



**Environmental  
Protection**

*Vincent Sapienza, P.E.  
Acting Commissioner*

**Paul V. Rush, P.E.**  
Deputy Commissioner  
Bureau of Water Supply  
prush@dep.nyc.gov

P.O. Box 358  
Grahamsville, NY 12740  
T: (845)340-7800  
F: (845)334-7175

May 30, 2017

MS4 Permit Coordinator  
Division of Water  
4<sup>th</sup> Floor  
625 Broadway  
Albany, NY 12233-3505

**Re: New York City Department of Environmental Protection,  
MS4 Interim Report Submittal**

Dear Mr. Sullivan

Pursuant to the requirements of the New York State Department of Environmental Conservation (NYSDEC) SPDES General Permit for Storm Water Discharges from Municipal Separate Storm Sewer Systems (MS4), we are transmitting to you the attached documents as summarized below:

- MS4 Annual Report

If you require any additional information or clarification, please do not hesitate to contact me at (845) 334-7185 or [rbogart@dep.nyc.gov](mailto:rbogart@dep.nyc.gov).

Sincerely,

Ron Bogart  
Chief, Compliance & Technical  
Services

**Attachments**

**c:** Matt Giannetta, NYCDEP  
Mike Meyer, NYCDEP  
Karen Emmerich, Freshwater Consultants

### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2017

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

SPDES ID

NYR20A529

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

NYC Dept. of Env. Protection EOH

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

[Empty grid for 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

[Three empty grid rows for Name of Coalition]

SPDES ID

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SPDES ID

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### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2017

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

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

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

Name of MS4 NYC Department of Environmental Protection - EoH

SPDES ID  
N Y R 2 0 A 5 2 9

**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  
P a u l V R u s h , P . E .

Title  
D e p u t y C o m m i s s i o n e r , B W S

Address  
P . O . B o x 3 5 8 , 7 8 7 0 S t a t e R t e . 4 2

City State Zip  
G r a h a m s v i l l e N Y 1 2 7 4 0 -

eMail  
p r u s h @ d e p . n y c . g o v

Phone County  
( 8 4 5 ) 3 4 0 - 7 8 0 0 S u l l i v a n

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

MCC form for period ending March 9, 2017

Name of MS4 NYC Department of Environmental Protection - EoII

SPDES ID  
N Y R 2 0 A 5 2 9

**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).
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For each contact, select all that apply:

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

First Name: R o n MI: Last Name: B o g a r t

Title: C h i e f , C o m p l i a n c e & T e c h S e r v i c e s

Address: P . O . B o x 3 5 8 , 7 8 7 0 S t a t e R t e . 4 2

City: G r a h a m s v i l l e State: N Y Zip: 1 2 7 4 0 -

eMail: r b o g a r t @ d e p . n y c . g o v

Phone: ( 8 4 5 ) 3 3 4 - 7 1 8 5 County: S u l l i v a n

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

MCC form for period ending March 9, 2017

Name of MS4

SPDES ID

**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 7

Name of MS4 NYC Department of Environmental Protection - EoH

SPDES ID  
N Y R 2 0 A 5 2 9

#### 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

[Grid for Partner/Coalition Name]

Partner/Coalition Name (con't.)

[Grid for Partner/Coalition Name (con't.)]

SPDES Partner ID - If applicable  
N Y R 2 0

Address

[Grid for Address]

City

[Grid for City]

State

[Grid for State]

Zip

[Grid for Zip]

eMail

[Grid for eMail]

Phone

( [Grid] ) [Grid] - [Grid]

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 [Grid]
- MM2 [Grid]
- MM3 [Grid]
- MM4 [Grid]
- MM5 [Grid]
- MM6 [Grid]

Additional tasks/responsibilities

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

[Large empty box for additional information]



### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2017

Name of MS4 NYC Department of Environmental Protection - EoH

SPDES ID

NYR20A529

#### 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

Paul

MI

V

Last Name

Rush, P.E.

Title (Clearly print title of individual signing report)

Deputy Commissioner of BWS

Signature



Date

05/23/2017

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, 2017**

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

Name of MS4/Coalition

NYC Department of Environmental Protection - EoH

SPDES ID

N	Y	R	2	0	A	5	2	9
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### Water Quality Trends

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

- On behalf of an individual MS4
- 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.**

Yes    No

If Yes, choose one of the following

- Report(s) attached to the annual report
- 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.

URL

h	t	t	p	:	/	/	w	w	.	n	y	c	.	g	o	v	/	h	t	m	l	/	d	e	p	/	p	d	
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URL


URL


URL




**MS4 Annual Report Form**

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

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

Name of MS4/Coalition: 

NYC Department of Environmental Protection - EoII
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SPDES ID  

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

- |  |                     |  |   |   |   |   |
|--|---------------------|--|---|---|---|---|
| <input type="radio"/> Construction Site Operators Trained    | # Trained           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |
|  |                     |  |   |   |   |   |
| <input type="radio"/> Direct Mailings                        | # Mailings          | <table border="1" style="display: inline-table;"><tr><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>5</td></tr></table> |   |   |   | 5 |
|  |                     |  | 5 |   |   |   |
| <input checked="" type="radio"/> List-Serves                 | # In List           | <table border="1" style="display: inline-table;"><tr><td> </td><td>9</td><td>5</td><td>0</td></tr></table> |   | 9 | 5 | 0 |
|  | 9                   | 5  | 0 |   |   |   |
| <input checked="" type="radio"/> Mailing List                | # In List           | <table border="1" style="display: inline-table;"><tr><td>6</td><td>0</td><td>0</td><td>0</td></tr></table> | 6 | 0 | 0 | 0 |
| 6  | 0                   | 0  | 0 |   |   |   |
| <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></tr></table> |   |   |   |   |
|  |                     |  |   |   |   |   |
| <input checked="" type="radio"/> Public Events/Presentations | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td>4</td><td>0</td><td>0</td></tr></table> |   | 4 | 0 | 0 |
|  | 4                   | 0  | 0 |   |   |   |
| <input type="radio"/> School Program                         | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |
|  |                     |  |   |   |   |   |
| <input type="radio"/> TV Spot/Program                        | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |
|  |                     |  |   |   |   |   |
| <input checked="" type="radio"/> Printed Materials:          | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td> </td><td>1</td><td>4</td><td>5</td></tr></table> |   | 1 | 4 | 5 |
|  | 1                   | 4  | 5 |   |   |   |

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

K	a	t	o	n	a	h		D	E	P		O	f	f	i	c	e				
V	a	l	h	a	l	l	a		D	E	P		O	f	f	i	c	e			
E	a	s	t	v	i	e	w		P	r	e	c	i	n	c	t					
D	E	P		L	a	n	d		M	g	t	.		O	f	f	i	c	e		

**Other:**

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

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/	s	t	o	r	m	w	a	t	e	r	/	i	n	d	e	x	.	s	h	t	m	l										



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

NYC Department of Environmental Protection - EoH			
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SPDES ID

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

DEP's goals under MM1 in the SWMP are to distribute educational materials to staff and the public. DEP has prepared an informational MS4 webinar that is shared with staff on an annual basis. DEP's weekly newsletter, 'Pipeline' is emailed to staff, and provides information on water quality & supply issues, safety & department programs & activities. Bureau of Water Supply also has a monthly publication, 'Tributary,' that focuses on watershed protection & stormwater management.

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

DEP's newsletter is distributed to 6,000+ staff, & provides information on stormwater management, watershed protection, drinking water reports, history of the NYC water system, & science & education. BWS sponsored 5 cleanup events at its reservoirs, participated in a sportmens' show, Eaglefest, fishing clinics & provides watershed information to the general public. This year information on invasive aquatic species was distributed to the public at the boat office & at events.

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

			2
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(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

DEP continues to distribute information to the public on a range of water supply issues at numerous public outreach events. Staff receive the Pipeline and Tributary publications, and annual toolbox talks and spill training, which includes the MS4 powerpoint. Additional information was distributed on aquatic invasives this year, and new information on stormwater management is presented on DEP's website.



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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

Name of MS4/Coalition NYC Department of Environmental Protection - EoH

SPDES ID  
N Y R 2 0 A 5 2 9

#### 2. URL(s) con't.:

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

URL  
http://www.nyc.gov/html/dep/html/  
/watershed\_protection/stormwater  
\_ms4.shtml

URL  
http://www.nyc.gov/html/dep/html/  
/watershed\_protection/stormwater  
\_management.shtml

URL  
http://www.nyc.gov/html/dep/html/  
/watershed\_protection/ms4\_phosph  
orus.shtml

URL  
http://www.nyc.gov/html/dep/pdf/  
ms4/nycdep-ms4-interim-report.pd  
f

URL  
http://www.nyc.gov/html/dep/pdf/  
ms4/2010\_ms4\_noi.pdf

URL

URL



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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

**2. URL(s) con't.:**

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

URL


URL


URL


URL


URL


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URL


**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2017

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

**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

Address

City  NY Zip

Phone

- Library  Annual Report  SWMP Plan  Comments

Address

City  Zip

Phone

- Other  Annual Report  SWMP Plan  Comments

Address

City  NY Zip

Phone

- Web Page URL:  Annual Report  SWMP Plan  Comments

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, 

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

Name of MS4/Coalition: 

NYC Department of Environmental Protection - EoH
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SPDES ID  

N	Y	R	2	0	A	5	2	9
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**4.a. If this report was made available on the internet, what date was it posted?**

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

0	4
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 / 

2	4
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 / 

2	0	1	7
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**4.b. For how many days was/will this report be posted?**

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

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

Yes  No

If Yes, what was the date of the meeting?

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 / 

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If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

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

**MS4 Annual Report Form**

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

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

NYC Department of Environmental Protection - EoH
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SPDES ID

N	Y	R	2	0	A	5	2	9
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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

Public outreach continues at DEP fishing clinics, cleanup events, the annual Eaglefest celebration, the Sportsmens' Expo and by providing information at DEP facilities. This year, DEP's interim MS4 report and NOI (Notice of Intent) were posted on its website, as well as DEP's annual MS4 report.

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

Cleanup events continue to be popular, as well as DEP's fishing clinics. Information is available at all public events, and this year DEP supplemented its literature with information on aquatic invasive species. Water supply protection information continues to be available at five of DEP's facilities within the watershed - the Katonah DEP office, Eastview Precinct, the Mahopac boat facility, the Cat-Del UV facility and DEP's Valhalla office.

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

			2
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(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

BWS staff will continue to promote & support cleanup events. The website is updated regularly, so a variety of information is available to the public on watershed topics. Printed information on phosphorus loading, fertilizers, septic system maintenance, invasive species and water conservation are available at 5 kiosks and at public events such as Eaglefest. The annual MS4 report, the interim report and the NOI are available on line at the DEP East of Hudson website throughout the year.

### MS4 Annual Report Form

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

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

NYC Department of Environmental Protection - EoH																													
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SPDES ID 

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### 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: 

				4	7
--	--	--	--	---	---

 # 

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

 %

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

	4	7
--	---	---

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

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

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

Sewersheds:

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

### MS4 Annual Report Form

**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 NYC Department of Environmental Protection - EoH

SPDES ID  
N Y R 2 0 A 5 2 9

**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

M o t o r   v e h i c l e   a c c i d e n t

**4. How many illicit discharges/potential illegal connections have been detected during this reporting period?**     8

**5. How many illicit discharges have been confirmed during this reporting period?**     8

**6. How many illicit discharges/illegal connections have been eliminated during this reporting period?**     8

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

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

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

URL


URL




**MS4 Annual Report Form**

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

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

NYC Department of Environmental Protection - EoH
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SPDES ID

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**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

DEP outfalls have been mapped, as have the storm sewersheds and stormwater conveyance system. Staff receive spill prevention training, and certain staff receive petroleum bulk storage training. DEP's Hazmat team cleaned spills and illegal dumping on BWS property. Eight spills impacted DEP property this period, including heating fuel oil leaks, motor vehicle accidents, failing septic systems and illegal dumping. All incidents were resolved.

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

Outfall reconnaissance was completed on 100% of the outfalls this year. DEP has a spill hotline - 888-H2O-SHED, and investigation and enforcement of illicit discharges is prompt. DEP enforcement staff respond to illegal discharges when called to a site, and track these incidents until they are resolved.

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

			2
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(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

DEP's Hazmat staff handle a wide-range of illicit discharge incidents, such as abandoned containers with unknown substances and heating oil tank failures. Septic systems failures are investigated by local police and DEP's Watershed Lands Directorate. Survey staff continue to update the outfall maps and assist with outfall reconnaissance, as needed.



**MS4 Annual Report Form**

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

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

NYC Department of Environmental Protection - EoH
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SPDES ID

N	Y	R	2	0	A	5	2	9
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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? 

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

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

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

09/2004  03/2006  NT

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

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

		0
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

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

--	--	--

**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" style="display: inline-table; width: 50px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   | <input checked="" type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |   |
| <input type="radio"/> Stop Work Orders                 | # | <table border="1" style="display: inline-table; width: 50px; height: 20px;"><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" style="display: inline-table; width: 50px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   | <input checked="" type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |   |
| <input type="radio"/> Termination of Contracts         | # | <table border="1" style="display: inline-table; width: 50px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   | <input type="radio"/> No Authority            |
|  |   |   |  |   |  |  |   |   |
| <input type="radio"/> Administrative Fines             | # | <table border="1" style="display: inline-table; width: 50px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   | <input checked="" type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |   |
| <input type="radio"/> Civil Penalties                  | # | <table border="1" style="display: inline-table; width: 50px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   | <input checked="" type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |   |
| <input type="radio"/> Administrative Orders            | # | <table border="1" style="display: inline-table; width: 50px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   | <input checked="" type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |   |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1" style="display: inline-table; width: 50px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   | <input type="radio"/> No Authority            |
|  |   |   |  |   |  |  |   |   |
| <input type="radio"/> Other                            | # | <table border="1" style="display: inline-table; width: 50px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   | <input type="radio"/> No Authority            |
|  |   |   |  |   |  |  |   |   |

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

NYC Department of Environmental Protection - EoH
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SPDES ID  

N	Y	R	2	0	A	5	2	9
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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report? 

--	--	--

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

		0
--	--	---

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

		0
--	--	---

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

--	--	--

 %

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

--	--	--

 %

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

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

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

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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, 

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

Name of MS4/Coalition 

NYC Department of Environmental Protection - EoH
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SPDES ID

N	Y	R	2	0	A	5	2	9
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**7. Evaluating Progress Toward Measurable Goals MCM 4**

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

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

SWPPPs are required to be on site at all work sites. DEP staff inspect all active construction sites, and DEP's engineering staff review all SWPPPs for projects in the watershed.

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

BWS staff receive training in a range of topics, including erosion & sediment control, managing floodplain development, wetland crossings, reconnecting streams through dam removal and culvert mitigation, retrofits and redevelopment, green infrastructure, as well as extensive spills training.

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

			2
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(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

DEP staff receive ongoing erosion control training. Related stormwater training continues for engineering staff.



### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

NYC Department of Environmental Protection - EoH									
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SPDES ID  

N	Y	R	2	0	A	5	2	9
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

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

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

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

		0
--	--	---

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

	1	5
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

NYC Department of Environmental Protection - EoH			
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SPDES ID

N	Y	R	2	0	A	5	2	9
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**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

On-site stormwater practices are inspected annually, at minimum. This year the forebays and inlets of two ponds were cleaned out. Routine maintenance such as trash removal is done as needed.

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

DEP maintains an inventory of its stormwater practices and maintenance schedules. As new practices come on-line, they are added to the inventory and the maintenance schedule. No new practices were installed this reporting period.

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

			2
--	--	--	---

*(ex.: samples/participants/events)*

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

Yes  No

**E. Is your MS4 on schedule to meet the deadline set forth in the 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).**

DEP continues the closure of extraneous facilities, and plans to remove structures and pavement from these unused sites, restoring them to natural conditions. Also, fuel depots were consolidated to reduce the risk of spills and the expense of maintaining these facilities in the watershed.



**MS4 Annual Report Form**

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

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

NYC Department of Environmental Protection - EoH
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SPDES ID 

N	Y	R	2	0	A	5	2	9
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

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

How many MS4s contributed to this report? 

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

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

**MS4 Annual Report Form**

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

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: 

NYC Department of Environmental Protection - EoH
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SPDES ID

N	Y	R	2	0	A	5	2	9
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**2. Provide the following information about municipal operations good housekeeping programs:**

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

			1	4
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

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

			7	5
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

			1	9
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

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

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

			1	.	2
--	--	--	---	---	---

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

				1
--	--	--	--	---

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

0	6	/	2	3	/	2	0	1	6
---	---	---	---	---	---	---	---	---	---

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

	6	1
--	---	---

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

	3	6	%
--	---	---	---

**MS4 Annual Report Form**

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

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

NYC Department of Environmental Protection - EoH									
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SPDES ID

N	Y	R	2	0	A	5	2	9
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

Well-maintained facilities continue to be a priority in the watershed. Sewage disposal systems are inspected every 3 years, catch basins are cleaned at least once a year, and roads and parking lots are swept on an annual basis. Road salt is stored under cover. DEP has consolidated its fueling stations and removed bulk storage tanks at several facilities in an effort to minimize environmental risks.

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

DEP facility managers conduct monthly health and safety audits at their sites. Staff receive annual spill training, and training in bulk storage requirements. An MS4 informational training segment is included in the spill training program.

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

			2
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(ex.: samples/participants/events)

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

Yes  No

**E. Is your MS4 on schedule to meet the deadline set forth in the 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).**

Staff training will continue. In the interviews that are held with facility managers as part of the interim and annual MS4 reporting process, there is an opportunity to discuss stormwater management practices, maintenance practices, goals, and staff suggestions for improving the program.

### MS4 Annual Report Form

**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 NYC Department of Environmental Protection - EoH

SPDES ID  
N Y R 2 0 A 5 2 9

### 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	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

NYC Dept. of Environ. Protection - EoH
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SPDES ID

N	Y	R	2	0	A	5	2	9
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?  Yes  No  N/A
4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 

1	0	0
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 %
5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?  Yes  No  N/A
6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?  Yes  No  N/A
- 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?  Yes  No  N/A
- 7b. How many projects have been sited in this reporting period? 

		0
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- 7c. What percent of the projects included in 7b have been completed in this reporting period? 

		0
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 %
- 7d. What percent of projects planned in previous years have been completed? 

		0
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 %
- No Projects Planned
- 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?  Yes  No  N/A
- 8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?  Yes  No  N/A

**MS4 Annual Report Form**

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

2	0	1	7
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Name of MS4/Coalition 

NYC Department of Environmental Protection - EoH
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SPDES ID

N	Y	R	2	0	A	5	2	9
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9. Has your MS4/Coalition developed and implemented a program of native planting?  
 Yes    No    N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?  
 Yes    No    N/A
11. Does your MS4/Coalition have a pet waste bag program?  
 Yes    No    N/A
12. Does your MS4/Coalition have a program to manage goose populations?  
 Yes    No    N/A

