

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2015

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

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 5

Name of MS4 Village of Elmsford

SPDES ID
N Y R 2 0 A 3 1 2

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 i c h a e l M i l l s

Title
V i l l a g e A d m i n i s t r a t o r

Address
1 5 S o u t h S t o n e A v e n u e

City State Zip
E l m s f o r d N Y 1 0 5 2 3 -

eMail
m m i l l s @ e l m s f o r d n y . o r g

Phone County
(9 1 4) 5 9 2 - 6 5 5 5 W e s t c h e s t e r

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2015

Name of MS4 Village of Elmsford

SPDES ID
N Y R 2 0 A 3 1 2

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

D o l p h R o t f e l d E n g i n e e r i n g

Title

Address
2 0 0 W h i t e P l a i n s R o a d

City State Zip
T a r r y t o w n N Y 1 0 5 9 1 -

eMail
m r i t c h i e @ d r e p c . c o m

Phone County
(9 1 4) 6 3 1 - 8 6 0 0 W e s t c h e s t e r

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 5

Name of MS4 Village of Elmsford

SPDES ID
N Y R 2 0 A 3 1 2

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
A n t h o n y C a p i c o t t o

Title
V i l l a g e E n g i n e e r

Address
1 5 S o u t h S t o n e A v e n u e

City State Zip
E l m s f o r d N Y 1 0 5 2 3 -

eMail
a c a p i c o t t o @ e l m s f o r d n y . o r g

Phone County
(9 1 4) 3 4 5 - 1 5 5 3 W e s t c h e s t e r

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2015

Name of MS4

SPDES ID

N	Y	R	2	0	A	3	1	2
---	---	---	---	---	---	---	---	---

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

S a w M i l l R i v e r C o a l i t i o n

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

Address

2 2 M a i n S t r e e t

City

Y o n k e r s

State

N Y

Zip

1 0 7 0 1 -

eMail

a n n m a r i e @ g r o u n d w o r k y o n k e r s . o r g

Phone

(9 1 4) 3 7 5 - 2 1 5 1

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 G e n e r a l S t o r m w a t e r E d u c a t i o n

MM2

MM3

MM4 L a n d U s e

MM5

MM6 H a b i t a t R e s t o r a t i o n

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, 2 0 1 5

Name of MS4 Village of Elmsford

SPDES ID
N Y R 2 0 A 3 1 2


Section 4 - Certification Statement

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

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

First Name M i c h a e l MI Last Name M i l l s

Title (Clearly print title of individual signing report)
V i l l a g e A d m i n i s t r a t o r

Signature


Date 05 / 11 / 2015

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, 2015

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	A	3	1	2
---	---	---	---	---	---	---	---	---

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

Construction Site Operators Trained

Trained

--	--	--	--

Direct Mailings

Mailings

			1
--	--	--	---

Kiosks or Other Displays

Locations

			2
--	--	--	---

List-Serves

In List

--	--	--	--

Mailing List

In List

--	--	--	--

Newspaper Ads or Articles

Days Run

--	--	--	--

Public Events/Presentations

Attendees

	7	5	0
--	---	---	---

School Program

Attendees

--	--	--	--

TV Spot/Program

Days Run

--	--	--	--

Printed Materials:

Total # Distributed

	1	8	5
--	---	---	---

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

V	i	l	l	a	g	e		H	a	l	l								
S	e	n	i	o	r			C	e	n	t	e	r						

Other:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

URL

h	t	t	p	:	/	/	w	w	w	.	e	l	m	s	f	o	r	d	n	y	.	o	r	g	/	P	a	g	e	s	
/	E	l	m	s	f	o	r	d	N	Y	_	B	c	o	m	m	/	s	t	o	r	m	w	a	t	e	r	/			
i	n	d	e	x																											

URL

h	t	t	p	:	/	/	w	w	w	.	w	e	s	t	c	h	e	s	t	e	r	g	o	v	.	c	o	m	/	s	t
o	r	m	w	a	t	e	r																								

MS4 Annual Report Form

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

2	0	1	5
---	---	---	---

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

Name of MS4/Coalition

Village of Elmsford

SPDES ID

N	Y	R	2	0	A	3	1	2
---	---	---	---	---	---	---	---	---

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 Village has a Stormwater Questionnaire for the public to respond to. The questionnaire is available on the Village website and in hard copy in the Building Department and Village Clerk's Office for pickup, completion and return. Literature available at Village Hall and on the website. An information poster is set up in the lobby of Village Hall.

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

No questionnaires returned this reporting period. 185 pieces of literature distributed at Village Hall on Green Infrastructure/Better Site Design and General Stormwater items.

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

		0	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).

Questionnaires and literature to remain available in Village Clerks and Building Department Offices.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2015

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 A 3 1 2

2. URL(s) con't.:

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

URL

h t t p : / / w w w . e l m s f o r d n y . o r g / P a g e s /
E l m s f o r d N Y _ T r u s t e e A g e n d a /

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 5

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 A 3 1 2

2. URL(s) con't.:

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

URL

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2015

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

Name of MS4/Coalition Village of Elmsford

SPDES ID
N Y R 2 0 A 3 1 2

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
B u i l d i n g D e p a r t m e n t

Address
1 5 S o u t h S t o n e A v e n u e

City
E l m s f o r d N Y Zip
1 0 5 2 3 -

Phone
(9 1 4) 3 4 5 - 1 5 5 3

- Library Annual Report SWMP Plan Comments

Address

City Zip

Phone
() -

- Other Annual Report SWMP Plan Comments

Address

City Zip

Phone
() -

- Web Page URL: Annual Report SWMP Plan Comments

h t t p : / / w w w . e l m s f o r d n y . o r g / p a g e s
/ E l m s f o r d N Y B c o m m / S t o r m w a t e r / i n
d e x

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

- eMail Comments

MS4 Annual Report Form

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

2	0	1	5
---	---	---	---

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

Name of MS4/Coalition:

Village of Elmsford

SPDES ID

N	Y	R	2	0	A	3	1	2
---	---	---	---	---	---	---	---	---

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.

0	4
---	---

 /

1	6
---	---

 /

2	0	1	4
---	---	---	---

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

3	6	5
---	---	---

If submitting a report for single MS4, answer 5.a.. If submitting 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	4
---	---

 /

1	5
---	---

 /

2	0	1	4
---	---	---	---

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,

2	0	1	5
---	---	---	---

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

Name of MS4/Coalition

Village of Elmsford

SPDES ID

N	Y	R	2	0	A	3	1	2
---	---	---	---	---	---	---	---	---

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.

Questionnaire made available to the public for response as to their understanding of the Village's Stormwater Management Program. Literature invites public participation in stormwater activities.

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

No questionnaires returned this reporting period. Villages continues to publish volunteer contact information on all literature. Village had celebration day where literature is made available to the public

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).

Continue making questionnaire available for public input. Continue inviting volunteers to participate.

MS4 Annual Report Form

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

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

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

On behalf of an individual MS4

On behalf of a coalition

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped: 28 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 28

3.a.What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other:
- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops
- None

Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2015

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

Name of MS4/Coalition: Village of Elmsford

SPDES ID: NYR 20A 312

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

- Broken Lines From Sanitary Sewer
- Industrial Connections
- Cross Connections
- Inflow/Infiltration
- Failing Septic Systems
- Pump Station Failure
- Floor Drains Connected To Storm Sewers
- Sanitary Sewer Overflows
- Illegal Dumping
- Straight Pipe Sewer Discharges
- Other: None

Empty grid for other discharge types

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

0

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

0

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

0

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? %

Empty percent grid

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 grid (3 rows)

URL grid (3 rows)

MS4 Annual Report Form

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

2	0	1	5
---	---	---	---

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

Name of MS4/Coalition

Village of Elmsford

SPDES ID

N	Y	R	2	0	A	3	1	2
---	---	---	---	---	---	---	---	---

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.

Number of illicit discharges found/reported

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

No illicit discharges found this reporting period.

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).

Make outfall inspections. Respond to complaints of possible Illicit Discharges. Mitigate all Illicit Discharges found.

MS4 Annual Report Form

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

2	0	1	5
---	---	---	---

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

Name of MS4/Coalition

Village of Elmsford

SPDES ID

N	Y	R	2	0	A	3	1	2
---	---	---	---	---	---	---	---	---

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
--	--	---

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

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

--	--	--

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? Yes 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 #

--	--	--	--	--

 No Authority
- Stop Work Orders #

--	--	--	--	--

 No Authority
- Criminal Actions #

--	--	--	--	--

 No Authority
- Termination of Contracts #

--	--	--	--	--

 No Authority
- Administrative Fines #

--	--	--	--	--

 No Authority
- Civil Penalties #

--	--	--	--	--

 No Authority
- Administrative Orders #

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions #

--	--	--	--	--

 No Authority
- Other #

--	--	--	--	--

 No Authority

MS4 Annual Report Form

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

2	0	1	5
---	---	---	---

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

Name of MS4/Coalition

Village of Elmsford

SPDES ID

N	Y	R	2	0	A	3	1	2
---	---	---	---	---	---	---	---	---

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?

		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, 2015

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	A	3	1	2
---	---	---	---	---	---	---	---	---

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

Address

City

Zip

Phone

○ 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,

2	0	1	5
---	---	---	---

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

Name of MS4/Coalition

Village of Elmsford

SPDES ID

N	Y	R	2	0	A	3	1	2
---	---	---	---	---	---	---	---	---

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.

Projects over 1 acre in size

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

1 project over one acre still active

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).

Act in accordance with the adopted MCM 4 legislation when projects over 1 acre are requested and approved.

MS4 Annual Report Form

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

2	0	1	5
---	---	---	---

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

Name of MS4/Coalition

Village of Elmsford

SPDES ID

N	Y	R	2	0	A	3	1	2
---	---	---	---	---	---	---	---	---

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

 %

MS4 Annual Report Form

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

2	0	1	5
---	---	---	---

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

Name of MS4/Coalition

Village of Elmsford

SPDES ID

N	Y	R	2	0	A	3	1	2
---	---	---	---	---	---	---	---	---

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.

Best Management Practices Inventoried this reporting period

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

None this reporting period

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).

Continue to inventory Best Management Practices when they come on line and insure that inspections and maintenance is performed on all inventoried BMP's as per the approved SWPPP's.

MS4 Annual Report Form

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

2	0	1	5
---	---	---	---

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

Name of MS4/Coalition

Village of Elmsford

SPDES ID

N	Y	R	2	0	A	3	1	2
---	---	---	---	---	---	---	---	---

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

--	--	--

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

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

2	0	1	5
---	---	---	---

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

Name of MS4/Coalition

Village of Elmsford

SPDES ID

N	Y	R	2	0	A	3	1	2
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

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

				2
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		4	5	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		3	3	2
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

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

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

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

					.	
--	--	--	--	--	---	--

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

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

4. What was the date of the last training?

1	2
---	---

 /

1	5
---	---

 /

2	0	0	9
---	---	---	---

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

		0
--	--	---

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

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

 %

MS4 Annual Report Form

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

2	0	1	5
---	---	---	---

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

Name of MS4/Coalition

Village of Elmsford

SPDES ID

N	Y	R	2	0	A	3	1	2
---	---	---	---	---	---	---	---	---

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.

Number of Stormwater Catch Basins Inspected and Cleaned

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

332 catch basins and manholes inspected and cleaned as needed this reporting period.

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).

Continue to inspect and clean stormwater catch basins annually. Continue street sweeping and other stormwater related programs.

MS4 Annual Report Form

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

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					
---	---	---	---	---	--	--	--	--	--

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	1,2,7a-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,

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. 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. 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?

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

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

--	--	--	--

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			

- 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