

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 

2	0	1	8
---	---	---	---

**This cover page must be completed by the report preparer.  
Joint reports require only one cover page.**

SPDES ID

N	Y	R	2	0	A	5	5	2
---	---	---	---	---	---	---	---	---

**Choose one:**

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

T	o	w	n		o	f		U	n	i	o	n		V	a	l	e															
---	---	---	---	--	---	---	--	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**OR**

**This report is being submitted on behalf of a Single Entity**

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

Name of Single Entity

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

**OR**

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

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

Name of Coalition


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 Annual Report Cover Page**

**MCC form for period ending March 9,**

2	0	1	8
---	---	---	---

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	8
---	---	---	---

Name of MS4 

Town of Union Vale
--------------------

SPDES ID  

N	Y	R	2	0	A	5	5	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
B e t s y		M a a s
Title		
S u p e r v i s o r		
Address		
2 4 9 D u n c a n R o a d		
City	State	Zip
L a g r a n g e v i l l e	N Y	1 2 5 4 0 -
eMail		
S u p e r v i s o r @ u n i o n v a l e n y . u s		
Phone	County	
( 8 4 5 ) 7 2 4 - 5 6 0 0	D u t c h e s s	

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

2	0	1	8
---	---	---	---

Name of MS4 

T	o	w	n	o	f	U	n	i	o	n	V	a	l	e
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID  

N	Y	R	2	0	A	5	5	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 

G	e	o	r	g	e														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI 

--

 Last Name 

K	o	l	b																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title 

S	t	o	r	m	w	a	t	e	r		M	a	n	a	g	e	m	e	n	t		O	f	f	i	c	e	r										
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Address 

2	4	9		D	u	n	c	a	n		R	o	a	d																										
---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City 

L	a	g	r	a	n	g	e	v	i	l	l	e																											
---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State 

N	Y
---	---

 Zip 

1	2	5	4	0	-				
---	---	---	---	---	---	--	--	--	--

eMail 

B	u	i	l	d	i	n	g	2	@	u	n	i	o	n	v	a	l	e	n	y	.	u	s																		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone 

(	8	4	5	)		7	2	4	-	5	6	0	0
---	---	---	---	---	--	---	---	---	---	---	---	---	---

 County 

D	u	t	c	h	e	s	s																																	
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

MCC form for period ending March 9, 2 0 1 8

Name of MS4

SPDES ID  
N Y R 2 0 A 5 5 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

Title

Address

City  State  Zip  -

eMail

Phone  -  County

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

MCC form for period ending March 9, 2 0 1 8

Name of MS4

SPDES ID  
N Y R 2 0 A 5 5 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  
D u t c h e s s C o u n t y M S 4 C o o r d i n a t i o n

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

Address  
C / O D C S W C D 2 7 1 5 R o u t e 4 4 S u i t e 3

City State Zip  
M i l l b r o o k N Y 1 2 5 4 5 -

eMail  
E r i n . s o m m e r v i l l e @ n y . n a c d n e t . n e t

Phone  
( 8 4 5 ) 6 7 7 - 8 0 1 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 M U L T - T A S K S / B R O C H U R E S / B I L L B O A R D
- MM2 M U L T I P L E T A S K S
- MM3 M U L T I P L E T A S K S
- MM4 M U L T I P L E T A S K S / S T A F F T R A I N I N G
- MM5 M U L T I P L E T A S K S
- MM6 M U L T I P L E T A S K S / S T A F F T R A I N I N G

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, 2018

Name of MS4

Town of Union Vale

SPDES ID

N Y R 2 0 A 5 5 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

B e t s y

MI

Last Name

M a a s

Title (Clearly print title of individual signing report)

S u p e r v i s o r

Signature

*[Signature box]*

Date

/ /

Send completed form and any attachments to the DEC Central Office at:

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





### MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition 

Town of Union Vale
--------------------

SPDES ID  

N	Y	R	2	0	A	5	5	2
---	---	---	---	---	---	---	---	---

### 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

S	e	p	t	i	c		M	a	i	n	t	e	n	a	n	c	e		P	o	s	t	i	n	g															
---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

  
Other

#### 2. Specific audiences targeted during this reporting period:

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

R	A	I	N		D	O	W	N		T	H	E		D	R	A	I	N		B	A	N	N	E	R	S													
---	---	---	---	--	---	---	---	---	--	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

  
Other

### MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition 

Town of Union Vale
--------------------

SPDES ID  

N	Y	R	2	0	A	5	5	2
---	---	---	---	---	---	---	---	---

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

- |  |                     |   |   |   |   |   |   |
|--|---------------------|---|---|---|---|---|---|
| <input checked="" type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td>1</td><td>8</td><td>8</td></tr></table>  |   |   | 1 | 8 | 8 |
|  |                     | 1   | 8 | 8 |   |   |   |
| <input type="radio"/> Direct Mailings                                | # Mailings          | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>     |   |   |   |   |   |
|  |                     |   |   |   |   |   |   |
| <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>4</td></tr></table>    |   |   |   |   | 4 |
|  |                     |   |   | 4 |   |   |   |
| <input checked="" type="radio"/> List-Serves                         | # In List           | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td>6</td><td>2</td><td></td></tr></table>   |   |   | 6 | 2 |   |
|  |                     | 6   | 2 |   |   |   |   |
| <input type="radio"/> Mailing List                                   | # In List           | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>     |   |   |   |   |   |
|  |                     |   |   |   |   |   |   |
| <input type="radio"/> Newspaper Ads or Articles                      | # 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"/> Public Events/Presentations         | # Attendees         | <table border="1" style="display: inline-table;"><tr><td></td><td>2</td><td>0</td><td>0</td><td>0</td></tr></table> |   | 2 | 0 | 0 | 0 |
|  | 2                   | 0   | 0 | 0 |   |   |   |
| <input checked="" type="radio"/> School Program                      | # Attendees         | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td>7</td><td>5</td><td></td></tr></table>   |   |   | 7 | 5 |   |
|  |                     | 7   | 5 |   |   |   |   |
| <input checked="" type="radio"/> TV Spot/Program                     | # Days Run          | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td>7</td><td>5</td><td></td></tr></table>   |   |   | 7 | 5 |   |
|  |                     | 7   | 5 |   |   |   |   |
| <input checked="" type="radio"/> Printed Materials:                  | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td>3</td><td>5</td><td>0</td></tr></table>  |   |   | 3 | 5 | 0 |
|  |                     | 3   | 5 | 0 |   |   |   |

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

T	O	W	N		H	A	L	L											
D	C		S	O	I	L	/	W	A	T	E	R		D	I	S	T	.	
D	U	T	C	H	E	S	S		C	O	U	N	T	Y		F	A	I	R

Other:

F	A	C	E	B	O	O	K	.	C	O	M								
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

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

URL

W	W	W	.	E	P	A	.	G	O	V	/									
W	W	W	.	D	U	T	C	H	E	S	S	S	W	C	D	.	O	R	G	/
S	T	O	R	M	W	A	T	E	R	.	H	T	M							

URL

W	W	W	.	D	E	C	.	N	Y	.	G	O	V	/	C	H	E	M	I	C	A	L	/	8	4	6	8	.	H	T	M
w	w	w	.	f	i	s	h	k	i	l	l	c	r	e	e	k	w	a	t	e	r	s	h	e	d	.	o	r	g	/	m
e	e	t	i	n	g	s	.	h	t	m	l																				

**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition 

Town of Union Vale
--------------------

SPDES ID  

N	Y	R	2	0	A	5	5	2
---	---	---	---	---	---	---	---	---

**3. Web Page con't.: Provide specific web addresses - not home page.**

URL

H	T	T	P	S	:	/	/	W	W	W	.	F	A	C	E	B	O	O	K	.	C	O	M	/	P	A	G	E	S	/		
D	U	T	C	H	E	S	S	-	C	O	U	N	T	Y	-	M	S	4	-	C	O	O	R	D	I	N	A	T	I	O	N	
-	C	O	M	M	I	T	T	E	E	/	2	4	6	7	4	0	0	2	5	5	2	0	0	8	9							

URL

W	W	W	.	L	H	C	C	D	.	N	E	T																			

URL


URL


URL


URL


URL


**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Town of Union Vale

SPDES ID

N	Y	R	2	0	A	5	5	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.**

EDUCATE THE GENERAL PUBLIC, DEVELOPERS AND CONTRACTORS THROUGH PUBLIC EVENTS AND THE DISTRIBUTION OF EDUCATIONAL BROCHURES. EDUCATE CONTRACTORS IN CONSTRUCTION SITE EROSION AND SEDIMENT CONTROL PRACTICES THROUGH TRAINING SESSIONS. EDUCATE PUBLIC EMPLOYEES THROUGH CONFERENCES AND OTHER TRAINING EVENTS.

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

THIS IS THE FOURTH YEAR THAT THE TOWN OF UNION VALE HAS PARTICIPATED IN THE DUTCHESS COUNTY MS4 COORDINATION COMMITTEE AND HAS COOPERATED IN THE DEVELOPMENT AND DISTRIBUTION OF BROCHURES, AND IN FACILITATING TRAINING SESSIONS.  
BILLBOARD POSTED FOR 1-MONTH ON ROUTE 9G.

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

			9
--	--	--	---

(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).**

STORMWATER POLLUTION PREVENTION AND IDDE TRAINING CD'S BEING CIRCULATED TO MS4 COMMITTEE DPW'S; BILLBOARD CAMPAIGN WILL CONTINUE TO BE IMPLEMENTED BY MS4 COMMITTEE; CONTINUED TRAINING FOR CONTRACTORS AND MUNICIPAL PERSONEL & SMO TRAINING.

### **MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9,** 2018

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

Name of MS4/Coalition Town of Union Vale

SPDES ID  
N Y R 2 0 A 5 5 2

### **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   4
- Comments on SWMP Received # Comments
- Community Hotlines
 

Phone # ( <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span> ) <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span> - <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span>	Phone # ( <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">8</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">4</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">5</span> ) <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">7</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">2</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">4</span> - <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">5</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">6</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">0</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">0</span>
Phone # ( <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span> ) <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span> - <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span>	Phone # ( <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">8</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">4</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">5</span> ) <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">4</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">8</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">6</span> - <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">2</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">9</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">0</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">0</span>
Phone # ( <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span> ) <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span> - <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span>	Phone # ( <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">8</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">4</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">5</span> ) <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">7</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">2</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">4</span> - <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">5</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">9</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">5</span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">3</span>
Phone # ( <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span> ) <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span> - <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span>	Phone # ( <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span> ) <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span> - <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span>
Phone # ( <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span> ) <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span> - <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span>	Phone # ( <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span> ) <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span> - <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span>
Phone # ( <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span> ) <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span> - <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span>	Phone # ( <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span> ) <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span> - <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">  </span>
- Community Meetings # Attendees   10
- Plantings Sq. Ft. 27878
- Storm Drain Markings # Drains   12
- Stakeholder Meetings # Attendees   108
- Volunteer Monitoring # Events
- Other:

**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       1
- TV/Radio Notices # Days Run
- Other:

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







### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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 5 5 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

T O W N C L E R K

Address

2 4 9 D U N C A B R O A D

City

L A G R A N G E V I L L E

Zip

N Y

1 2 5 4 0 -

Phone

( 8 4 5 ) 7 2 4 - 5 6 0 0

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

W W W . U N I O N V A L E N Y . C O M

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	8
---	---	---	---

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

Name of MS4/Coalition 

Town of Union Vale
--------------------

SPDES ID

N	Y	R	2	0	A	5	5	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.

--	--

 / 

--	--

 / 

--	--	--	--

**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?

--	--

 / 

--	--

 / 

--	--	--	--

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	8
---	---	---	---

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

Name of MS4/Coalition

Town of Union Vale

SPDES ID

N	Y	R	2	0	A	5	5	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 (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.**

STRENGTHEN PARTNERSHIPS WITH WATERSHED GROUPS THROUGH THE MS4 COORDINATION COMMITTEE. CONDUCT PUBLIC HEARING FOR ANNUAL REPORT AND FOR SITE DEVELOPMENT PROJECTS REQUIRING SWPPPS.

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

NUMBER OF EVENTS CONDUCTED AND NUMBER OF ATTENDEES PARTICIPATING IN EVENTS AND VOLUNTEER PROGRAMS FOR THE REPORTING PERIOD ARE GENERALLY CONSISTENT WITH PREVIOUS REPORTING PERIODS FOR DUTCHESS MS4 COMMITTEE.

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

			9
--	--	--	---

*(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).**

CONTINUE TO SUPPORT OUTREACH BY PURSUING PARTNERSHIPS WITH WATERSHED GROUPS. REVISIONS TO SWMP PLAN THAT ARE CURRENTLY IN PROGRESS WILL BE PRESENTED AT PUBLIC MEETINGS. THE NUMBER OF ATTENDEES WAS GENERALLY CONSISTENT WITH PREVIOUS REPORTING PERIODS.

**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition 

Town of Union Vale
--------------------

SPDES ID  

N	Y	R	2	0	A	5	5	2
---	---	---	---	---	---	---	---	---

**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:**

				1	5
--	--	--	--	---	---

 # 

--	--	--	--

 %

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

--	--	--

1	5
---	---

**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
- 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

Other:

None

O	U	T	F	A	L	L		M	A	P	P	I	N	G		C	O	M	P	L	E	T	E		9	/	2	0	1	6
---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---

Sewersheds:

M	U	L	T		C	R	E	E	K	S		T	I	E		T	O		F	I	S	H	K	I	L	L		C	R
---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	--	---	---

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

Town of Union Vale

SPDES ID

N Y R 2 0 A 5 5 2

**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

Grid for additional information for question 3.b.

**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?    %

**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 for URL(s) for question 8.

URL

Grid for URL(s) for question 8.



**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition 

Town of Union Vale
--------------------

SPDES ID

N	Y	R	2	0	A	5	5	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.**

- |  |
|--|
| 1) IDENTIFY AND LOCATE ILLICIT DISCHARGES<br>2) FACILITATE MAPPING OF ALL OUTFALLS<br>3) PROVIDE IDDE TRAINING FOR RELEVANT TOWN PERSONNEL<br>4) ADOPT IDDE ORDINANCE AND IMPLEMENT DURING THIS REPORTING YEAR |
|--|

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

- |   |
|---|
| 1) NO ILLICIT DISCHARGES DETECTED DURING OUTFALL INSPECTIONS<br>2) ALL OUTFALLS HAVE BEEN MAPPED AS OF SEPTEMBER 2016 BY DCSWCD, AN INVENTORY OF MAPPED OUTFALLS WITHIN URBANIZED AREAS HAS BEEN CREATED<br>3) IDDE LOCAL ORDINANCE ADOPTED AND CERTIFIED |
|---|

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

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

*(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).**

- |   |
|---|
| 1) CONTINUE INSPECTION OF OUTFALLS AND CATCH BASINS WITHING URBANIZED AREAS OF MS4<br>2) CONTINUE IDDE TRAINING COORDINATION WITH THE DUTCHESS COUNTY COALITION OF MS4 COMMUNITIES. |
|---|

**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition 

Town of Union Vale
--------------------

SPDES ID  

N	Y	R	2	0	A	5	5	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?**

		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? 

		0
--	--	---

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



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

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

**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition 

Town of Union Vale
--------------------

SPDES ID  

N	Y	R	2	0	A	5	5	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? 

		0
--	--	---

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, 2018

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

**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	8
---	---	---	---

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

Name of MS4/Coalition

Town of Union Vale

SPDES ID

N	Y	R	2	0	A	5	5	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.**

- 1) PROVIDE TRAINING FOR IDDE, GOOD HOUSKEEPING AND POST-CONSTRUCTION STORMWATER MANAGEMENT PRACTICES TO RELEVAT TOWN PERSONNEL
- 2)ADOPT LOCAL ORDINANCE ON "EROSION & SEDIMENT CONTROL"

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

- 1) LOCAL ORDINANCE ON "EROSION & SEDIMENT CONTROL" ADOPTED AND CERTIFIED
- 2) THE TOWN CONTINUES TO REQUIRE SWPPP REVIEW AND APPROVAL PRIOR TO AUTHORIZING CONSTRUCTION PROJECTS DISTURBING MORE THAN 1 ACRE

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

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

(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).**

- 1) CONTINUE TO PROVIDE TRAINING PROGRAMS FOR MUNICIPAL PERSONNEL AND CONTRACTORS
- 2)CONTINUE TO REQUIRE SWPPP PREPARATION IN CONFORMANCE WITH THE CURRENT GENERAL PERMIT FOR STORMWATER RUNOFF FROM CONSTRUCTION ACTIVITIES



**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition 

Town of Union Vale
--------------------

SPDES ID  

N	Y	R	2	0	A	5	5	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?**

--	--	--

**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?**

	2	0
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Town of Union Vale

SPDES ID

N	Y	R	2	0	A	5	5	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.**

CONTINUE TO REQUIRE STORMWATER MAINTENANCE AGREEMENTS AND/OR STORMWATER DISTRICTS FOR POST CONSTRUCTION PRACTICES THAT INCLUDE PERIODIC REPORTING OF THE MAINTENANCE AND CONDITION OF THE PRACTICE

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

INVENTORY OF POST-CONSTRUCTION PRACTICES WITHIN MS4 HAS BEEN DEVELOPED ALONG WITH PROCEDURES TO TRACK AND RECIEVE REPORTING FROM THE OPERATORS OF THESE PRACTICES. TOWN PREPARING TO ACCEPT ITS FIRST TWO (2) STORMWATER DISTRICTS

**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).**

REPORTING REQUIREMENTS WILL BE ENFORCED ALONG WITH ANY MAINTENANCE REQUIRMENTS INDICATED IN THIS REPORTING PERIOD. MAINTENANCE AGREEMENTS AND/OR STORMWATER DISTRICTS WILL CONTINUE TO BE REQUIRED. POST CONSTRUCTION PRACTICES WITHING MS4 WILL CONTINUE TO BE INVENTORIED AND REPORTING WILL CONTINUE TO BE REQUIRED.

### MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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	5	5	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>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u> <u>years?</u>			
	<u>Addressed in SWMP?</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 checked="" type="radio"/> Yes	<input 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, 

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition 

Town of Union Vale
--------------------

SPDES ID

N	Y	R	2	0	A	5	5	2
---	---	---	---	---	---	---	---	---

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

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

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

			2	0
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

--	--	--	--	--
- 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 # Acres 

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

  
(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

				5
--	--	--	--	---

**4. What was the date of the last training?**

1	0	/	1	2	/	2	0	1	7
---	---	---	---	---	---	---	---	---	---

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

		8
--	--	---

**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	8
---	---	---	---

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

Name of MS4/Coalition

Town of Union Vale

SPDES ID

N	Y	R	2	0	A	5	5	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.**

DEVELOP GOOD HOUSEKEEPING MEASURES AND LIST OF POLLUTANTS OF CONCERN (POC'S) FOR TOWN HIGHWAY GARAGE, RECREATION FACILITY AND TRANSFER STATION AND INCORPORATE INTO SWMP. TRAINING TO BE PROVIDED TO TOWN EMPLOYEES TO IMPLEMENT GOOD HOUSEKEEPING MEASURES. SWEEP TOWN STREETS AND PARKING LOTS WITHIN URBANIZED AREAS.

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

GOOD HOUSEKEEPING MEASURES AND LIST OF POC'S HAS BEEN DEVELOPED FOR TOWN HIGHWAY GARAGE, RECREATION FACILITY AND TRANSFER STATION AND IS OUTLINED IN SWMP. STREET SWEEPING REDUCED DISCHARGE OF SEDIMENT AND DEBRIS TO THE STORMWATER COLLECTION SYSTEM.

**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 SWEEP TOWN ROADS AND PARKING LOTS WITHIN URBANIZED AREA OF MS4. INSPECT ALL CATCH BASINS WITHIN URBANIZED AREA OF MS4 AT ;EAST ONCE EVERY 5 YEARS AND CLEAN/REPAIR BASINS AS NECESSARY.

### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 1 8

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

Name of MS4/Coalition Town of Union Vale

SPDES ID  
N Y R 2 0 A 5 5 2

### 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)
<b>NYC EOH Watershed</b>			
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
<b>Onondaga Lake Watershed</b>			
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
<b>Greenwood Lake Watershed</b>			
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
<b>Oyster Bay</b>			
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
<b>Peconic Estuary</b>			
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
<b>Oscawana Lake Watershed</b>			
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
<b>LI 27 Embayments</b>			
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, 

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition 

Town of Union Vale
--------------------

SPDES ID  

N	Y	R	2	0	A	5	5	2
---	---	---	---	---	---	---	---	---

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? 

			0
--	--	--	---

 %

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, 

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Town of Union Vale
--------------------

SPDES ID

N	Y	R	2	0	A	5	5	2
---	---	---	---	---	---	---	---	---

**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