?	O Yes	● No O N/A

This report is being submitted for the reporting period ending March 9, 2 0 1 3

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 Putnam County	N Y R 2	0 A	3 4 3
9. Has your MS4/Coalition developed and implemented a program of	_	_	
	Yes	O No	O N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste			
prohibiting goose feeding?	○ Yes	O No	● N/A
11. Does your MS4/Coalition have a pet waste bag program?	O Yes	O No	● N/A
12. Does your MS4/Coalition have a program to manage goose populations?	O Yes	O No	• N/A

# MS4 Municipal Compliance Certification (MCC) Form MCC form for period ending March 9, 2013

Name of MS4: Putnam County

SPDES ID: NYR2A343

#### Additional Watershed Improvement Strategy Best Management Practices

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

The County has completed mapping a portion of the conveyance system in hard copy maps. That information was uploaded into a GIS map. The County has contracted with an engineering firm to inventory the County's outfalls and conveyance system and use the County's GIS map as a base layer to create maps of the outfalls and conveyance system in GIS format. The engineering firm is currently surveying the County's outfalls and updating that information into a GIS map, which will be expected to be completed on July 31, 2013. When finished with the outfalls, the engineering firm will gather all the data to map the County's conveyance system, including field verify the information from the County's hard copy maps and GIS map and then upload all the information into a GIS map. The engineering firm is on schedule to complete that portion of the mapping by August 31, 2013.

# 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?

The County is a member of the East of Hudson Watershed Corporation (EOHWC), which consists of members representing the municipalities located wholly or partially within the East of Hudson New York City Watershed. The purpose of the EOHWC is to organize, administer, coordinate and implement the stormwater retrofit projects included in the East of Hudson regional stormwater retrofit plans on behalf of the members/municipalities.

#### 7b. How many projects have been sited in this reporting period?

The total sited for this reporting period represents the entire EOHWC.

#### 7d. What percent of projects planned in previous years have been completed?

For the percentage complete from previous years, there is presently an ongoing issue regarding site completion which is being discussed between the EOHWC and the NYSDEC.