

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2020

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, 2020

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 each of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name
 M a r y E l l e n O d e l l

Title
 C o u n t y E x e c u t i v e

Address
 4 0 G l e n e i d a A v e n u e , 3 r d F l o o r

City State Zip
 C a r m e l N Y 1 0 5 1 2 -

eMail
 M a r y e l l e n . o d e l l @ p u t n a m c o u n t y n y . g o

Phone County
 (8 4 5) 8 0 8 - 1 0 0 1 P u t n a m

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Putnam County

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For each contact, select all that apply:

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

First Name MI Last Name
B a r b a r a B a r o s a

Title
S e n i o r P l a n n e r

Address
2 R o u t e 1 6 4

City State Zip
P a t t e r s o n N Y 1 0 5 6 3 -

eMail
b a r b a r a . b a r o s a @ p u t n a m c o u n t y n y . g o v

Phone County
(8 4 5) 8 7 8 - 3 4 8 0 P u t n a m

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2020

Name of MS4 Putnam County

SPDES ID
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.

First Name M a r y E l l e n MI Last Name O d e l l

Title (Clearly print title of individual signing report)
C o u n t y E x e c u t i v e

Signature
Mary Ellen Odell

Date 09 / 26 / 2020

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2020

Name of MS4 Putnam County

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Section 4 - Certification Statement

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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
J o h n T u l l y

Title (Clearly print title of individual signing report)
D e p u t y C o m m i s s i o n e r o f H i g h w a y s

Signature


Date
0 5 / 2 6 / 2 0 2 0

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2020

Name of MS4 Putnam County

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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
L a u r i T a y l o r

Title (Clearly print title of individual signing report)
S o i l a n d W a t e r D i s t r i c t M a n a g e r

Signature
Lauri Taylor

Date
05 / 20 / 2020

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

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

Putnam County

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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

B a r b a r a

MI

Last Name

B a r o s a

Title (Clearly print title of individual signing report)

S e n i o r P l a n n e r

Signature

Barbara Barosa

Date

0 5 / 2 0 / 2 0 2 0

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Putnam County

SPDES ID

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

- | | | | | | | | |
|--|---------------------|--|---|---|---|---|---|
| <input type="radio"/> Construction Site Operators Trained | # Trained | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Direct Mailings | # Mailings | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>2</td></tr></table> | | | | 2 | |
| | | | 2 | | | | |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>5</td></tr></table> | | | | 5 | |
| | | | 5 | | | | |
| <input type="radio"/> List-Serves | # In List | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Mailing List | # In List | <table border="1" style="display: inline-table;"><tr><td> </td><td>2</td><td>0</td><td>0</td><td>0</td></tr></table> | | 2 | 0 | 0 | 0 |
| | 2 | 0 | 0 | 0 | | | |
| <input checked="" type="radio"/> Newspaper Ads or Articles | # Days Run | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>1</td><td>5</td></tr></table> | | | 1 | 5 | |
| | | 1 | 5 | | | | |
| <input checked="" type="radio"/> Public Events/Presentations | # Attendees | <table border="1" style="display: inline-table;"><tr><td> </td><td>5</td><td>5</td><td>5</td><td>0</td></tr></table> | | 5 | 5 | 5 | 0 |
| | 5 | 5 | 5 | 0 | | | |
| <input type="radio"/> School Program | # Attendees | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> TV Spot/Program | # Days Run | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Printed Materials: | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td> </td><td>2</td><td>0</td><td>0</td><td>0</td></tr></table> | | 2 | 0 | 0 | 0 |
| | 2 | 0 | 0 | 0 | | | |

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

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H	e	a	l	t	h	/	D	M	V	D	e	p	t	s				
C	o	u	n	t	y	P	a	r	k	/	T	F	F	a	r	m		
C	o	u	n	t	y	F	a	i	r	B	o	o	t	h				

Other:

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

URL

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

Putnam County

SPDES ID

N	Y	R	2	0	3	4	3
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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The County provided a number of public education strategies during this reporting period targeting contractors, businesses, schools, county staff, elected officials and the general public. Outreach methods include 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 mailing, displays, planned public events and training sessions during this reporting period proved to reach a large and diverse portion of the public. The improved website proved to be very effective in reaching people this year.

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

		1	2
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(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).

Putnam County will revise a brochure, develop a stormwater display and put digital versions of all existing brochures on the County website. Putnam County will also continue to enhance the riparian buffer along Lake Gleneida in order to remove pollutants prior to stormwater reaching the Lake. Putnam County will continue to work with landowners on erosion & sediment control practices as well as controlling/ preventing stormwater runoff.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

NYR20343

2. URL(s) con't.:

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

URL

http://www.putnamcountyny.com/
highwaydept/ms4

URL

URL

URL

URL

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URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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 3 4 3

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

MS4/Coalition Office Annual Report SWMP Plan Comments

Department
P l a n n i n g D e p t

Address
2 R o u t e 1 6 4

City Zip
P a t t e r s o n N Y 1 2 5 6 3 -

Phone
(8 4 5) 8 7 8 - 3 4 8 0

Library Annual Report SWMP Plan Comments

Address

City Zip

Phone
() -

Other Annual Report SWMP Plan Comments

Address
D e p t o f H i g h w a y s a n d F a c i l i t i e s

City Zip
C a r m e l N Y 1 0 5 1 2 -

Phone
(8 4 5) 8 7 8 - 6 3 3 1

Web Page URL: Annual Report SWMP Plan Comments

h t t p : / / w w w . p u t n a m c o u n t y n y . c o m /
h i g h w a y d e p t / m s 4

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

eMail Comments

j o h n . t u l l y @ p u t n a m c o u n t y n y . g o v

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Putnam County

SPDES ID

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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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2	0
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 /

2	0	2	0
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4.b. For how many days was/will this report be posted?

3	6	5
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

Yes No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Putnam County

SPDES ID

N	Y	R	2	0	3	4	3
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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 continued the following programs: Household Hazardous Waste Collection, E-Waste Collection, Prescription Drug Take Back, Tree Program, and PARC Litter Patrol, along with planting a riparian buffer along the eastern side of Lake Gleneida. The County also developed a green infrastructure plan for the County owned farm.

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

Participation in the following programs remained steady: Household Hazardous Waste Collection, Prescription Drug Take Back, Tree Program, and PARC Litter Patrol Program. In addition, drop boxes are provided at the County Sheriff's Department, the Carmel, Kent, Philipstown and Putnam Valley Police Department for the return of unused and/ or expired medications. It appears that through increased public knowledge, more drugs are being returned for proper disposal.

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

		1	6
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(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).

Putnam County will hold the following programs: Household Hazardous Waste Collection (spring and fall), E-Waste Collection (1 permanent site), Prescription Drug Take Back (minimum 2 times per year), Tree Program (annually), and PARC Litter Patrol Program (march to November weather permitting), a Rain barrel making workshop and basin marking program. The County will develop and install signage explaining the importance of a riparian buffer along Lake Gleneida.

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Name of MS4/Coalition

Putnam County

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12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Continuation of County's septic repair permitting program and additional IDDE detection and elimination.

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

During this reporting period, the County made the following observations: 1) 252 repair permits were issued by the County for septic systems, 2) 3214 Putnam County Data and Inspection Forms were submitted by septic haulers, and 3) illicit discharges were reported, of which 12 were confirmed and 10 were eliminated (2 extended beyond the reporting period). The County Septic Data and Inspection Forms were also used to notify the County of septic failures.

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

			4
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(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).

Continuation of the following actions: the County Septic System Repair Permitting Program (including pre and post inspections of repairs), to require erosion control measures be shown on proposed construction plans and to inspect new residential and commercial sites for proper erosion control measures, and to continue and expand the illicit discharge detection and elimination efforts.

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Putnam County

SPDES ID

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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

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

How many MS4s contributed to this report?

--	--	--

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? Yes No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

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

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

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

		1
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? Yes No NT

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

		0
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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? Yes No

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

- | | | | | | | | | | |
|---|---|--|--|--|---|--|--|---|---|
| <input checked="" type="radio"/> Notices of Violation | # | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> | | | | | | 0 | <input type="radio"/> No Authority |
| | | | | | 0 | | | | |
| <input checked="" type="radio"/> Stop Work Orders | # | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> | | | | | | 0 | <input type="radio"/> No Authority |
| | | | | | 0 | | | | |
| <input type="radio"/> Criminal Actions | # | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | <input checked="" type="radio"/> No Authority |
| | | | | | | | | | |
| <input checked="" type="radio"/> Termination of Contracts | # | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> | | | | | | 0 | <input type="radio"/> No Authority |
| | | | | | 0 | | | | |
| <input type="radio"/> Administrative Fines | # | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | <input checked="" type="radio"/> No Authority |
| | | | | | | | | | |
| <input type="radio"/> Civil Penalties | # | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | <input checked="" type="radio"/> No Authority |
| | | | | | | | | | |
| <input type="radio"/> Administrative Orders | # | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | <input checked="" type="radio"/> No Authority |
| | | | | | | | | | |
| <input checked="" type="radio"/> Enforcement Actions or Sanctions | # | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> | | | | | | 0 | |
| | | | | | 0 | | | | |
| <input type="radio"/> Other | # | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | <input checked="" type="radio"/> No Authority |
| | | | | | | | | | |

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	3	4	3
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

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

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

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

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

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

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

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

MS4 Annual Report Form

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Name of MS4/Coalition Putnam County

SPDES ID
N Y R 2 0 3 4 3

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

Dept. of Highways & Facilities

Address

842 Fair Street

City

Carmel

NY

Zip

10512

Phone

(845) 878-6331

Library

Address

City

Zip

Phone

() -

Other

Address

City

Zip

Phone

() -

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

URL

URL

MS4 Annual Report Form

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

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Name of MS4/Coalition

Putnam County

SPDES ID

N	Y	R	2	0	3	4	3
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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.I. Submit additional pages as needed.

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

Continue to ensure that all SWPPPs are reviewed, that active construction sites are inspected, and that the inspectors acting on behalf of the county are utilizing the NYS Stormwater Pollution Prevention Manual.

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

Active construction sites were inspected regularly (at least weekly by qualified inspectors, and the County ensures that any inspectors acting on our behalf utilized the NYS Stormwater Pollution Prevention Manual.

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

			1
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(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).

All new SWPPPs will continue to be reviewed by qualified staff. Active construction sites will be inspected regularly, using the NYS Stormwater Pollution Prevention Manual.

MS4 Annual Report Form

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

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Name of MS4/Coalition

Putnam County

SPDES ID

N	Y	R	2	0	3	4	3
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?
 Yes No

4b. Does the MS4 have a banking and credit system for stormwater management practices?
 Yes No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?
 Yes No

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

		0
--	--	---

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

	1	5
--	---	---

 %

MS4 Annual Report Form

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

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Name of MS4/Coalition

Putnam County

SPDES ID

N	Y	R	2	0	3	4	3
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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

Continue to inventory, inspect and maintain post construction stormwater management practices. The inventory will be updated annually and practices will be inspected annually. Maintenance will be performed as needed based on the inspections.

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

The County continues to inventory, inspect and maintain the post construction stormwater management practices to ensure effectiveness.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

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).

To continue to inventory, inspect and maintain post construction stormwater management practices.

MS4 Annual Report Form

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

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Name of MS4/Coalition

Putnam County

SPDES ID

N	Y	R	2	0	3	4	3
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Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

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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.

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Putnam County

SPDES ID

N	Y	R	2	0	3	4	3	
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2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

				6
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles

			7	0
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		1	0	2
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			6	8
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

			1	2
--	--	--	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

	3	9	6	0
--	---	---	---	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

	4	4	8	.	0
--	---	---	---	---	---

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

				4
--	--	--	--	---

4. What was the date of the last training?

1	0	/	1	6	/	2	0	1	9
---	---	---	---	---	---	---	---	---	---

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

	3	5
--	---	---

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

	2	5	%
--	---	---	---

MS4 Annual Report Form

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

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Name of MS4/Coalition

Putnam County

SPDES ID

N	Y	R	2	0	3	4	3
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7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

To continue and expand maintenance and good housekeeping practices.

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

Municipal operations and good housekeeping included sweeping, catch basin cleaning and maintenance of existing stormwater practices were performed and met goals.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

To continue and expand maintenance and good housekeeping practices throughout the year.

MS4 Annual Report Form

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.

Name of MS4/Coalition Putnam County

SPDES ID
N Y R 2 0 3 4 3

Additional Watershed Improvement Strategy Best Management Practices

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?

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

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed			
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed			
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed			
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay			
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary			
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed			
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments			
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

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

Estimate what percentage was mapped in this reporting period. %

MS4 Annual Report Form

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Name of MS4/Coalition

Putnam County

SPDES ID

N	Y	R	2	0	3	4	3	
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? Yes No N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

		5
--	--	---

 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? Yes No N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? Yes No N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A

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

		0
--	--	---

7c. What percent of the projects included in 7b have been completed in this reporting period?

		0
--	--	---

 %

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

1	0	0
---	---	---

 %

No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? Yes No N/A

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Putnam County

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N	Y	R	2	0	3	4	3	
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- 9. Has your MS4/Coalition developed and implemented a program of native planting?
 Yes No N/A

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

- 11. Does your MS4/Coalition have a pet waste bag program?
 Yes No N/A

- 12. Does your MS4/Coalition have a program to manage goose populations?
 Yes No N/A