MS4 Annual Report Cover Page

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

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

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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 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 0 9

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

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MS4 Annual Report Cover Page

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

Required Forms

- > Municipal Compliance Certification
- > Water Quality Trends
- > Minimum Measure 1
- > Minimum Measure 2
- > Minimum Measure 3
- > Minimum Measure 4
- > Minimum Measure 4 and 5
- > Minimum Measure 5
- > Minimum Measure 6
- > MS4s in impaired watersheds included in GP-0-08-002 Part IX must also complete the form *Additional Watershed Improvement Strategy Best Management Practices*.

Reporting Requirements

- * Permittees submitting an annual report for an individual MS4 must complete and submit all required forms.
- * Joint reports may be submitted by permittees with legally binding agreements as follows:
 - > <u>Each</u> MS4 contributing to a joint report must submit a Municipal Compliance Certification (MCC) form with an original signature. The MCC forms must be attached to the report.
 - > A coalition may submit information on behalf of its members as follows:
 - 1. Submit one form for each of the Minimum Measures (and if required, Additional Watershed Improvement Strategy Best Management Practices) on behalf of all the MS4s in the coalition, or
 - 2. Complete some of the required forms on behalf of all the MS4's in the coalition and for other Minimum Measures, attach completed forms from each of the MS4s.

For example, a joint report for a coalition including four permitted MS4s may contain one form for *each* of the Minimum Measures 1-5, representing the combined work of all four participating MS4s, and *in addition*, include four separate Minimum Measure 6 forms and four separate *Additional Watershed Improvement Strategy Best Management Practices* forms provided by each of the participating permittees.

The Department will *not* accept a report form from a participating MS4 *in addition to* a combined report form submitted for the same Minimum Measure.

Instructions for completing forms

These forms may be completed on a computer or by hand. If completing the forms by hand, fill in circles completely and print clearly.

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

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Name of MS4	County of Nassau	N	Y	R	2	0	А	0	2	2

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

- An Annual Report for a single MS4
- O A Joint Report

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

If J	oınt	Rep	ort,	ent	er c	oalı	tıon	nai	ne:										
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MCC form for period ending March 9, 2 0 0 9

Name of MS4 County of Nassau N Y R 2 0	A 0	2 2	2

Section 2 - Contact Information

Provide contact information for *all* of the following contacts:

- 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
- 3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 4. Report Preparer (Consultants may provide company name in the space provided).

Submit a separate sheet for each contact.

For each contact, select all that apply:

- O Signatory Authority (choose one of the following)
 - Executive Officer or Ranking Elected Official
 - O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

First Name	MI Last Name
R a y m o n d	A Ribeiro
Title	
C o m m i s s i o n e r o f	P u b l i c W o r k s
Address	
1 1 9 4 P r o s p e c t A	v e n u e
City	State Zip
City W e s t b u r y	State Zip N Y 1 1 5 9 0 -
W e s t b u r y eMail	
W e s t b u r y eMail	N Y 1 1 5 9 0 -

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

Name of MS4 County of Nassau N Y R 2 0	A 0	2 2	2

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- 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
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 - O Executive Officer or Ranking Elected Official
 - O Duly Authorized Representative
- Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

First Name	MI Last Name
K e n n e t h	A A r n o 1 d
Title	
Chief Sanitary	Engineer
Address	
1 7 0 C a n t i a g u e R	ock Road
City	State Zip
City H i c k s v i l l e	State Zip N Y 1 1 8 0 1 -
H i c k s v i l l e	
H i c k s v i l l e eMail	N Y 1 1 8 0 1 -

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

Name of MS4 County of Nassau N Y R 2 0	A 0	2 2	2

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- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name	MI Last Name
T i m o t h y	P
Title	
H y d r o g e o l o g i s t I	
Address	
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City	State Zip
City H i c k s v i l l e	State Zip N Y 1 1 8 0 1 -
H i c k s v i l l e	N Y 1 1 8 0 1 -
H i c k s v i l l e eMail	N Y 1 1 8 0 1 -

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

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

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Section 3 - Partner Information - Submit a separate sheet for each	partne	er.				
Did your MS4 work with partners/coalition to complete some or all permit require period?	ements	durin	ig thi	is rep	_	
If Yes, complete information below. If No, proceed to Section 4 - Certification Statement.			•	Yes	, ()	No
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Manhasset Bay Protection						
Partner/Coalition Name (con't.)	SPDES	Partne	er ID	- If a	pplica	able
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Address						
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● MM6 Multiple Tasks						
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MCC form for period ending March 9, 2 0 0 9

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If Yes, complete information below. If No, proceed to Section 4 - Certification Statement. Partner/CoalitionName	Name of	MS4 C	ounty	y of l	Nass	au																N	Y	R	2	0	А	0	2	2
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MCC form for period ending March 9, 2 0 0 9

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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	MI Last Name
R a y m o n d	A Ribeiro
Title	
C o m m i s s i o n e r o f	Public Works
Signature	Date
	0 5 / 3 1 / 2 0 0 9

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, $\begin{vmatrix} 2 & 0 & 0 \end{vmatrix}$

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	SPDES ID
Name of MS4/Coalition County of Nassau	N Y R 2 0 A 0 2 2
Minimum Control Measure 1. Public Ed	lucation 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 Manageme	ent Practices
Check all topics that were included in Education and Outreach d	luring this reporting period:
• Construction Sites	• Pesticide and Fertilizer Application
• General Stormwater Management Information	Pet Waste Management
 Household Hazardous Waste Disposal 	○ Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
○ Infrastructure Maintenance	O Trash Management
○ Smart Growth	Vehicle Washing
Storm Drain Marking	Water Conservation
• Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
2. Specific audiences targeted during this reporting period:	
○ Agricultural	
Residential Developers	
• Businesses • General Public	
○ Restaurants ○ Industries	
• Other:	
Landscapers	

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

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

SPDES ID

Name	of M	IS4/	Coa	litic	on C	Count	ty of	Nass	au														N	Y	R	2	0	А	0	2	2
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O Dia	rect	Ma	ilinį	gs																			#	Ma	ilin	gs					
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O Lis	st-Se	rves	S																					# I	n Li	st					
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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 0 \end{vmatrix}$

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Name of MS4/Coalition

County of Nassau

4. Evaluating/Measuring Progress MCM 1

Submit additional pages as needed.

MS4 Annual Report Form

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

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

SPDES ID

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xample*:				
ndicator:	Public pho	one survey		
egan Trackii	ng:	2005	Frequency:	Annual
		(year)		(ex.: annual, monthly, biweekly)
1000				
			(ex.: samples/part	icipants/events)
esults:	Increase	d awareness o	of issues related to	use of fertilizers
				300 01 101 1111111111111111111111111111
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This indicate	_		mple only. unty-wide phone survey thi	s coming year.
ndicator:	Nassau Cc		unty-wide phone survey thi	s coming year.
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	Nassau Cc	ounty will fund a Cou	unty-wide phone survey thi	
ndicator:	Nassau Cc	ounty will fund a Cou	unty-wide phone survey thi	(ex.: annual, monthly, biweekly)
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This report is being submitted for the reporting period ending March 9, 2 0 0 9

				1		SPI	DES	ID						
Name of MS4/Coalition County of Nassau						N	Y	R	2	0	А	0	2	2
Minimum Control Meas	sure 2.	Public I1	1V0	olve	men	ıt/F	ar	tici	pa	tio	<u>n</u>			
The information in this section is being repor	rted (check	c one):												
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed 	d to this re	eport?												
1. What opportunities were provided to development, evaluation and improvided (SWMP) Plan during this reporting	vement o	f the Stor	mw	ater	·Ma	nag					ran	1		
Cleanup Events							# E	vent	ts					2
O Comments on SWMP Received						# C	Comr	nent	ts					
Community Hotlines		Phone #	(5	1 6)	5	7	1	-	6	8	6	3
Phone # () -		Phone #	()				-				
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O Community Meetings						# .	Atte	ndee	es					
Plantings							S	q. F	t. [6	5	3	4	0
Storm Drain Markings							# D	rain	ıs		1	9	3	5
O Stakeholder Meetings						# .	Atte	ndee	es					
O Volunteer Monitoring							# E	vent	ts					
Other:														
2. Was public notice of availability of (SWMP) Plan provided?	annual r	eport and	Sto	rmv	vate	r M	[ana	igei	mei		Pro Ye			No
• List-Serve							# I1	n Lis	st					
O Newspaper Advertising						#	Days	s Ru	n					
○ TV/Radio Notices						#	Day	s Ru	n					
Other:														
• Web Page URL: Enter URL(s) on the fo	ollowing t	wo pages.												

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

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

SPDES ID

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Name of MS4/Coalition County of Nassau

MS4 Annual Report Form

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

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

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

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

	S	PDI	ES ID					
Name of MS4/Coalition County of Nassau]	N .	YR	2	0 A	. 0	2	2
4. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWM this report.	ЛР in resp	oon	se to	con	○ Y nmen		-	No
If submitting a report for single MS4, answer 5.a If submitting	ng a joint	rep	ort, a	ansv	wer 5	.b		
5.a. Was an Annual Report public meeting held in this reporti If Yes, what was the date of the meeting?	ing perio	d?	/		○ Y / [es		No
If No, is one planned?					• Y	es	0	No
5.b. Was an Annual Report public meeting held for all MS4s this reporting period?	contribu	ting	g to t	his	repo O Y			ng No
If No, is one planned for each?					O Y	es	•	No

Name of MS4/Coalition County of Nassau

Submit additional pages as needed.

MS4 Annual Report Form

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

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

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6. Eval	uating	/M	easuring Progress	MCM 2	
					ectiveness of your Public u been tracking them and at what frequency?
Example	** •				
Indicator	r:	Nui	mber of attendees at public ev	vents	
Began T	racking	; :	2005 (year)	Frequency:	Annual (ex.: annual, monthly, biweekly)
# 1000					(
				(ex.: samples/parti	icipants/events)
Results:			•		d 200% since 2005.
* This in	dicator	is	provided as an exam	ple only.	
Indicator	r:	Nas	sau County will fund a Coun	ty-wide phone survey this	s coming year.
Began T	racking	7:	2009 (year)	Frequency:	(ex.: annual, monthly, biweekly)
#				(ex.: samples/parti	icinants/events)
D 1				(ex samples/para	cipanissevenisy
Results:					

MM 2 Page 6 of 6

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

Name of MS4/Coalition County of Nassau	N Y R 2 0 A 0 2 2
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination
The information in this section is being reported	(check one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to 	this report?
1. Enter the number and approx. percent	of outfalls mapped: 3 7 8 0 # 1 0 0 %
2. How many of these outfalls have been s reporting period (outfall reconnaissand	screened for dry weather discharges during this ce 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	○ Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	○ Printing
○ Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
○ Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	O Septic Maintenance
○ Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	● None
Sewersheds: South Shore	

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

SPDE	S ID
N Y	R 2 0 A 0 2 2
been found during this reporting J	period?
O Industrial Connections	
○ Inflow/Infiltration	
O Pump Station Failure	
O Sanitary Sewer Overflows	
O Straight Pipe Sewer Discharges	
○ None	
l illegal connections have been dete	ected during this
C	1 0
en confirmed during this reporting	period? 5
onnections have been eliminated du	ring this reporting
	4
een completed?	○ Yes • No
-	9 0 8
CIS?	● Yes ○ No
	○ Yes • No
where map(s) can be accessed - not h	ome page.
	been found during this reporting p Industrial Connections Inflow/Infiltration Pump Station Failure Sanitary Sewer Overflows Straight Pipe Sewer Discharges

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

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Name of MS4/Coalition

County of Nassau

12. Evaluating/Measuring Progress MCM 3

Submit additional pages as needed.

MS4 Annual Report Form

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

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

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			you use to evalua g have you been tra		ctiveness of your Illicit Discharge Elimination t what frequency?
Ex	ample*:				
Ina	licator:	Num	ber of illicit discharges iden	ntified/eliminated	
Bes	gan Track	ing:	2005	Frequency:	Monthly inspections
DU			(year)	1 requency.	(ex.: annual, monthly, biweekly)
#	25 illicit dis	scharges ic	lentified/24 eliminated		
				(ex.: samples/parti	icipants/events)
* 7	Shin in dian	avera	age, within a week	of discovery.	t have been identified are being eliminated, on
	nis inaica licator:		provided as an exam		ions.
D .	T 1	[2009	F	Annual
ве	gan Track	ang: L	(year)	Frequency:	(ex.: annual, monthly, biweekly)
#					
				(ex.: samples/parti	icipants/events)
Res	sults:	Unkr	nown		

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

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

		SPL)ES	Ш						
Name of MS4/Coalition Count	nty of Nassau	N	Y	R	2	0	А	0	2	2

<u>Minimum Control Measures 4 and 5.</u> Construction Site and Post-Construction Control

<u>Cui</u>	isti uction	Site and	1 ost-constituction con	
The information in this secti	on is being re	ported (chec	k one):	
On behalf of an individualOn behalf of a coalitionHow many M		ted to this r	report?	
other regulatory mec	hanism that	provides e	uting to this report adopt equal protection to the NY nstruction Activities?	· · · · · · · · · · · · · · · · · · ·
If Yes, provide date of	equivalent N	NYS Sample	e Local Law.	○ 09/2004 ○ 03/2006
2. Does your MS4/Coal	ition have a	SWPPP re	view procedure in place?	○ Yes ○ No
3. How many Construct reviewed in this repo			ion Prevention Plans (SW	/PPPs) have been
4. Does your MS4/Coali comments related to			n for receipt and consider	ation of public • Yes • No
If Yes, how many pub	lic comments	s were recei	ved during this reporting p	eriod?
5. Does your MS4/Coali SWPPP process?	ition provide	e education	and training for contrac	tors about the local ○ Yes ○ No
· ·	on activities,	-	orcement actions you used he number of actions, or r	
O Notices of Violation	#		No Authority	
O Stop Work Orders	#		No Authority	
O Criminal Actions	#		No Authority	
○ Termination of Contracts	#		No Authority	
O Administrative Fines	#		No Authority	
O Civil Penalties	#		No Authority	
O Administrative Orders	#		No Authority	
Other	#		No Authority	

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

Nan	ne of MS4/Coalition County of Nassau		NY	R 2	0 A 0	2 2
	Minimum Control Measure 4. Construction Site	Stormy	<u>vater</u>	Runc	off Con	<u>trol</u>
The	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.	How many construction projects have been authorized for during this reporting period?	disturba	inces (of one	acre or	more
2.	How many construction projects disturbing at least one acduring this reporting period?	ere were	active	in you	ır jurisd	liction
3.	What percent of active construction sites were inspected d	uring thi	is repo	orting	period?	
4.	What percent of active construction sites were inspected m	ore thar	once	?		% %
5.	Do all inspectors working on behalf of the MS4s contribut Construction Stormwater Inspection Manual?	ing to th	is rep	ort use	the NY	∕S ○ No
6.	Does your MS4/Coalition provide public access to Stormw (SWPPPs) of construction projects that are subject to MS4					ans
	If Yes, use the following page to identify location(s) where SV	WPPPs ca	ın be a	ccesse		O NO

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

	SPDES ID
Name of MS4/Coalition County of Nassau	N Y R 2 0 A 0 2 2
6. con't.:	
Submit additional pages as needed.	
○ MS4/Coalition Office	
Department	
Address	
City	Zip
Phone	
○ Library	
Address	
City	Zip
Phone	
○ Other	
Address	
City	Zip
Phone	
(
O Web Page URL(s): Please provide specific address where SW	PPPs can be accessed - not home page
URL	1113 can be accessed - not nome page.
URL	

Name of MS4/Coalition

County of Nassau

7. Evaluating/Measuring Progress MCM 4

MS4 Annual Report Form

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

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

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			•		ectiveness of your Construction Site Stormwatering them and at what frequency?					
Exai	mple*:									
Indi	cator:	Percent SWPPPs reviewed								
Began Tracki		ng:	2005	Frequency:	Upon submission					
		·s· -	(year)		(ex.: annual, monthly, biweekly)					
#	50 SWPPPs									
	_			(ex.: samples/parti	icipants/events)					
Resu		comr	nents. All of thes	se were returned w	of the SWPPPs reviewed were returned with rith modifications reflecting NYS Standards.					
* Th	is indicate	or is p	rovided as an exai	nple only.						
Indi	cator:	Not A	Applicable							
Bego	an Trackii	ng:	(year)	Frequency:	(ex.: annual, monthly, biweekly)					
<u>"</u> [(year)		(cx.: umau, monny, orreckty)					
#				(ex.: samples/parti	icipants/events)					
	Г			(c.u. samples/parti	copularity cromming of the copularity crown and cop					
Resu	ilts:									
Suhi	mit additi	onal r	nages as needed.							

If submitting this form as p	part of a joint repo	ort on behalf of a	coalition leave SPDI	ES ID blank.
Name of MS4/Coalition County of Nassau			SPDES ID N Y R	2 0 A 0 2 2
Name of MS4/Coalition County of Nassau				
Minimum Control Me	asure 5. Post-	-Constructio	n Stormwater M	<u> Ianagement</u>
The information in this section is bei	ng reported (chec	ek one):		
On behalf of an individual MS4On behalf of a coalition				
How many MS4s con	tributed to this r	report?		
1. How many and what type of po MS4/Coalition inventoried, ins			_	has your
	# Inventoried	# Inspections	# Times Maintained	
Alternative Practices	6	6	6	
• Filter Systems	3 0	6 0	3 0	
O Infiltration Basins				
Open Channels				
Ponds	3	3	1	
○ Wetlands				
• Other	8	8	8	
2. Do you use an electronic tool BMPs, inspections and main3. What types of non-structura	tanance?	· •	•	○ Yes ● No
Development/Better Site Des				расс
O Building Codes				
O Comprehensive Planning				
Overlay Districts				
○ Zoning				
○ None				

a n

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t o

Name of MS4/Coalition

County of Nassau

4. Evaluating/Measuring Progress MCM 5

MS4 Annual Report Form

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

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

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		•		ctiveness of your Post-Construction Stormwater ng them and at what frequency?		
Example*:						
Indicator:	Nu	umber of reports of flooding d	uring storm events from b	usiness district		
Began Track	ing:	2005	Frequency:	Annual Summary		
		(year)		(ex.: annual, monthly, biweekly)		
# 18						
			(ex.: samples/parti	cipants/events)		
Results:	that	the number of incid	dences of flooding	nced average rainfall, but DPW records show g in the business district fell 25%. This is naintenance of post construction BMPs.		
* This indica	itor is	provided as an exam	ple only.			
Indicator:	An	nount of sediment removed fr	om structural BMP's.			
Began Track	2009		Frequency:	Annual		
		(year)	1 requency.	(ex.: annual, monthly, biweekly)		
#						
•			(ex.: samples/parti	cipants/events)		
Results:						
Submit addi	tional	l pages as needed.				

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

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

		SPL	DES	ID						
Name of MS4/Coalition	County of Nassau	N	Y	R	2	0	А	0	2	2

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):		
 On behalf of an individual MS4 On behalf of a coalition 		
On benan of a coantion		
How many MS4s contributed to this report?		

Other..... O Yes

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

 \bigcirc No

Operation/Activity/Facility performed within the past 3 **Operation/Activity/Facility Addressed in SWMP?** vears? Street Maintenance..... • Yes ○ No • Yes \bigcirc No ○ No Yes Bridge Maintenance.... • Yes \bigcirc No ○ No • Yes \bigcirc No Winter Road Maintenance.

• Yes Salt Storage..... • Yes ○ No • Yes \bigcirc No ○ No • Yes Solid Waste Management..... • Yes \bigcirc No ○ No • Yes \bigcirc No New Municipal Construction and Land Disturbance.. • Yes Winter Road Maintenance.....

Yes ○ No • Yes \bigcirc No ○ No Yes \bigcirc No Right of Way Maintenance..... • Yes Marine Operations..... • Yes \bigcirc No ○ No Yes ○ No • Yes \bigcirc No Hydrologic Habitat Modification.....

Yes \bigcirc No ○ No • Yes Parks and Open Space.... • Yes Municipal Building.... • Yes ○ No • Yes \bigcirc No ○ No Yes \bigcirc No Stormwater System Maintenance....

Yes ○ No • Yes \bigcirc No Vehicle and Fleet Maintenance....

• Yes

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

	SPDES ID				
Name of MS4/Coalition County of Nassau	N Y R 2	0 A	0	2	2
2. Provide the following information about municipal operation	tions good housekeep	ping p	rogr	am	ıs:
O Parking Lots Swept	# Acres				
• Streets Swept	# Miles		4	9	2
• Catch Basins Inspected and Cleaned Where Necessary	#	2	7	6	0
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#			4	6
O Phosphorus Applied In Chemical Fertilizer	# Lbs.				
O Nitrogen Applied In Chemical Fertilizer	# Lbs.				司
O Pesticide/Herbicide Applied As Pure Product	# Lbs.				
3. How many stormwater management trainings have been placed during this reporting period?	al emp	loye		2	
4. What was the date of the last training?	0 1 / 2 3] / [2	0	0	9
5. How many municipal employees have been trained in this	reporting period?			2	7
6. What percent of municipal employees in relevant position stormwater management training?	s and departments r	receive 1		0	%

Name of MS4/Coalition County of Nassau

MS4 Annual Report Form

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

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

SPDES ID

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7.	Evaluatir	ng/M	leasuring Progress M	ACM 6		
Ma			•		ectiveness of your Municipal Stormwater ong have you been tracking them and at what	
Ex	ample*:					
Ina	licator:	Cat	ch basins inspected and cleaned			
Beş	gan Tracki	ng:	2005 (year)	Frequency:	monthly (ex.: annual, monthly, biweekly)	
#	40 catch basis	ns clea	ned			
				(ex.: samples/part	icipants/events)	
* 7	This indicat	deplor is	provided as an exampl	during storm e	t year. This resulted in a 40% decrease in vents to perform emergency maintenance.	
Ina	licator:	Cat	ch Basins Cleaned			
Beg	gan Tracki	ng:	2005	Frequency:	Annual	
,,	1250: 2005	(year) (ex.: annual, monthly, biweekly)				
#	1368 in 2005	, 9/2 ir	1 2006, 3120 in 2007 and 2760 in	n 2008 (ex.: samples/part	icipants/events)	
due to man power constra		ımber significa	ntly since 2005 but the number will fluctuate			
Sul	bmit additi	ional	pages as needed.			

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

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

			SPDES II)
ame of MS4/Coalition County of N	Vassau		N Y R	2 0 A 0 2
Additional Water	rshed Improveme	nt Strategy Best M	anagem _e	ent Practices
ne information in this section	is heing reported (chec	ck one):		
	•	ck one).		
On behalf of an individual M On behalf of a coalition		.0		
How many MS ²	s contributed to this	report?		
IS4s must answer the que	estions or check NA	as indicated in the tab	le below.	
-				
MS4 Description	Answer	Check NA		(POC)
NYC EOH Watershed Traditional Land Use	1,2,3,4,5,6,7,8a,8b,9	10,11,12		Phosphorus
Traditional Non-Land Use	1,2,3,4,7,8a,8b,9	5,10,11,12		Phosphorus
Non-Traditional	1,2,7,8a,8b,9	3,4,5,10,11,12		Phosphorus
Onondaga Lake Watershed	-	-		-
Traditional Land Use	1,6,7,8a,9	2,3,4,5,8b,10,11,12		Phosphorus
Traditional Non-Land Use	1,6,7,8a,9	2,3,4,5,8b,10,11,12		Phosphorus
Non-Traditional Greenwood Lake Watershed	1,6,7,8a,9	2,3,4,5,8b,10,11,12		Phosphorus
Traditional Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12		Phosphorus
Fraditional Non-Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12		Phosphorus
Non-Traditional	1,4,6,7,8a,9	2,3,5,8b,10,11,12		Phosphorus
Oyster Bay	-	-		-
Traditional Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b		Pathogens
Traditional Non-Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b		Pathogens
Non-Traditional	1,4,7,8a,9	2,3,4,5,8b,10,11,12		Pathogens
Peconic Estuary	1 4 7 % 0 10 11 12	2 2 5 6 84	Doth	-
Fraditional Land Use Fraditional Non-Land Use	1,4,7,8a,9,10,11,12 1,4,7,8a,9,10,11,12	2,3,5,6,8b 2,3,5,6,8b		ogens and Nitrogen ogens and Nitrogen
Non-Traditional	1,4,7,8a,9	2,3,4,5,8b,10,11,12		ogens and Nitrogen
D D G M G M M				
Does your MS4/Coalitie phosphorus/nitrogen/p			impacts (
Has 100% of the MS4/0	Coalition conveyance	e system been mapped	in GIS?	
If N/A, go to question 3.	·		\circ Y	Yes ○ No ●
If No, estimate what perc		ance system has been m	apped so	far.
Estimate what percentage		•		
Does your MS4/Coalitie	1 64 4		/• C 4	\ \ T

○ Yes ○ No ● N/A

and Maintenance Plan Program?

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

		PDES ID		
Na	me of MS4/Coalition County of Nassau	N Y R 2	0 A	2 2
4.	Estimate the percentage of on-site wastewater treatment systems that and maintained or rehabilitated as necessary in this reporting period		n inspec	eted 0 %
5.	Has your MS4/Coalition developed a program that provides protect NYS DEC SPDES General Permit for Stormwater Discharges from (GP0-08-001) to reduce pollutants in stormwater runoff from constr disturb five thousand square feet or more?	Constructi	on Acti	vities
6.	Has your MS4/Coalition developed a program to address post-construnoff from new development and redevelopment projects that distuequal to one acre that provides equivalent protection to the NYS DE Permit for Stormwater Discharges from Construction Activities (GF the New York State Stormwater Design Manual Enhanced Phosphol Standards?	rb greater C SPDES (2-0-08-001)	than or General , includ	•
7.	Does your MS4/Coalition have a retrofitting program to reduce eros phosphorus/nitrogen/pathogen loading?	ion or ● Yes	O No	O N/A
8a	.Has your MS4/Coalition developed and implemented a turf manager procedures policy that addresses proper fertilizer application on mulands?	-		○ N/A
8b	e. Has your MS4/Coalition developed and implemented a turf manager procedures policy that addresses proper disposal of grass clippings a municipally owned lands?	-		• N/A
9.	Has your MS4/Coalition developed and implemented a program of i	native plan	ting? ● No	○ N/A
10	.Has your MS4/Coalition enacted a local law prohibiting pet waste or prohibiting goose feeding?	municipa ● Yes	l propei O No	ties and O 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 population	ons?• Yes	○ No	O N/A