

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2021

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, 2021

SPDES ID

Name of MS4 Putnam County

NYR20A343

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, 2021

Name of MS4 Putnam County

SPDES ID
N Y R 2 0 A 3 4 3

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- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name
J o h n T u l l y

Title
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

Address
8 4 2 F a i r S t r e e t

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

eMail
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

Phone County
(8 4 5) 8 7 8 - 6 3 3 1 P u t n a m

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID

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

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2021

Name of MS4 Putnam County

SPDES ID
N Y R 2 0 A 3 4 3

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- 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 2 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

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, 2021

Name of MS4

SPDES ID
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 permit requirements during this reporting period? Yes No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.) SPDES Partner ID - If applicable
N Y R 2 0

Address

City State Zip -

eMail

Phone () -

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- MM1
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2021

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 MI Last Name
M a r y E l l e n 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
5 / 7 / 2021

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 1

Name of MS4 Putnam County

SPDES ID
N Y R 2 0 A 3 4 3

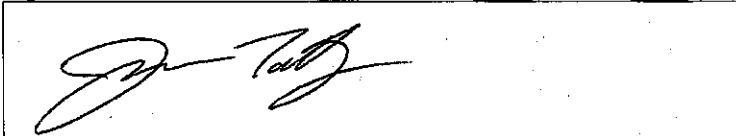
Section 4 - Certification Statement

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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
JB 

Date
0 4 / 2 7 / 2 0 2 1

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

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MCC form for period ending March 9, 2021

Name of MS4 Putnam County

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N Y R 2 0 A

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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
Lauri Taylor

Title (Clearly print title of individual signing report)
District Manager

Signature
Lauri Taylor

Date
04 / 30 / 2021

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance
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,

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Name of MS4

Putnam County

SPDES ID

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



Date

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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, 2021

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 NYR 20343

Minimum Control Measure 1. Public Education and Outreach

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. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- Construction Sites
General Stormwater Management Information
Household Hazardous Waste Disposal
Illicit Discharge Detection and Elimination
Infrastructure Maintenance
Smart Growth
Storm Drain Marking
Green Infrastructure/Better Site Design/Low Impact Development
Other:
Pesticide and Fertilizer Application
Pet Waste Management
Recycling
Riparian Corridor Protection/Restoration
Trash Management
Vehicle Washing
Water Conservation
Wetland Protection
None

Other: septic maintenance

2. Specific audiences targeted during this reporting period:

- Public Employees
Contractors
Residential
Developers
Businesses
General Public
Restaurants
Industries
Other:
Agricultural

Other:

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><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> </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> </td><td>1</td></tr></table> | | | | | 1 |
| | | | | 1 | | | |
| <input type="radio"/> List-Serves | # In List | <table border="1" style="display: inline-table;"><tr><td> </td><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>1</td><td>0</td><td>0</td><td>0</td></tr></table> | | 1 | 0 | 0 | 0 |
| | 1 | 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> </td><td>1</td><td>0</td></tr></table> | | | | 1 | 0 |
| | | | 1 | 0 | | | |
| <input checked="" type="radio"/> Public Events/Presentations | # Attendees | <table border="1" style="display: inline-table;"><tr><td> </td><td>1</td><td>5</td><td>0</td><td>0</td></tr></table> | | 1 | 5 | 0 | 0 |
| | 1 | 5 | 0 | 0 | | | |
| <input type="radio"/> School Program | # Attendees | <table border="1" style="display: inline-table;"><tr><td> </td><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><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Printed Materials: | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>5</td><td>0</td><td>0</td></tr></table> | | | 5 | 0 | 0 |
| | | 5 | 0 | 0 | | | |

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

P	l	a	n	n	i	n	g	/	H	i	g	h	w	a	y	/		
H	e	a	l	t	h													
C	o	u	n	t	y				P	a	r	k						

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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Name of MS4/Coalition

Putnam County

SPDES ID

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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 Soil & Water Conservation District partnered with the Lower Hudson Coalition of Conservation District for the virtual Annual Southeast Stormwater Conference, held the Annual Seedling Sale with direct mailing and information on the County website. Updated information on the County website, direct mailings, press releases and educational material was handed out.

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 continue to update the website, hold annual programs, continue to improve the riparian buffer on Lake Gleneida and increase the green infrastructure demonstrations and plantings at Putnam County's Tilly Foster Farm and Educational Institute. Putnam County will continue to work with landowners on erosion & sediment control practices as well as controlling/preventing stormwater runoff.

MS4 Annual Report Form

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Name of MS4/Coalition Putnam County

SPDES ID NYR20343

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 1
Comments on SWMP Received # Comments
Community Hotlines Phone # (845) 808-1390
Community Meetings # Attendees 20
Plantings Sq. Ft. 25000
Storm Drain Markings # Drains
Stakeholder Meetings # Attendees 5
Volunteer Monitoring # Events
Other: Annual Seedling

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

Yes No

- List-Serve # In List
Newspaper Advertising # Days Run
TV/Radio Notices # Days Run
Other: County website

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

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Name of MS4/Coalition

SPDES ID
N Y R 2 0 3 4 3

2. URL(s) con't.:

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

URL

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h	i	g	h	w	a	y	d	e	p	t	/	m	s	4																

URL

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MS4 Annual Report Form

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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																			
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2	0	3	4	3				

2. URL(s) con't.:

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

URL

URL

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Name of MS4/Coalition

Putnam County									
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SPDES ID

N	Y	R	2	0	3	4	3
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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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1	0
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2	0	2	1
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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?

0	5
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 /

2	0
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2	0	2	1
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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 (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.

The County continued the following programs: Household Hazardous Waste Collection, E-Waste Collection, Prescription Drug Take Back, Tree Program, and PARC Litter Patrol, and Annual Southeast Stormwater Conference. The County is continuing with the riparian buffer improvements along Lake Gleneida. The County also implementing green infrastructure practices at Tilly Foster Farm & Educational Institute.

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. These programs have provided education, awareness and involvement on a countywide basis.

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

			8
--	--	--	---

(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).

Putnam County will continue to hold the above programs and annual events. The County will continue to implement green infrastructure practices and educational signage as well as partnering with Cornell Cooperative Extension, East of Hudson Watershed Agricultural Council, and East of Hudson Watershed Corporation to provide additional education and outreach.

MS4 Annual Report Form

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

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Name of MS4/Coalition Putnam County

SPDES ID
N Y R 2 0 3 4 3

3.b. What types of illicit discharges have been found during this reporting period?

- | | |
|---|--|
| <input checked="" type="radio"/> Broken Lines From Sanitary Sewer | <input type="radio"/> Industrial Connections |
| <input type="radio"/> Cross Connections | <input type="radio"/> Inflow/Infiltration |
| <input checked="" type="radio"/> Failing Septic Systems | <input type="radio"/> Pump Station Failure |
| <input type="radio"/> Floor Drains Connected To Storm Sewers | <input type="radio"/> Sanitary Sewer Overflows |
| <input type="radio"/> Illegal Dumping | <input type="radio"/> Straight Pipe Sewer Discharges |
| <input type="radio"/> Other: | <input type="radio"/> None |
-

4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 7

5. How many illicit discharges have been confirmed during this reporting period? 7

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 7

7. Has the storm sewershed mapping been completed in this reporting period? Yes No
 If No, approximately what percent was completed in this reporting period? %

8. Is the above information available in GIS? Yes No
Is this information available on the web? Yes No
 If Yes, provide URL(s):

Please provide specific address of page where map(s) 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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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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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 (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.

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) 391 repair permits were issued by the County for septic systems, 2) 3028 Putnam County Data and Inspection Forms were submitted by septage haulers, and 3) illicit discharges were reported, of which 7 were confirmed and 7 were eliminated. 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?

			5
--	--	--	---

(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).

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.

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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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?

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- 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?**

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

- 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:

- Notices of Violation #

				0
--	--	--	--	---

 No Authority
- Stop Work Orders #

				0
--	--	--	--	---

 No Authority
- Criminal Actions #

--	--	--	--	--

 No Authority
- Termination of Contracts #

				0
--	--	--	--	---

 No Authority
- Administrative Fines #

--	--	--	--	--

 No Authority
- Civil Penalties #

--	--	--	--	--

 No Authority
- Administrative Orders #

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions #

				0
--	--	--	--	---
- Other #

--	--	--	--	--

 No Authority

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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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?

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

		1
--	--	---

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

		1
--	--	---

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

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

 %

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

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

 %

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

This report is being submitted for the reporting period ending March 9, 2021

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

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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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 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.

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
--	--	--	---

(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, 2 0 2 1

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

Minimum Control Measure 5. Post-Construction Stormwater Management

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

	# Inventoried	# Inspections	# Times Maintained
<input checked="" type="radio"/> Alternative Practices	 3	 3	 0
<input checked="" type="radio"/> Filter Systems	 4	 4	 4
<input checked="" type="radio"/> Infiltration Basins	 6	 6	 4
<input checked="" type="radio"/> Open Channels	 3 0	 3 0	 3 0
<input checked="" type="radio"/> Ponds	 1 3	 1 3	 1 3
<input checked="" type="radio"/> Wetlands	 3	 3	 3
<input type="radio"/> Other	 	 	

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? Yes No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- Building Codes Municipal Comprehensive Plans
- Overlay Districts Open Space Preservation Program
- Zoning Local Law or Ordinance
- None Land Use Regulation/Zoning
- Watershed Plans Other Comprehensive Plan

Other:

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									
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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?

		5
--	--	---

 %

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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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

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?

			4
--	--	--	---

(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 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,

2	0	2	1
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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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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.

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

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

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									
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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

		1	1	6
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		2	5	6
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			6	0
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

			1	0
--	--	--	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

	3	8	8	0
--	---	---	---	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

	4	7	4	.	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?

0	7	/	2	8	/	2	0	2	0
---	---	---	---	---	---	---	---	---	---

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

	3	4
--	---	---

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

	2	5	%
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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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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 (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.

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?

			2
--	--	--	---

(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 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,

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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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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?

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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

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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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
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 %

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

		0
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 %

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

1	0	0
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 %

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

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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- 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