MS4 Annual Report Cover Page

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

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This cover page must be completed by the report preparer. Joint reports require only one cover page.	N	Y	R	2	0	A	2	3	7
other reports require only one cover page.									

Choose one:

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

Fill in SPDES ID in upper right hand corner.

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OR

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

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

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OR

O 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.

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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.

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

		SPL)ES	ID						
Name of MS4 Town of Newburgh		N	Y	R	2	0	A	2	3	7
Each MS4 must submit an MCC form.										
Section 1 - MCC Identification Page		٠								
Indicate whether this MCC form is being submitted to certify endorsement	nt or ac	сер	tano	ce c	of:					
● An Annual Report for a single MS4										
O A Single Entity (Per Part II.E of GP-0-10-002)										
O A Joint Report										
Joint reports may be submitted by permittees with legally h	binding	gag	ree	me	nts.					
If Joint Report, enter coalition name:										
										司

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

	SPDES ID
Name of MS4 Town of Newburgh	N Y R 2 0 A 2 3 7
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <i>each</i> of the following po	sitions as indicated below:
1. Principal Executive Officer, Chief Elected Official or other qua GP-0-08-002 Part VI.J).	lified individual (per
2. Duly Authorized Representative (Information for this contact m Authorized Representative is signing this form)	oust only be submitted if a Duly
3. The Local Stormwater Public Contact (required per GP-0-08-00	02 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (I coordination/implementation of SWMP).	ndividual responsible for
5. Report Preparer (Consultants may provide company name in the	e space provided).
A separate sheet must be submitted for each position listed above filled by the same individual. If one individual fills multiple role once and check all positions that apply to that individual.	
If a new Duly Authorized Representative is signing this report, provided and a signature authorization form, signed by the Prince Elected Official must be attached.	
For each contact, select all that apply:	
Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	
Electrical Activities and Activities	
First Name Gill Last Name Pila C	u a d i o
	I u a d i o
Title Supervisor	
Supervisor Address	
1 4 9 6 Route 3 0 0	
City Stat	te Zip
Newburgh N	Y 1 2 5 5 0 -
eMail	
Phone County	
(8 4 5) 5 6 4 - 4 5 5 2 Orar	n g e

MCC form for period ending March 9, 2 0 1 7
SPDES ID
Name of MS4 Town of Newburgh
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
● Duly Authorized Representative
O Local Stormwater Public Contact
• Stormwater Management Program (SWMP) Coordinator
O Report Preparer
First Name MI Last Name
James 0sborne
Title
Town Engineer
Address
1 4 9 6 R o u t e 3 0 0
City State Zip N e w b u r g h N Y 1 2 5 5 0 -
eMail
CIVIALI
Phone

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

Name of MS4 Town of Newburgh N Y R 2 0 A	2	3	7

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
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name	MI Last Name
Shawn	E Arnott
Title	·
Staff Engineer	
Address	
3 3 Airport Cente	r Drive
City	State Zip
New Windsor	N Y 1 2 5 5 3 -
eMail	
Phone	County
(845)567-3100	Orange

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

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. Partner/CoalitionName Partner/CoalitionName (con't) SPDES Partner ID - If applicable N Y R 2 0 A 2 3 7 Address City State Zip Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? O Yes O No What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)? MM1 MM3 MM4 MM5 MM6 Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.		SPDES ID
Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? O Yes No No MS4 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/CoalitionName Partner/CoalitionName(con't.) SPDES Partner ID - If applicable N Y R 2 0 A 2 3 7 Address City State Zip eMail Phone Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)? MM1 MM2 MM3 MM4 MM4 Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	Name of MS4 Town of Newburgh	N Y R 2 0 A 2 3 7
Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? O Yes No No MS4 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/CoalitionName Partner/CoalitionName(con't). SPDES Partner ID - If applicable N Y R 2 0 A 2 3 7 Address City State Zip eMail Phone Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? O Yes O No What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)? O MM1 O MM2 O MM3 O MM4 Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	Section 3 - Partner Information	
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/CoalitionName Partner/CoalitionName City State Zip EMail Phone Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? OYes ONO What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)? MM1 MM3 MM4 MM5 MM6 Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired		nit requirements during this reporting
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/CoalitionName Partner/CoalitionName		O Yes ● No
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Address City State Zip eMail Phone Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? O Yes O No What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)? O MM1 O MM2 O MM3 O MM4 O MM5 O MM6 Additional tasks/responsibilities O Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	Partner/Coalition Name (con't.)	
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MCC form for period ending March 9, 2 0 1 7

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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 G i 1	MI	Last Nan	ne a q	u	a (d j	. 0	<u>. </u>	<u> </u>	
Title (Clearly print title of individual signing report) S u p e r v i s o r							}			
Signature]	Date	<u> </u>	, ,	 } <i>i</i>	(6	

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 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.

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Name of MS4/Coalition	Town of Nawhurgh		N	Y	R	2	0	À	2	3	7
Name of MS4/Coalition	_		- 1	Y	R	2	0	Α	2		7

Water Quality Trends

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One. If Yes, choose one of the following																														
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This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 7$

	SPDES ID
Name of MS4/Coalition Town of Newburgh	N Y R 2 0 A 2 3 7
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
● On behalf of an individual MS4 ○ On behalf of a coalition How many MS4s contributed to this report?	
1. Targeted Public Education and Outreach Best Management	ent Practices
Check all topics that were included in Education and Outreach d	uring this reporting period:
• Construction Sites	O Pesticide and Fertilizer Application
● General Stormwater Management Information	O Pet Waste Management
● Household Hazardous Waste Disposal	O Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	O Trash Management
○ Smart Growth	O Vehicle Washing
O Storm Drain Marking	 Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
• Other:	○ None
IDDE Review at Town B	oard
OtherSpecific audiences targeted during this reporting period:	
● Public Employees ● Contractors	
O Residential O Developers	
O Businesses • General Public	·
O Restaurants O Industries	
Other: Agricultural	
Other	

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

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 $\boxed{\frac{\text{Town of Newburgh}}{}}$ 3 | 7 |Y |R | 0 A 2 2 | 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply: O Construction Site Operators Trained #Trained O Direct Mailings #Mailings O Kiosks or Other Displays # Locations O List-Serves # In List O Mailing List # In List # Days Run Newspaper Ads or Articles O Public Events/Presentations # Attendees O School Program # Attendees ○ TV Spot/Program # Days Run Printed Materials: Total # Distributed Locations (e.g. libraries, town offices, kiosks) Η 1 1 W n Other: k e 0 r L W Q R а n е ą еp 0 r|t g O Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed. URL

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

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ame of MS4/Coalition To	own of Newburgh			N Y R	7	A 2 3 7
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This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 7$

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 Newburgh N Y R 2 0 A 2 3 7
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.
1) Large display/kiosk placed at community day event and Town Hall
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
1) Tracking of community day event - over 200 brochures distributed 2) Town Hall stormwater kiosks from soil and water 3) MS4 issue addressed with Town Board posted on agenda
C. How many times was this observation measured or evaluated in this reporting period?
D. Has your MS4 made progress toward this Measurable Goal during this reporting period?
● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
1) Continue to support school program
2) Community day event 3) Update Town Board and public at Town Board meetings

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} \begin{bmatrix} 1 & 7 \end{bmatrix}$

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 Newburgh

Minimum Control Measure 2. Public Involvement/Participation

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

On behalf of an individual MS4

On behalf of a coalition

How many MS4s contributed to this report?

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

• Cleanup Events		# Events				1
O Comments on SWMP Received		#Comments				
O Community Hotlines	Phone # ()] - [
Phone # () -	Phone # (] - [-
Phone # ()	Phone # (] - [
Phone # ()	Phone # (] - [
Phone # () -	Phone# (] - [
Phone # ()	Phone# ()] -[
● Community Meetings		# Attendees			2	5
O Plantings		Sq. Ft.				
O Storm Drain Markings		#Drains				
O Stakeholder Meetings		# Attendees				
O Volunteer Monitoring		# Events				
Other:						
2. Was public notice of availability of this annu Program (SWMP) Plan provided?	al report and Stormw	ater Manag		ent Yes	0	No
○ List-Serve	÷	# In List				
● Newspaper Advertising		# Days Run				1
O TV/Radio Notices		# Days Run				
Other: Town Board age	nda ite	m.				

• 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 Newburgh N Y R 2 0 A 2 3 2. URL(s) con't.: Please provide specific address(es) where notice(s) can be accessed - not home page. URL h t £ t wb 0 w|n 0 n g t е Α С d e s S W e^r b p a g e C £ m ? Т I D 4 0 & $^{\prime}\mathrm{T}$ Ρ I|D| = |9|25 8 URL URL URL URL

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

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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$

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

	SPL	<u> JES ID</u>					
Name of MS4/Coalition Town of Newburgh	N	YR	2	0 7	4 2	3	7
4.a. If this report was made available on the internet, what date	te was it po	sted?					
Leave blank if this report was not posted on the internet.	6	/ 1	0		2 0	1	6
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	ng a joint re	eport,	ans	wer :	5.b		
5.a. Was an Annual Report public meeting held in this reporting If Yes, what was the date of the meeting?	ng period?	· /		○ <u>\</u>	Yes	•	No
If No, is one planned?			-	0 1	/es	•	No
5.b. Was an Annual Report public meeting held for all MS4s c	ontributin	g to tl	nis 1	repo	rt d	uri	ng
this reporting period?				0 3	les .	•	No
If No, is one planned for each?				0 1	les .	•	No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.	·			0 1	Yes	•	No

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

_				SPDES ID		
Name of MS4/Coalition	Town of Newburgh			N Y R 2 0	A 2	3 7
7. Evaluating Prop	gress Toward Measu	rable Goals MC	M 2			
identified in your St	ort on your progress ar ormwater Managemen tional pages as needed	t Program Plan (S		-		Part
A. Briefly summar	ize the Measurable C	Goal identified in	the SWMPP	in this reporti	ıg peri	od.
1) Post annual report 2) Announce availa	rt on Town website bility of report at Tow	n Board meetings	· ·			
B. Briefly summar Goal.	ize the observations t	that indicated th	e overall effec	ctiveness of this	Meası	ırable
Public access to ann	nual report is provided	via internet and	Town Board ag	genda.		
	•					
,				4		
C. How many time	s was this observatio	n measured or e	valuated in th	is reporting pe	riod?	
				(0)	- 100 (norm	1
D. Has your MS4 r	nade progress toward	d this measurabl	e goal during	· ·	-	_
					Yes	O No
E. 1s your MIS4 on	schedule to meet the	deadline set fort	h in the SWN		Yes	○ No
-	ize the stormwater ac ng cycle (including a	_	_	oals of this MC	'M dur	ing
2) Post MS4 annual	annual report on interr report as Town Board b site to include conta	l agenda item	method inform	nation.		

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

Naı	me of MS4/Coalition Town of Newburgh	N Y R 2 0 A 2 3 7
	Minimum Control Measure 3.	Illicit Discharge Detection and Elimination
Th	e 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: # 100%
2.	How many of these outfalls have been s reporting period (outfall reconnaissance	creened for dry weather discharges during this e inventory)?
3.	a.What types of generating sites/sewersh reporting period?	eds were targeted for inspection during this
	O Auto Recyclers	O Landscaping (Irrigation)
	O Building Maintenance	O Marinas
	O Churches	O Metal Plateing Operations
٠	O Commercial Carwashes	O Outdoor Fluid Storage
	O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
	O Construction Vehicle Washouts	O Printing
	O Cross-Connections	O Residential Carwashing
	O Distribution Centers	O Restaurants
	O Food Processing Facilities	O Schools and Universities
	O Garbage Truck Washouts	Septic Maintenance
	O Hospitals	O Swimming Pools
	O Improper RV Waste Disposal	O Vehicle Fueling
	O Industrial Process Water	O Vehicle Maint./Repair Shops
	● Other: Q u a s s a i c C r e e	O None
	 Sewersheds: R e s i d e n t i a 1 W 	atersheds

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

	SPDES ID
Name of MS4/Coalition Town of Newburgh	N Y R 2 0 A 2 3 7
3.b. What types of illicit discharges have	been found during this reporting period?
O Broken Lines From Sanitary Sewer	O Industrial Connections
O Cross Connections	○ Inflow/Infiltration
● Failing Septic Systems	O Pump Station Failure
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows
O Illegal Dumping	O Straight Pipe Sewer Discharges
Other:	O None
4. How many illicit discharges/potential reporting period?	l illegal connections have been detected during this
5. How many illicit discharges have bee	en confirmed during this reporting period?
6. How many illicit discharges/illegal coperiod?	onnections have been eliminated during this reporting
7. Has the storm sewershed mapping be If No, approximately what percent was	
8. Is the above information available in Is this information available on the w If Yes, provide URL(s):	
Please provide specific address of page url	where map(s) can be accessed - not home page.
URL	

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 & 7 \end{bmatrix}$

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This report is being submitted for the reporting period ending March

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Name of MS4/Coalition 10wn of Newburgh	N Y R 2 0 A 2 3 7
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMFIII.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Staff attended webinar on EPA IDDE methods Contains periodic review of stormsheds for IDDE	
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
Mapping of storm sheds complete Ongoing IDDE training for highway personnel Outfall review annually	
C. How many times was this observation measured or evaluat	ted in this reporting period?
	(ex.: samples/participants/eve
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	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	et the goals of this MCM during
Adopt standard IDDE practices and form review 20% of outfalls Continue to update GIS mapping of system	

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

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Name of MS4/Coalition	Town of Newburgh	N	Y	R	2	0	A	2	3	7
	**									

	Construction Site and Post-Construction Control		
Th	ne information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1a	a. Has each MS4 contributing to this report adopted a law, ordinance or other regula mechanism that provides equivalent protection to the NYS SPDES General Permit Stormwater Discharges from Construction Activities?		O No
1b	o. Has each Town, City and/or Village contributing to this report documented that the equivalent to a NYSDEC Sample Local Law for Stormwater Management and Ero Sediment Control through either an attorney cerfification or using the NYSDEC G	sion	
	Analysis Workbook? • Yes •	No	ONT
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. ○ 09/2004 ● 03/20	06	O 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 be reviewed in this reporting period?	een	- 5
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? • Yes	c No	ONT
	If Yes, how many public comments were received during this reporting period?		0
5.	Does your MS4/Coalition provide education and training for contractors about the SWPPP process?	loca Yes	ıl 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:

O Notices of Violation	#			0	O No Authority
O Stop Work Orders	#			0	O No Authority
O Criminal Actions	#				O No Authority
O Termination of Contracts	#	-			O No Authority
O Administrative Fines	#				O No Authority
O Civil Penalties	#				O No Authority
O Administrative Orders	#	-			O No Authority
O Enforcement Actions or Sanctions	#		·		
O Other	#				O No Authority

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 & 7 \end{bmatrix}$

	SP	DES ID		
Name of MS4/Coalition Town of Newburgh	N	Y R 2	0 A 2	3 7
Minimum Control Measure 4. Construction Site	Stormwa	ter Rung	off Con	<u>trol</u>
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 during this reporting period?	disturbanc	ces of one	acre or 1	more
2. How many construction projects disturbing at least one a during this reporting period?	cre were act	tive in you	r jurisd	iction 4
3. What percent of active construction sites were inspected of	luring this r	reporting _]	period?	○ NT 0 %
4. What percent of active construction sites were inspected r	nore than o	nce?	1 0	O NT
5. Do all inspectors working on behalf of the MS4s contribution Construction Stormwater Inspection Manual?	ting to this	report use • Yes	the NY	S ONT
6. Does your MS4/Coalition provide public access to Stormy (SWPPPs) of construction projects that are subject to MS		d approva		ans Ont
If your MS4 is Non-Traditional, are SWPPPs of construct public review?	ion project			
If Yes, use the following page to identify location(s) where S	WPPPs can	be accesse	d.	

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 Newburgh N|Y|R|20 A 2 3 7 6. con't.: Submit additional pages as needed. ● MS4/Coalition Office Department ٠£| f i P l a n n i|n g В o a r d 0 С е Address 3 0 8 G đ R đ а r е r t O Ŵ |n ola e City Zip 2 N e w b h N Υ 1 5 g Phone 0 5 6 4 8 O Library Address City Zip Phone O Other Address City Zip Phone O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL URL

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 7

•		•		SPDES ID		
Name of MS4/Coalition	Town of Newburgh				0 A 2	3 7
7. Evaluating Pro	gress Toward Mea	surable Goals MC	M 4			
Use this page to repidentified in your Still.C.1. Submit addi	tormwater Managen	nent Program Plan (-	-	Part
A. Briefly summa	rize the Measurabl	e Goal identified in	the SWMPP	in this report	ing peri	od.
2) Public hearing a		ompliance of Planni visions and most site agineers for projects	plans			
· ·			•			
B. Briefly summan Goal.	rize the observation	ns that indicated th	e overall effec	tiveness of thi	is Meası	urable
2) Local law require		adopted nent to 10,000 sq. ft. engineer coordinated		g Inspector offi	icials	
C. How many time	es was this observa	tion measured or e	valuated in th	is reporting p	eriod?	
				(ex.: sa	amples/par	1
D. Has your MS4 i	made progress tow	ard this measurabl	le goal during	this reporting	g period ● Yes	? ○ No
E. Is your MS4 on	schedule to meet t	he deadline set for	th in the SWM		• Yes	O No
		r activities planned g an implementatio	_			
1) Continue 100% i 2) Provide public co						
3) Provide site review	ew and require subn	nission of weekly re	ports to planni	ng board engin	neer	

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

			·		SPDES ID	- , , , , , , , , , , , , , , , , , , ,	
Name of MS4/Coalition	Town of Newburgh				N Y R	2 0 A	2 3 7
*.		•				•	
<u>Minimum</u>	Control Mea	sure 5. Post	-Construction	on Storm	water N	Aanager	<u>nent</u>
The information in th	is section is bein	g reported (che	ck one):				
On behalf of an incOn behalf of a coa	lition	ilantad ta thia	man a.ut?				
How in	any MS4s conti	nouted to this	report? [
1. How many and with MS4/Coalition in						has your	
		# Inventoried	# Inspections	# Time Maintair			
O Alternative Practic	es .						
O Filter Systems							
O Infiltration Basins							
Open Channels							
O Ponds							
O Wetlands	-						
Other							
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2. Do you use an o BMPs, inspecti			avase, spreaus	neet) to tr	ack post-	Construct Ye ●	
3. What types of a Development/B		_		•	nt Low In	npact	,
O Building Codes	• Municipal Co	omprehensive P	lans				
Overlay Districts	Open Space l	Preservation Pro	ogram				
Zoning	• Local Law or	Ordinance					
○ None	O Land Use Re	gulation/Zoning	g				
O Watershed Plans	Other Compr	rehensive Plan				•	
Other:	· ·						

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 7$ 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 Town of Newburgh Α Name of MS4/Coalition 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort? Yes O No 4b. Does the MS4 have a banking and credit system for stormwater management practices? 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? O Yes 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

0 | %

Infrastructure principles in this reporting period?

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

•	SPDES ID
Name of MS4/Coalition Town of Newburgh	N Y R 2 0 A 2 3 7
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the	SWMPP in this reporting period.
1) Require submission of annual report to Building Inspector for 2) 100% post construction review prior to	
3) Drainage districts required for post construction maintenance	of subdivisions.
B. Briefly summarize the observations that indicated the ove Goal.	rall effectiveness of this Measurable
1) 100% project evaluation. Town has escrow fund system to paconstruction sites.	y outside consultant to review
C. How many times was this observation measured or evalua	ited in this reporting period?
	(ex.: samples/participants/ev.
D. Has your MS4 made progress toward this measurable goa	al 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 me the next reporting cycle (including an implementation sch	eet the goals of this MCM during
 Continue 100% inspections ongoing Require enforcable map notes on a site plans - ongoing Evaluate program with Building Inspector and code complian 	ce for existing sites - Spring 2011

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix}$ 1

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 Newburgh			N Y R	2 0 A	2 3 7
Minimum Cont	rol Measure 6.	Stormwater	Management	for Munic	ipal O	perations
	·					

On behalf of an individual MS4
On behalf of a coalition
How many MS4s contributed to this report?

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

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

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

			periormea within	tne past.
Operation/Activity/Facility	Addressed in	1 SWMP?	years?	
Street Maintenance	• Yes	○ No	O Yes	No _
Bridge Maintenance	O Yes	● No	O Yes	● No
Winter Road Maintenance		○ No	○ Yes	No
Salt Storage		○ No	O Yes	No
Solid Waste Management		● No	O Yes	No
New Municipal Construction and Land Disturbar		• No	O Yes	No
Right of Way Maintenance	• Yes	○ No	O Yes	No
Marine Operations		• No	○ Yes	No
Hydrologic Habitat Modification		● No	O Yes	No
Parks and Open Space		● No	O Yes	No
Municipal Building		○ No	O Yes	No
Stormwater System Maintenance		O No	○ Yes	No
Vehicle and Fleet Maintenance	_	O No	○ Yes	No
Other	Yes	• No	○ Yes	No

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 7$ 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 Newburgh	N Y R	2 0 A	2 3	7
2. Provide the following information about municipal operations good	od housekee	ping pro	ogran	ns:
Parking Lots Swept (Number of acres X Number of times swept)	# Acres			6
• Streets Swept (Number of miles X Number of times swept)	# Miles		1 5	0
● Catch Basins Inspected and Cleaned Where Necessary	#		1 5	0
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#		1	0
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		0.	
3. How many stormwater management trainings have been provided during this reporting period?	l to municip	oal empl	oyees	0
4. What was the date of the last training?]/		
5. How many municipal employees have been trained in this reporting	ng period?	. [.0
6. What percent of municipal employees in relevant positions and de stormwater management training?	partments	receive	0	%

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

Name of MS4/Coalition Town of Newburgh	N Y R 2 0 A 2 3 7
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIIII.C.1. Submit additional pages as needed.	•
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Train additional highway personnel document Housekeeping practices Evaluate low salt area within two watersheds Chadwick Lake	and Orange Lake.
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
Reduce road salt use in two watersheds Updated tracking at Housekeeping BMPs	
C. How many times was this observation measured or evaluat	ted in this reporting period?
D. Has your MS4 made progress toward this measurable goal	
E. Is your MS4 on schedule to meet the deadline set forth in the	•
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	<u> </u>
Adopt standard forms for Housekeeping practices Additional training of personnel	

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Name of MS4/Coalition Town of N	lewburgh		SPDES ID N Y R 2 0 A 2 3 7	
Additional Wate	rshed Improvemer	nt Strategy Best Ma	nagement Practices	
		·		
The information in this section		cone):		
On behalf of an individual I On behalf of a coalition How many MS	vis4 4s contributed to this re	eport?		
MS4s must answer the qu	estions or check NA a	s indicated in the table	e 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	1,2,3,4,3,6,7a-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 Greenwood Lake Watershed	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus	
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	1 4 7 4 8 0 10 11 12	225691	Pathogens and Nitrogen	
Traditional Land Use Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b 2,3,5,6,8b	Pathogens and Nitrogen 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 Pathogens	

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·	SPDES ID	
Name of MS4/Coalition Town of Newburgh	N Y R 2	0 A 2 3 7
3. Does your MS4/Coalition have a Stormwater Conveyance Syste and Maintenance Plan Program?	em (infrastructu • Yes	Ire) Inspection O No O N/A
4. Estimate the percentage of on-site wastewater treatment system and maintained or rehabilitated as necessary in this reporting		n inspected 0 %
5. Has your MS4/Coalition developed a program that provides pr NYSDEC SPDES General Permit for Stormwater Discharges f (GP-0-08-001) to reduce pollutants in stormwater runoff from disturb five thousand square feet or more?	rom Construction	on Activities
6. Has your MS4/Coalition developed a program to address post- runoff from new development and redevelopment projects that equal to one acre that provides equivalent protection to the NY Permit for Stormwater Discharges from Construction Activitie the New York State Stormwater Design Manual Enhanced Pho Standards?	t disturb greater 'S DEC SPDES (es (GP-0-08-001)	than or General , including
7a. Does your MS4/Coalition have a retrofitting program to reduce phosphorus/nitrogen/pathogen loading?	e erosion or • Yes	○ No ○ N/A
7b. How many projects have been sited in this reporting period?		8
7c. What percent of the projects included in 7b have been complete	ed in this report	ting period?
7d. What percent of projects planned in previous years have been		0 %
8a.Has your MS4/Coalition developed and implemented a turf ma procedures policy that addresses proper fertilizer application o lands?	nagement pract	
8b.Has your MS4/Coalition developed and implemented a turf ma procedures policy that addresses proper disposal of grass clipp municipally owned lands?		

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix}$

Name of MS4/Coalition Town of Newburgh	SPDES ID N Y R 2	0 A .	2 3 7
9. Has your MS4/Coalition developed and implemented a program of	native plan ○ Yes	_	● N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste of prohibiting goose feeding?	on municipa O Yes		rties and • N/A
11. Does your MS4/Coalition have a pet waste bag program?	O Yes	O No	● N/A
12. Does your MS4/Coalition have a program to manage goose populations?	O Yes	O No	• N/A