MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 7

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

SPI	DES	ID			_			
Ν	Y	R	2	0	А	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

O 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

SPI	DES	ID				 	
N	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID				 	
N	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		

SPL	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPE	DES	ID					
Ν	Y	R	2	0	А		
SPE	DES	ID					
Ν	Y	R	2	0	А		

SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					·
Ν	Y	R	2	0	A		
SPI	DES	ID				 	
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID				 	
Ν	Y	R	2	0	A		
					•	•	·

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 7

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

							1
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					· · · · · ·
Ν	Y	R	2	0	А		
SPI	DES	ID					· · · · · · · · · · · · · · · · · · ·
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					· · · · · · · · · · · · · · · · · · ·
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					· · · · · · · · · · · · · · · · · · ·
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					· · · · · · · · · · · · · · · · · · ·
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID			,		· · · · · · · · · · · · · · · · · · ·
Ν	Y	R	2	0	А		
SPI	DES	ID					·
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					· · · · · · · · · · · · · · · · · · ·
Ν	Y	R	2	0	А		
۱ ــــــــــــــــــــــــــــــــــــ			·			I	

SPI	DES	ID			_	_	
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID				 	
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	ÞES	ID					
Ν	Y	R	2	0	A		
SPI	ÞES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID				 	
Ν	Y	R	2	0	A		
SPI	DES	ID				 	
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID				 	
Ν	Y	R	2	0	A		
SPI	DES	ID				 	
Ν	Y	R	2	0	A		

abr		ID						
SPI			~	0	7			
N	Y	R	2	0	A			
SPI			_	_	7			
Ν	Y	R	2	0	A			
SPE		_		-	_			
Ν	Y	R	2	0	Α			
SPI								
Ν	Y	R	2	0	Α			
SPE		ID						
Ν	Y	R	2	0	A			
SPI	DES	ID				1		,
Ν	Y	R	2	0	Α			
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID				·		
Ν	Y	R	2	0	А			
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID						·
Ν	Y	R	2	0	А			
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID			I	I	I	
Ν	Y	R	2	0	А			
SPI	DES	ID			I		I	,]
Ν	Y	R	2	0	А			
SPI	DES	ID		L	I	I	I	ı]
Ν	Y	R	2	0	A			
						L	I	

MCC form for period ending March 9, 2 0 1 7

		SPI	DES	ID						
Name of MS4	Town of Union Vale	Ν	Y	R	2	0	A	5	5	2

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 7

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 <u>each</u> 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:

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

Firs	t Na	ıme		-	-	_	-			-	-	-		-		MI	_	Las	t Na	ame								_	 -	-	
G	Е	0	R	G	Е													K	0	L	В										
Titl	е																														
S	Т	0	R	Μ	W	Α	Т	Е	R		М	Α	Ν	А	G	Ε	М	Е	Ν	Т		0	F	F	Ι	С	Ε	R			
Add	lres	5																													
2	4	9		D	U	Ν	С	А	Ν		R	0	А	D																	
City	7																			S	tate		Zip					_			
L	А	G	R	А	Ν	G	Ε	V	Ι	L	L	Ε								1	N I	Y	1	2	5	4	0	-			
eMa	ail															-															
В	U	Ι	L	D	I	Ν	G	2	@	U	Ν	I	0	Ν	V	А	L	Е	Ν	Y	•	U	S								
Pho	ne																	Cοι	inty												
(8	4	5)	7	2	4	-	5	6	0	0						D	U	Т	С	Η	Ε	S	S						

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 7

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 <u>each</u> 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
- O Duly Authorized Representative
- \bigcirc Local Stormwater Public Contact
- \odot Stormwater Management Program (SWMP) Coordinator
- Report Preparer

Firs	st Na	ıme			-	-	-	_	-	-						MI	_	Las	t Na	me			-		-					_	
Ρ	А	Т	R	Ι	С	I	А											Т	0	Μ	Ρ	K	I	Ν	S						
Titl	e																														
S	U	Ρ	Е	R	V	Ι	S	0	R																						
Ado	dres	5																													
2	4	9		D	U	Ν	С	А	Ν		R	0	А	D																	
City	у																			St	tate		Zip								
L	А	G	R	А	Ν	G	Ε	V	Ι	L	L	Ε								N	1 7	Z	1	2	5	4	0	-			
eMa	ail															-												-			
S	U	Ρ	Ε	R	V	I	S	0	R	@	U	Ν	Ι	0	Ν	V	A	L	Ε	Ν	Y		U	S							
Pho	ne																	Cou	inty												
(8	4	5)	7	2	4	-	5	6	0	0						D	U	Т	С	Η	Ε	S	S						

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 7

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 <u>each</u> 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:

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

Firs	t Na	ıme		-	-			_	-	-	-	-				MI	_	Las	t Na	me			-						-		
L	А	W	R	Е	Ν	С	Ε									J		Ρ	А	G	G	I									
Titl	е																														
Т	0	W	Ν		Ε	Ν	G	Ι	Ν	Ε	Ε	R																			
Add	lres	5																													
4	3		В	R	0	А	D		S	Т	R	Ε	Ε	Т																	
City	7																			St	tate		Zip								
F	Ι	S	Η	K	Ι	L	L													ľ	1 7	Z	1	2	5	2	4	-			
eMa	uil																														
L	J	Ρ	A	G	G	Ι	@	0	Ρ	Т	0	Ν	L	Ι	Ν	Е		Ν	Е	Т											
Pho	ne																	Cou	inty												
(8	4	5)	8	9	7	-	2	3	7	5						D	U	Т	С	Η	Ε	S	S						

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 7

Name of MS4 Town of Union Vale

SPDES ID

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?

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.

Par	tner	/Co	aliti	ion l	Vam	e																										
D	U	Т	С	Η	Е	S	S		C	0	U	Ν	Т	Y		М	S	4		C	0	0	R	D	Ι	Ν	А	Т	Ι	0	Ν	
Par	tner	·/Co	alit	ion 1	Nan	ne (c	on't	.)	•		•		•				•							SPI	DES	Paı	tne	r ID	- If	app	lica	ble
С	0	М	М	I	Т	Т	Е	Ε																Ν	Y	R	2	0				
Ado	dress	s																														
C	/	0		D	C	S	W	С	D		2	7	1	5		R	0	U	Т	E		4	4		S	U	Ι	Т	Ε		3	
Cit	y																			St	tate		Zip									
М	I	L	L	В	R	0	0	K												ľ	1 J	7	1	2	5	4	5	-				
eM	ail																															
Е	R	I	Ν	•	S	0	М	М	Е	R	V	Ι	L	L	Е	@	N	Y	•	N	А	С	D	Ν	Ε	Т	•	Ν	Ε	Т		
Pho (one 8	4	5)	6	7	7] -	8	0	1	1]	•	•	•	•	•		-	y Bi iP-0		-	-					dan Ye		0	No
W	hat	tas	ks/1	resp	on	sib	iliti	es	are	sha	arec	ł w	ith	this	s pa	ırtn	er ((e.g	g. N	ſM	1 S	cho	ol	Pro	gra	ms	or	Mu	ıltip	ole	Tas	ks)'
	MM	[1	М	U	L	Т	-	Т	А	S	K	S	/	В	R	0	С	Η	U	R	Ε	S	/	В	Ι	L	L	В	0	A	R	D
	MM	[2	М	U	L	Т	Ι	Ρ	L	Ε		Т	А	S	K	S																
• 1	MМ	[3	М	U	L	Т	I	Ρ	L	Ε		Т	A	S	K	S																
• 1	MМ	[4	М	U	L	Т	I	Ρ	L	Ε		Т	A	S	K	S	/	S	Т	A	F	F		Т	R	A	Ι	Ν	Ι	Ν	G	
	MM	[5	М	U	L	Т	I	Ρ	L	Е		Т	A	S	K	S																
	MМ	[6	М	U	L	Т	Ι	Ρ	L	Е		Т	А	S	K	S	/	S	Т	A	F	F		Т	R	A	Ι	Ν	Ι	Ν	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 Certificati	on	(\mathbf{M})	CC	<u>[]</u>]	For	<u>m</u>					
	MCC form for period ending March 9,	2	0	1	7							
				SPI	DES	ID						
Name of MS4	Town of Union Vale			Ν	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 P A T R I C I A	MI	Last Name T O M P K I N S
Title (Clearly print title of individual signing report)		
SUPERVISOR		
Signature at Snphs		Date 0 5 / 1 8 / 2 0 1 7

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

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

This report is being a	submitted for the rep	orting period	ending March 9,	2	0	1	7	
------------------------	-----------------------	---------------	-----------------	---	---	---	---	--

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

Name of MS4/Coalition Tow

Water Quality Trends

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

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

How many MS4s are contributed to this report?

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. Ore.

Yes • No

5

5 2

0 A

SPDES ID

Y R 2

N

If Yes, choose one of the following

- \bigcirc Report(s) attached to the annual report
- \bigcirc Web Page(s) where report(s) is/are provided below

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

 ,														
,														
	, , , , ,													

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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
- \bigcirc On behalf of a coalition

IN

R A Other DOWN

THE

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							•	Pestici	de	and Fe	rtili	zer	Ap	plic	atio	n
• General Stormwater	Management Inf	ormation						Pet W	aste	e Mana	gen	nent				
• Household Hazardou	us Waste Disposa	1						Recyc	ling	5						
Illicit Discharge Det	tection and Elimin	nation						Ripari	an	Corrido	or F	rote	ectio	on/R	lesta	oration
○ Infrastructure Maint	tenance							Trash	Ma	inagem	ent					
\bigcirc Smart Growth							•	Vehicl	e V	Vashing	5					
O Storm Drain Markin	ıg							Water	Co	onserva	tion	_				
• Green Infrastructure	/Better Site Desig	gn/Low I	mpac	et Dev	elop	ment		Wetlar	nd]	Protect	ion					
○ Other:							0	None								
Other																
2. Specific audienc	es targeted dur	ing this	rep	orting	g pe	riod:										
• Public Employees	Contractors															
• Residential	 Developers 															
 Businesses 	• General Publi	с														
\bigcirc Restaurants	Industries															
• Other:	• Agricultural			1 1					1							

BANNERS

DRAIN

This report is being submitted for the reporting period ending March 9, 2 0 1 7 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
-----------------------	--------------------

SPI	DES	ID							
Ν	Y	R	2	0	А	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:

• Cor	stru	ucti	on	Site	e Oj	pera	ator	s T	rair	ned											# Trained				7	4
○ Dire	ect	Ma	ilin	gs																	#Mailings					
● Kio	sks	or	Otł	ner	Dis	pla	ys														# Locations					4
• List	-Se	erve	s																		# In List				6	2
• Mai	iling	g Li	ist																		# In List			1	4	2
• Nev	vsp	ape	r A	ds (or A	Arti	cles	5													# Days Run					9
Pub	olic	Ev	ents	s/Pr	ese	ntat	tion	S													# Attendees			9	7	7
\bigcirc Sch	ool	Pro	ogra	am																	# Attendees					
• TV	Sp	ot/P	rog	gran	n																# Days Run					1
• Prir								ſ	Y ~	1.	1										Total # Distributed		1	1	9	2
[T	0	s (e W	.g. 1 N	ibra	H H	A	n of	L	S, K10	JSKS)														
	D	C		S	0	I	L	/	W	A	Т	E	R		D	I	S	Т	•							
Ĺ	D	U	Т	С	Η	Е	S	S		С	0	U	Ν	Т	Y		F	A	I	R						
[
• Oth	er:	I					I	I							II						1					
	F	A	С	Ε	В	0	0	K	•	С	0	Μ														
• Wel	b P	age	:	Pro	ovio	le s	nec	ific	we	b a	ddr	esse	es -	not	ho	me	pag	e. (Cor	ntin	ue on next page if a	lditi	ona	l sp	ace	is

needed.

URL	,			nee																						
W	w	W	•	е	р	a	•	g	0	v	/															
W	W	W	•	d	u	t	С	h	е	S	ន	S	W	С	d	•	0	r	g	/						
S	Т	0	R	М	W	A	Т	Е	R	•	h	t	m													

URL

W	w	W	•	d	e	С	•	n	У	g	0	v	/	С	h	е	m	i	С	a	1	/	8	4	6	8	•	h	t	m

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

Provide specific web addresses - not home page. 3. Web Page con't.: URL t p f e b o k h t S / / W W W а С 0 c o m / : / p a g e s • • D ut ch e s s _ С 0 u n t У -М S 4 _ С 0 0 r d i n a t i o n o m m i 2 6 7 2 5 5 2 С t t e е / 4 4 0 0 0 0 8 9 _ URL W W W L Η С С D Ν Ε Т • . URL URL URL URL

URI																

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

SPDES ID

N Y R 2 0 A 5 5 2

Name of MS4/Coalition Town of Union Vale

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 THIRD 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.

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

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

Yes O 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).

BROCHURE PLANNED HIGHLIGHTING PHOSPHOROUS CONCERNS; 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 PERSONNEL.

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

	Town of Union Vale
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

 \bigcirc 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 2
\bigcirc Comments on SWMP Received		# Comments 0
Community Hotlines	Phone #	(8 4 5) 7 2 4 - 5 6 0 0
Phone # ()	Phone #	
Phone # ()	Phone #	
Phone # ()	Phone #	
Phone # ()	Phone #	
Phone # ()	Phone #	
• Community Meetings		# Attendees 1 0
• Plantings		Sq. Ft. 2 1 3 4 4
○ Storm Drain Markings		# Drains
• Stakeholder Meetings		# Attendees 1 0 9
○ Volunteer Monitoring		# Events
O Other:		

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

Program (SWMP) Plan provided?	• Yes	\bigcirc No
○ List-Serve # In List		
Newspaper Advertising # Days Run		1
○ TV/Radio Notices # Days Run		
Other:		

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

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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
Name of MS4/Coalition	rown or omon vule

SPI	DES	ID						
Ν	Y	R	2	0	А	5	5	2

2. URL(s) con't.:

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

UR	L											 						 	 		 	 	 	
UR	L											 										 	 	
UR	L																							
	+																							
	-																							
UR	L																							
UR	L																	 					 	
UR	L							-		-				1		1							 	
UR	L						-	-	-	-													 	
	-																							
	+																							
																							ı l	

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

SPI	DES	ID						
Ν	Y	R	2	0	А	5	5	2

2. URL(s) con't.:

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

URI						 				 	 									
URI																				
	Ī																			
URI																				
URI																				
URI																				
URI						 														
URI		L		<u> </u>	I		I	I						I			I	I		
	Ī																			

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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. 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.

• MS	4/C	oal	itio	n C	offic	e											A	nnu	al l	Rep	ort		S	WN	AP 2	Plai	1		Cor	nme	ents
	Dep	artı																												· · · ·	
	Т	0	W	Ν		С	L	Ε	R	K																					
	Ado																								-					· · · ·	
	2	4	9		D	U	Ν	С	A	Ν		R	0	A	D																
	City T		7	Б	7	ът	a	-	7.7	T	т	т	-					Γ,		57		Zip	_	-	4]		T		
	L		G	R	A	Ν	G	Ε	V	I	L	L	Ε						N	Y		1	2	5	4	0	_				
	Pho 1		4	-		-	2	1]	-	C	0	0]																	
	(8	4	5)	7	2	4	-	5	6	0	0																		
⊖ Libı	rary Ado	, lres	s													C	A	nnu	al l	Rep	ort	C) S	WN	AP :	Plaı	1	\bigcirc	Cor	nme	ents
	City	7																				Zip									
																											_				
	Pho	ne															J										J				
	()				_																						
$\bigcirc 041$																C		nnu	<u>_1</u> 1	Dam	out	C) C	11 7 N	/D -	Plaı		\bigcirc	Car	nme	unt a
○ Oth	er Ado	lres	S	-		-	_	-	_			-	-		-			mu	all	кер	on		0	VV IN	11 .	r iai	1			IIIIIC	
	City	/															ļ					Zip					ļ				
																											-				
	Pho	ne															1	L									1				
	()				–																						
• Wel	o Pa	age	UR	L:													A	nnu	al l	Rep	ort	Ċ	S	WN	/IP	Plaı	1	0	Cor	nme	ents
	w	W	W		u	n	i	0	n	v	a	1	е	n	У		u	S													
	•••		•••	•			-				<u> </u>	-			Y	•	<u> </u>											<u> </u>	—	-	
	Ple	ease	e pr	ovi	ide	spe	cifi	ic a	ddı	ess	of	pa	ge v	whe	ere	rep	ort	car	ı be	e ac	ces	sed	l - 1	lot	hoi	me	pag	ze.			
⊖ eMa			1.			1						тч	ل			1.													Cor	nme	ents

This report is being submitted for the reporting period ending March 9, 2 0 1 7 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID NYR 2 0 A 5 5 2 Town of Union Vale Name of MS4/Coalition 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 5 0 4 2 0 7 1 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? 1 8 2 5 0 1 7 0 If No, is one planned? ○ Yes \bigcirc 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 \bigcirc 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.

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

SPDES ID

N Y R 2 0 A 5 5 2

Name of MS4/Coalition Town of Union Vale

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.

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

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 THIS 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?

(ex.: samples/participants/events)

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

• Yes O No

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

• Yes O 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 MEETING(S).

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

SPDES ID

1 5 #

0 A

5

5 2

0 %

1 0

N Y R 2

Name of MS4/Coalition	Town of Union Vale
-----------------------	--------------------

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
- \bigcirc On behalf of a coalition
 - How many MS4s contributed to this report?
- 1. Enter the number and approx. percent of outfalls mapped:
- 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?
- **3.a.**What types of generating sites/sewersheds were targeted for inspection during this reporting period?

\bigcirc Auto Recyclers	○ Landscaping (Irrigation)
○ Building Maintenance	○ Marinas
\bigcirc Churches	○ Metal Plateing Operations
\bigcirc Commercial Carwashes	○ Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	○ Parking Lot Maintenance
\bigcirc Construction Vehicle Washouts	○ Printing
\odot Cross-Connections	O Residential Carwashing
\bigcirc Distribution Centers	○ Restaurants
\bigcirc Food Processing Facilities	\bigcirc Schools and Universities
\bigcirc Garbage Truck Washouts	O Septic Maintenance
\odot Hospitals	\bigcirc Swimming Pools
\bigcirc Improper RV Waste Disposal	○ Vehicle Fueling
\bigcirc Industrial Process Water	○ 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	R I B T O F I S H K I L L C R

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

	SPDES ID
Name of MS4/Coalition Town of Union Vale	N Y R 2 0 A 5 5 2
3.b.What types of illicit discharges have	e been found during this reporting period?
\bigcirc Broken Lines From Sanitary Sewer	\bigcirc Industrial Connections
○ Cross Connections	\bigcirc Inflow/Infiltration
○ Failing Septic Systems	\bigcirc Pump Station Failure
\odot Floor Drains Connected To Storm Sewers	\bigcirc Sanitary Sewer Overflows
\bigcirc Illegal Dumping	\bigcirc Straight Pipe Sewer Discharges
 Other: 4. How many illicit discharges/potentia reporting period? 	None I illegal connections have been detected during this
5. How many illicit discharges have be	en confirmed during this reporting period?

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

• Yes

○ Yes

○ Yes

○ No

No

No

%

- **7.** Has the storm sewershed mapping been completed in this reporting period? If No, approximately what percent was completed in this reporting period?
- 8. Is the above information available in GIS? Is this information available on the web? If Yes, provide URL(s):

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

URL							 	 			 	 		-	 	
URL	 			 												

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

		SPE	DES	ID						
Name of MS4/Coalition	Town of Union Vale	Ν	Y	R	2	0	А	5	5	2

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page URL

OR	-		 	 	 					 	 	 	 	 		 	
UR	L																
UR	L]
UR	L	 								 						 	
UR	L																
						_		_									
						,		,							-		

- 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report?
- **10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?** Yes No NT

11. What percent of staff in relevant positions and departments has received IDDE training?

2 0 %

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

SPDES ID

N Y R 2 0 A 5 5 2

Name of MS4/Coalition Town of Union Vale

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
 2) FACILITATE MAPPING OF ALL OUTFALLS
 3) PROVIDE IDDE TRAINING FOR RELEVANT TOWN PERSONNEL
 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 2) ALL OUTFALLS HAVE BEEN MAPPED AS OF SEPTEMBER 2016 BY DCSWCD. AN INVENTORY OF MAPPED OUTFALLS WITHIN URBANIZED AREAS HAS BEEN CREATED 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 O No

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

• Yes O 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 INSPECTION OF OUTFALLS AND CATCH BASINS WITHIN URBANIZED AREAS OF MS4.
 CONTINUE IDDE TRAINING THROUGH COORDINATION WITH THE DUTCHESS COUNTY COALITION OF MS4 COMMUNITIES. .

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

SPI	DES	ID						
Ν	Y	R	2	0	Α	5	5	2

0

0

N	<u>linimum</u>	Control	Measures	4 and	5.
Constru	uction Sit	e and Po	ost-Constr	uction	Control

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

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

How many MS4s contributed to this report?

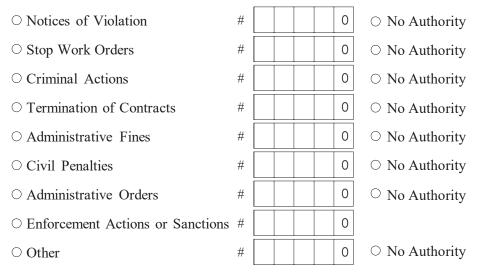
- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? • Yes • No • NT

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

- 2. Does your MS4/Coalition have a SWPPP review procedure in place?
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?
 Yes No NT

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

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? • Yes O No 6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:



This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

0 %

0 %

0

1 0

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
- \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

- 1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?
- 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
- 3. What percent of active construction sites were inspected during this reporting period? \odot NT
- 4. What percent of active construction sites were inspected more than once?
- 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?
- 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? O Yes O No

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

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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 IDNYR202

IYR20A552

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

	Dep	artr	nen	t																											
	в	U	I	L	D	I	N	G		D	Е	Р	А	R	Т	М	Ε	Ν	Т												
	Add	lres	s																												
	2	4	9		D	U	Ν	C	A	Ν		R	0	A	D																
	City	7																				Zip					1			'	
	L	Α	G	R	А	Ν	G	Е	V	I	L	L	Ε					N	I Y	<i>r</i>		1	2	5	4	0	-				
	Pho	ne							1																						
	(8	4	5)	7	2	4	-	5	6	0	0																		
○ Lib	rary	7																													
	Add	lres	s	1	1	1		1	1	1	1	1		1	1						1	1		1		1	1				
	City	,																		7		Zip					1				
																											-				
	Pho	ne							1																						
	()				-																						
○ Oth	ner																														
	Add	lres	s		-		-					•	•														•				
	City	7																				Zip					1				
																											-				
	Pho	ne																													
	()				-																						
○ We	b Pa	age	UF	L(s	5):	Р	leas	se p	rov	ide	spe	cifi	c a	ddr	ess	whe	ere	SW	PPI	Ps c	can	be a	icce	esse	d -	not	hoı	ne	pag	e.	
	URL							1			1										_										
		_																	_												=
	URL																														
																			_												
						1			1	1											1					I					

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

SPDES ID

0 A

5 5 2

NYR2

Name of MS4/Coalition Town of Union Vale

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 HOUSEKEEPING AND POST-CONSTRUCTION STORMWATER MANAGEMENT PRACTICES TO RELEVANT 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 \bigcirc No

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

• Yes O 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.

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

Name of MS4/Coalition

Minimum Control Measure 5. Post-Construction Stormwater Management

SPDES ID

ΝY

R 2

A 5 5

2

0

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

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

How many MS4s contributed to this report?

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

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices			
\bigcirc Filter Systems			
\bigcirc Infiltration Basins			
\bigcirc Open Channels			
\bigcirc Ponds		1	1
\bigcirc Wetlands			
\bigcirc Other			

- 2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ••• Yes
- **3.** What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?
- Building Codes Municipal Comprehensive Plans

○ Overlay Districts ○ Open Space Preservation Program

- Zoning Local Law or Ordinance
- None Land Use Regulation/Zoning
- \bigcirc Watershed Plans \bigcirc Other Comprehensive Plan
- O Other:

																						i

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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		ES ID Y R	2 () A	5	5 2	<u> </u>
4a. Are the MS4s co	ntributing to this report involved in a regional/wat	tershed w	ide pla		g eff ⊃ Ye			0

4b. Does the MS4 have a banking and credit system for stormwater management practices?

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

○ Yes

• No

• 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?

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

SPDES ID

N Y R 2 0 A 5 5 2

Name of MS4/Coalition Town of Union Vale

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 RECEIVE 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?

(ex.: samples/participants/events)

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

• Yes O No

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

• Yes O 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 REQUIREMENTS INDICATED IN THIS REPORTING PERIOD. MAINTENANCE AGREEMENTS AND/OR STORMWATER DISTRICTS WILL CONTINUE TO BE REQUIRED. POST CONSTRUCTION PRACTICES WITHIN MS4 WILL CONTINUE TO BE INVENTORIED AND REPORTING WILL CONTINUE TO BE REQUIRED.

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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



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
- \bigcirc 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.

			Self-Assessr	nent
			Operation/Activit	ty/Facility
			performed within	the past 3
Operation/Activity/Facility	Addressed in	n SWMP?	<u>years?</u>	
Street Maintenance	• Yes	○ No	O Yes	• No
Bridge Maintenance	····· O Yes	• No	O Yes	• No
Winter Road Maintenance	• Yes	○ No	O Yes	• No
Salt Storage	• Yes	○ No	O Yes	No
Solid Waste Management	• Yes	○ No	O Yes	• No
New Municipal Construction and Land Disturba	ance • Yes	○ No	O Yes	• No
Right of Way Maintenance	• Yes	○ No	····· · Yes	• No
Marine Operations	O Yes	• No	O Yes	• No
Hydrologic Habitat Modification	O Yes	• No	O Yes	• No
Parks and Open Space	• Yes	○ No	• Yes	• No
Municipal Building	_	○ No	····· · Yes	• No
Stormwater System Maintenance	• Yes	○ No	O Yes	• No
Vehicle and Fleet Maintenance		○ No	····· · Yes	• No
Other	○ Yes	• No	○ Yes	• No

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

		SPE	DES	ID						
Name of MS4/Coalition	Town of Union Vale	Ν	Y	R	2	0	Α	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	9
\bigcirc Catch Basins Inspected and Cleaned Where Necessary	#	
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#	
O Phosphorus Applied In Chemical Fertilizer	# Lbs.	
O Nitrogen Applied In Chemical Fertilizer	# Lbs.	
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.) 	# Acres of	
3. How many stormwater management trainings have been provide during this reporting period?	d to municipa	l employees
4. What was the date of the last training?	1 0 / 1 9	/ 2 0 1 6

- 5. How many municipal employees have been trained in this reporting period?
- 6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

2

%

0

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

SPDES ID

N Y R 2 0 A 5 5 2

Name of MS4/Coalition Town of Union Vale

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 (POCs) 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 POCs HAS BEEN DEVELOPED FOR TOWN HIGHWAY GARAGE, RECREATION FACILITY AND TRANSFER STATION AND IS OUTLINED IN SWMP. STREET SWEEPING REDUCED DICHARGE OF SEDIMENT AND DEBRIS TO THE STORMWATER COLLECTION SYSTEM.

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

(ex.: samples/participants/events)

1

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

• Yes \bigcirc No

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

• Yes O 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 LEAST ONCE EVERY 5 YEARS AND CLEAN/REPAIR BASINS AS NECESSARY.

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

Town of Union Vale Name of MS4/Coalition

Additional Watershed Improvement Strategy Best Management Practices

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

• On behalf of an individual MS4

 \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

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

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? ○ Yes

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

○ Yes ○ No

O No

N/A

• 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.

% %

Additional BMPs Page 1 of 3

SPDES ID Ν YR 2 0 A 5 5 2

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

	SP	DES	ID						
Name of MS4/Coalition Town of Union Vale	N	Y	R	2	0	А	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?
- 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? O Yes O 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? O Yes O No O N/A

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

		SPL	DES	ID						
Name of MS4/Coalition	Town of Union Vale	Ν	Y	R	2	0	А	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