

MS4 Annual Report Cover Page

MCC form for period ending March 9,

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**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.

Name of MS4

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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.

Name of Coalition

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MS4 Annual Report Cover Page

MCC form for period ending March 9,

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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,

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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:**
 - > *Each* 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.

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Village of Port Washington North

SPDES ID
N Y R 2 0 A 4 3 8

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:

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

First Name MI Last Name

R o b e r t S K e a n e

Title

E n v i r o n m e n t a l C o m m i s s i o n e r

Address

7 1 O l d S h o r e R o a d

City State Zip

P o r t W a s h i n g t o n N o r t N Y 1 1 0 5 0 -

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Phone County

(5 1 6) 8 8 3 - 5 9 0 0 N a s s a u

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Village of Port Washington North

SPDES ID
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Section 3 - Partner Information - Submit a separate sheet for each partner.

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

Yes No

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

M a n h a s s e t B a y P r o t e c t i o n C o m m i t t e e

Partner/Coalition Name (con't.)

e

SPDES Partner ID - If applicable

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Address

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City

M a n h a s s e t

State

N Y

Zip

1 1 0 3 0 -

eMail

j w p i n e s @ j u n o . c o m

Phone

(5 1 6) 8 6 9 - 7 2 1 6

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?

Yes No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

MM1 m u l t i p l e t a s k s

MM2 m u l t i p l e t a s k s

MM3 m u l t i p l e t a s k s

MM4 m u l t i p l e t a s k s

MM5 m u l t i p l e t a s k s

MM6 m u l t i p l e t a s k s

Additional tasks/responsibilities

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

[Empty text box for additional tasks/responsibilities]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

Village of Port Washington North

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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

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Signature

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Date

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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,

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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

Village of Port Washington North

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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?

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1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? 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

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Village of Port Washington North

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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:

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| <input checked="" type="radio"/> Direct Mailings | # Mailings | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td></tr></table> | | | | | 1 |
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| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td>3</td></tr></table> | | | | | 3 |
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| <input type="radio"/> Newspaper Ads or Articles | # Days Run | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
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| <input checked="" type="radio"/> Public Events/Presentations | # Attendees | <table border="1" style="width: 100%; height: 20px;"><tr><td>1</td><td>2</td><td>0</td><td>0</td><td>0</td></tr></table> | 1 | 2 | 0 | 0 | 0 |
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Locations (e.g. libraries, town offices, kiosks)

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MS4 Annual Report Form

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

2	0	0	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

Village of Port Washington North

SPDES ID

N	Y	R	2	0	4	3	8
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4. Evaluating/Measuring Progress MCM 1

What indicators do you use to evaluate the overall effectiveness of your Education and Outreach Program, how long have you been tracking them and at what frequency?

Example*:

Indicator:

Public phone survey

Began Tracking:

2005

(year)

Frequency:

Annual

(ex.: annual, monthly, biweekly)

#

1000

(ex.: samples/participants/events)

Results:

Increased awareness of issues related to use of fertilizers

** This indicator is provided as an example only.*

Indicator:

hit counter on MBPC website

Began Tracking:

2006

(year)

Frequency:

daily

(ex.: annual, monthly, biweekly)

#

--

(ex.: samples/participants/events)

Results:

Continued with MBPC participation at Eco-Fest, Harborfest, Village Display, Village Newsletters, Village Website, MBPC website,

MBPC hit counter - 2006 stats 6661 hits, 2007 stats 8589 hits, 2008 stats 10,914 hits which is a 64% increase since 2006
--

Submit additional pages as needed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

Name of MS4/Coalition

SPDES ID
N Y R 2 0 4 3 8

2. URL(s) con't.:

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

URL

h t t p : / / w w w . p o r t w a s h i n g t o n n o r t h . o
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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 the 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 Zip -

Phone
() -

Library Annual Report SWMP Plan Comments

Address

City Zip -

Phone
() -

Other Annual Report SWMP Plan Comments

Address

City Zip -

Phone
() -

Web Page URL: Annual Report SWMP Plan Comments

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

eMail Comments

MS4 Annual Report Form

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

2	0	0	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

Village of Port Washington North

SPDES ID

N	Y	R	2	0	A	4	3	8
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4. 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.

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?

0	5	/	2	6	/	2	0	0	9
---	---	---	---	---	---	---	---	---	---

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

MS4 Annual Report Form

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

2	0	0	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

SPDES ID

N	Y	R	2	0	A	4	3	8
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6. Evaluating/Measuring Progress MCM 2

What indicators do you use to evaluate the overall effectiveness of your Public Involvement/Participation Program, how long have you been tracking them and at what frequency?

Example*:

Indicator:

Began Tracking:

(year)

Frequency:

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

Results:

** This indicator is provided as an example only.*

Indicator:

Began Tracking:

(year)

Frequency:

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

Results:

Submit additional pages as needed.

MS4 Annual Report Form

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

2	0	0	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

Village of Port Washington North

SPDES ID

N	Y	R	2	0	A	4	3	8
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12. Evaluating/Measuring Progress MCM 3

What indicators do you use to evaluate the overall effectiveness of your Illicit Discharge Elimination Program, how long have you been tracking them and at what frequency?

Example*:

Indicator:

Number of illicit discharges identified/eliminated
--

Began Tracking:

2005

(year)

Frequency:

Monthly inspections

(ex.: annual, monthly, biweekly)

#

25 illicit discharges identified/24 eliminated
--

(ex.: samples/participants/events)

Results:

Since 2005, the number of annual inspections has doubled. We have developed a tracking system and illicit discharges that have been identified are being eliminated, on average, within a week of discovery.
--

* This indicator is provided as an example only.

Indicator:

routine construction inspections

Began Tracking:

2006

(year)

Frequency:

as needed

(ex.: annual, monthly, biweekly)

#

--

(ex.: samples/participants/events)

Results:

Main illicit discharges found in previous years has been silt leaving small residential construction sites less than 1 acre, no violations found this year. 50% of storm sewer network mapped/field verified, the rest hopefully to be completed in 09-10. May 2009 one IDDE possible compliant logged, steam from catch basin on Channel Avenue, to be further investigated.

Submit additional pages as needed.

MS4 Annual Report Form

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

2	0	0	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

Village of Port Washington North

SPDES ID

N	Y	R	2	0	A	4	3	8
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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?

--	--	--

1. Has each Town, City and/or Village contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equal protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? Yes No

If Yes, provide date of equivalent NYS Sample Local Law. 09/2004 03/2006

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
--	--	---

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

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

		0
--	--	---

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

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

- Notices of Violation #

				0
--	--	--	--	---

 No Authority
- Stop Work Orders #

				0
--	--	--	--	---

 No Authority
- Criminal Actions #

				0
--	--	--	--	---

 No Authority
- Termination of Contracts #

				0
--	--	--	--	---

 No Authority
- Administrative Fines #

				0
--	--	--	--	---

 No Authority
- Civil Penalties #

				0
--	--	--	--	---

 No Authority
- Administrative Orders #

				0
--	--	--	--	---

 No Authority
- Other #

				0
--	--	--	--	---

 No Authority

MS4 Annual Report Form

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

2	0	0	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

Village of Port Washington North

SPDES ID

N	Y	R	2	0	A	4	3	8
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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?

		0
--	--	---

 %

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

		0
--	--	---

 %

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

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

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, 2009

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

Name of MS4/Coalition

SPDES ID
N Y R 2 0 A 4 3 8

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

V i l l a g e H a l l (i f S W P P P a r e r q d)

Address

7 1 o l d S h o r e R o a d

City

P o r t W a s h i n g t o n

N Y

Zip

1 1 0 5 0 -

Phone

(5 1 6) 8 8 3 - 5 9 0 0

Library

Address

City

Zip

-

Phone

() -

Other

Address

City

Zip

-

Phone

() -

Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

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

2	0	0	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

Village of Port Washington North

SPDES ID

N	Y	R	2	0	A	4	3	8
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7. Evaluating/Measuring Progress MCM 4

What indicators do you use to evaluate the overall effectiveness of your Construction Site Stormwater Management Program, how long have you been tracking them and at what frequency?

Example*:

Indicator:

Percent SWPPPs reviewed

Began Tracking:

2005

(year)

Frequency:

Upon submission

(ex.: annual, monthly, biweekly)

#

50 SWPPPs

(ex.: samples/participants/events)

Results:

100% of SWPPPs were reviewed. 50% of the SWPPPs reviewed were returned with comments. All of these were returned with modifications reflecting NYS Standards.

* This indicator is provided as an example only.

Indicator:

SWPPP review,

Began Tracking:

2006

(year)

Frequency:

Since local law established

(ex.: annual, monthly, biweekly)

#

0 sites met requirements for SWPPP preparation or NYSDEC Stormwater Construction Permit

(ex.: samples/participants/events)

Results:

One 8 acre site is contemplating development, Village to monitor permits and require NYSDEC Construction Permit if permit issued for construction.
--

Submit additional pages as needed.

MS4 Annual Report Form

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

2	0	0	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

Village of Port Washington North

SPDES ID

N	Y	R	2	0	A	4	3	8
---	---	---	---	---	---	---	---	---

4. Evaluating/Measuring Progress MCM 5

What indicators do you use to evaluate the overall effectiveness of your Post-Construction Stormwater Management Program, how long have you been tracking them and at what frequency?

Example:*

Indicator:

Number of reports of flooding during storm events from business district

Began Tracking:

2005

(year)

Frequency:

Annual Summary
(ex.: annual, monthly, biweekly)

#

18

(ex.: samples/participants/events)

Results:

During this reporting period, we experienced average rainfall, but DPW records show that the number of incidences of flooding in the business district fell 25%. This is attributable to increased inspection and maintenance of post construction BMPs.

** This indicator is provided as an example only.*

Indicator:

Mill Pond Acre site pond overflowing issues

Began Tracking:

2004

(year)

Frequency:

as needed
(ex.: annual, monthly, biweekly)

#

--

(ex.: samples/participants/events)

Results:

New senior housing development in process of seeking Village assistance for correcting pond construction deficiencies, which causes ponds/series of drywells to overflow onto streets. Village may default construction bond of developer.

Submit additional pages as needed.

MS4 Annual Report Form

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

2	0	0	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

Village of Port Washington North

SPDES ID

N	Y	R	2	0	A	4	3	8
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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?

--	--	--

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 type="radio"/> Yes	<input type="radio"/> No	<input 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 type="radio"/>	<input type="radio"/>	<input 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks and Open Space.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Municipal Building.....	<input type="radio"/>	<input type="radio"/>	<input 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MS4 Annual Report Form

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

2	0	0	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

Village of Port Washington North

SPDES ID

N	Y	R	2	0	A	4	3	8
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2. Provide the following information about municipal operations good housekeeping programs:

- | | | | | | | | |
|---|---------|--|---|---|--|---|---|
| <input type="radio"/> Parking Lots Swept | # Acres | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Streets Swept | # Miles | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>5</td></tr></table> | | | | | 5 |
| | | | | 5 | | | |
| <input checked="" type="radio"/> Catch Basins Inspected and Cleaned Where Necessary | # | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>4</td><td>0</td></tr></table> | | | | 4 | 0 |
| | | | 4 | 0 | | | |
| <input type="radio"/> Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary | # | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> Phosphorus Applied In Chemical Fertilizer | # Lbs. | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> Nitrogen Applied In Chemical Fertilizer | # Lbs. | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> Pesticide/Herbicide Applied As Pure Product | # Lbs. | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |

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

				4
--	--	--	--	---

4. What was the date of the last training?

0	4	/	0	9	/	2	0	0	9
---	---	---	---	---	---	---	---	---	---

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

		1
--	--	---

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

	2	0	%
--	---	---	---

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

SPDES ID

N	Y	R	2	0	A	4	3	8
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7. Evaluating/Measuring Progress MCM 6

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

Example*:

Indicator:

Began Tracking:

(year)

Frequency:

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

Results:

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.

* This indicator is provided as an example only.

Indicator:

Began Tracking:

(year)

Frequency:

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

Results:

Village has no facilities, contracts out for winter road maintenance, basin cleaning, street sweeping (dates posted on web site), leaf pickup and road maintenance. Staff includes 1 clerk, 1 deputy clerk, part time building inspector, part time deputy building inspector, part time public works supervisor and volunteer environmental commissioner.

Submit additional pages as needed.

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.

Name of MS4/Coalition Village of Port Washington North

SPDES ID
N Y R 2 0 A 4 3 8

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)
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	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed			
Traditional Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7,8a,9	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			
Traditional Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen

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. %

3. Does your MS4/Coalition have a Stormwater Conveyance System(infrastructure) Inspection and Maintenance Plan Program? Yes No N/A

MS4 Annual Report Form

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

2	0	0	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

Village of Port Washington North

SPDES ID

N	Y	R	2	0	A	4	3	8
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4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

--	--	--

 %
5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP0-08-001) 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
7. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A
- 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
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