

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 3

Name of MS4 INC VILLAGE OF LLOYD HARBOR

SPDES ID
N Y R 2 0 A 2 9 9

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for *each* of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name L E L A N D MI M Last Name H A I R R

Title M A Y O R

Address 3 2 M I D D L E H O L L O W R O A D

City H U N T I N G T O N State N Y Zip 1 1 7 4 3 -

eMail L H L V @ L L O Y D H A R B O R . O R G

Phone (6 3 1) 5 4 9 - 8 8 9 3 County S U F F O L K

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- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name ROBERT MI Last Name SCHWARZ

Title SUPERINTENDENT OF PUBLIC WORKS

Address 32 MIDDLETOWN HOLLOW ROAD

City HUNTINGTON State NY Zip 11743

eMail RSCHWARZ@LLOYDHARBOR.ORG

Phone (631) 549-8880 County SUFFOLK

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MCC form for period ending March 9,

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Name of MS4

INC VILLAGE OF LLOYD HARBOR

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N	Y	R	2	0	A	2	9	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

L	E	L	A	N	D														
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 MI

M

 Last Name

H	A	I	R	R															
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Title (Clearly print title of individual signing report)

M	A	Y	O	R															
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Signature

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Date

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 /

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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,

2	0	1	3
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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

I	N	C	V	I	L	L	A	G	E	O	F	L	L	O	Y	D	H	A	R	B	O	R
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SPDES ID

N	Y	R	2	0	A	2	9	9
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3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

- | | | | | | | | |
|--------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| <input type="radio"/> Construction Site Operators Trained | # Trained | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Direct Mailings | # Mailings | <table border="1" style="width: 100%;"><tr><td>0</td><td>1</td><td>2</td><td>0</td><td>0</td></tr></table> | 0 | 1 | 2 | 0 | 0 |
| 0 | 1 | 2 | 0 | 0 | | | |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations | <table border="1" style="width: 100%;"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>3</td></tr></table> | 0 | 0 | 0 | 0 | 3 |
| 0 | 0 | 0 | 0 | 3 | | | |
| <input type="radio"/> List-Serves | # In List | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Mailing List | # In List | <table border="1" style="width: 100%;"><tr><td>0</td><td>0</td><td>0</td><td>9</td><td>5</td></tr></table> | 0 | 0 | 0 | 9 | 5 |
| 0 | 0 | 0 | 9 | 5 | | | |
| <input checked="" type="radio"/> Newspaper Ads or Articles | # Days Run | <table border="1" style="width: 100%;"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>3</td></tr></table> | 0 | 0 | 0 | 0 | 3 |
| 0 | 0 | 0 | 0 | 3 | | | |
| <input checked="" type="radio"/> Public Events/Presentations | # Attendees | <table border="1" style="width: 100%;"><tr><td>0</td><td>0</td><td>5</td><td>0</td><td>0</td></tr></table> | 0 | 0 | 5 | 0 | 0 |
| 0 | 0 | 5 | 0 | 0 | | | |
| <input type="radio"/> School Program | # Attendees | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> TV Spot/Program | # Days Run | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Printed Materials: | Total # Distributed | <table border="1" style="width: 100%;"><tr><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td></tr></table> | 0 | 0 | 1 | 0 | 0 |
| 0 | 0 | 1 | 0 | 0 | | | |

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

V	I	L	L	A	G	E	H	A	L	L												
F	I	S	K	E	P	O	N	D	,	C	L	E	A	N	U	P						
B	A	N	B	U	R	Y	C	E	N	T	E	R										
H	A	R	B	O	R	C	L	E	A	N	U	P										

Other:

F	A	C	E	B	O	O	K															
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Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

W	W	W	.	L	L	O	Y	D	H	A	R	B	O	R	.	O	R	G	/	D	E	P	A	R	T	M	E	N	T	S	/
R	E	F	U	S	E	-	C	O	L	L	E	C	T	I	O	N															

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

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

Name of MS4/Coalition INC VILLAGE OF LLOYD HARBOR

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3. Web Page con't.: Provide specific web addresses - not home page.

URL

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INC VILLAGE OF LLOYD HARBOR

SPDES ID

N	Y	R	2	0	A	2	9	9
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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The Village will develop a pet waste bag station in the Village Park and will enact a law to prohibit pet waste on municipal properties and feeding of waterfowl. Both of these actions will be publicized to educate the public. Stormwater information and links to stormwater information, including the Oyster Bay Cold Spring Harbor Protection Committee and the annual report, will be posted on the website.

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

The goal was not met.

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

0	0	0	4
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

The Village will develop a pet waste bag station in the Village Park and will enact a law to prohibit pet waste on municipal properties and feeding of waterfowl. Both of these actions will be publicized to educate the public. Stormwater information and links to stormwater information, including the Oyster Bay Cold Spring Harbor Protection Committee and the annual report, will be posted on the website.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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Name of MS4/Coalition INC VILLAGE OF LLOYD HARBOR

SPDES ID
N Y R 2 0 A 2 9 9

2. URL(s) con't.:

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

URL

O	Y	S	T	E	R	B	A	Y	C	O	L	D	S	P	R	I	N	G	H	A	R	B	O	R	.	O	R	G	/	E	V
E	N	T	S																												

URL

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MS4 Annual Report Form

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4.a. If this report was made available on the internet, what date was it posted?

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

0 5 / 2 0 / 2 0 1 3

4.b. For how many days was/will this report be posted?

3 6 5

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

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

Yes No

If Yes, what was the date of the meeting?

0 5 / 2 0 / 2 0 1 3

If No, is one planned?

Yes No

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

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

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

MS4 Annual Report Form

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

2	0	1	3
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N	Y	R	2	0	A	2	9	9
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7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

It is planned to make the stormwater program a more prominent feature of the Board of Trustees regularly scheduled meetings.

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

Minutes of the Oyster Bay Cold Spring Harbor Protection Committee meetings are distributed to the Village Trustees as part of information they receive prior to Board meetings.

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

0	0	0	1
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

A summary of the relevant Oyster Bay Cold Spring Harbor Protection Committee activities will be reported at the Board of Trustees meetings. A pet waste station will be installed in Village Park to encourage Village residents to pick up after their pets.

MS4 Annual Report Form

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2	0	1	3
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SPDES ID

N	Y	R	2	0	A	2	9	9
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12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

The Village goal is to initiate outfall inspections.

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

Casual inspections did not reveal illicit discharges. A formal inspection of stormwater outfalls is not in place.

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

0	0	0	1
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

The Village will evaluate cost effective methods to inspect outfalls and screen for dry weather illicit discharges.

MS4 Annual Report Form

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

2	0	1	3
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SPDES ID

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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?

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

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

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

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

09/2004 03/2006 NT

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

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

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

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

0	0	0
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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? Yes No

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

<input checked="" type="radio"/> Notices of Violation	#	0	0	0	0	9	<input type="radio"/> No Authority
<input checked="" type="radio"/> Stop Work Orders	#	0	0	0	0	8	<input type="radio"/> No Authority
<input checked="" type="radio"/> Criminal Actions	#	0	0	0	0	0	<input type="radio"/> No Authority
<input checked="" type="radio"/> Termination of Contracts	#	0	0	0	0	0	<input type="radio"/> No Authority
<input checked="" type="radio"/> Administrative Fines	#	0	0	0	0	0	<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	0	0	0	0	0	<input checked="" type="radio"/> No Authority
<input checked="" type="radio"/> Administrative Orders	#	0	0	0	0	0	<input type="radio"/> No Authority
<input checked="" type="radio"/> Enforcement Actions or Sanctions	#	0	0	0	0	2	
<input checked="" type="radio"/> Other	#	0	0	0	0	0	<input type="radio"/> No Authority

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

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

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

How many MS4s contributed to this report?

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

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

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

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

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

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

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

 %

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

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

 %

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

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

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

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

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Name of MS4/Coalition INC VILLAGE OF LLOYD HARBOR

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6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

V I L L A G E H A L L

Address

3 2 M I D D L E H O L L O W R O A D

City

H U N T I N G T O N

Zip

N Y

1 1 7 4 3 -

Phone

(6 3 1) 5 4 9 - 8 8 9 3

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

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7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

To continue to monitor development applications and when disturbance exceeds 1.0 acre and ensure a SWPPP is prepared by applicant and then reviewed for conformance by the Village Engineer.

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

In the past year there have been no applications filed that disturb more than 1.0 acre and hence no SWPPP's were filed or reviewed. The Village contains no commercial or non-residential land uses.

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

0 0 0 1

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

To continue to monitor development applications and when disturbance exceeds 1.0 acre and ensure a SWPPP is prepared by applicant and then reviewed for conformance by the Village Engineer.

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- 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?
 Yes No
- 4b. Does the MS4 have a banking and credit system for stormwater management practices?
 Yes No
- 4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?
 Yes No
- 4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0	0	0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

0	0	0
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 %

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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

To continue to monitor and maintain post construction stormwater devices, as constructed.

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

There has been minimal construction activity in the Village. The Village maintains a stormwater treatment device installed on West Neck Road a few years ago. It is cleaned at least annually, more often if required.

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

0	0	0	1
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

To continue to monitor and maintain post construction stormwater devices, as constructed.

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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?

0	0	1
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1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

MS4 Annual Report Form

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

2	0	1	3
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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

INC VILLAGE OF LLOYD HARBOR

SPDES ID

N	Y	R	2	0	A	2	9	9
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

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

0	0	0	0	4
---	---	---	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

0	0	0	5	2
---	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

0	0	1	2	7
---	---	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

0	0	0	0	1
---	---	---	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

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

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

0	0	0	6	.	0
---	---	---	---	---	---

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

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

4. What was the date of the last training?

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

 /

--	--	--	--

 /

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

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

0	0	0
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6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

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

 %

MS4 Annual Report Form

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SPDES ID

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

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (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.

To continue the program of inspecting and cleaning all stormwater structures at least on an annual basis.

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

The Village inspects all catch basins and other stormwater structures on at least an annual basis and cleans the structures as necessary. Structures are also oftentimes inspected during and after major rainfall events for supplemental cleaning, as necessary.

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

0	0	0	6
---	---	---	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

The Village will perform a self-assessment of municipal operations and will develop a Good Housekeeping program.

MS4 Annual Report Form

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Name of MS4/Coalition INC VILLAGE OF LLOYD HARBOR

SPDES ID
N Y R 2 0 A 2 9 9

Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report? 0 0 1

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

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far. %

Estimate what percentage was mapped in this reporting period. %

MS4 Annual Report Form

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SPDES ID

N	Y	R	2	0	A	2	9	9
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? Yes No N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

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

 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? Yes No N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? Yes No N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A

7b. How many projects have been sited in this reporting period?

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

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

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

 %

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

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

 %

No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A

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

MS4 Annual Report Form

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2	0	1	3
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SPDES ID

N	Y	R	2	0	A	2	9	9
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9. Has your MS4/Coalition developed and implemented a program of native planting?

Yes No N/A

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?

Yes No N/A

11. Does your MS4/Coalition have a pet waste bag program?

Yes No N/A

12. Does your MS4/Coalition have a program to manage goose populations?

Yes No N/A