#### **MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2 0 1 8

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This cover page must be completed by the report preparer.	N	v	R	2	0	Ζ	3	4	6
Joint reports require only one cover page.	7.4		7.						
some reports require only one cover page.									

#### **Choose one:**

This	report	is being	submitted	on be	ehalf of	an	individual	MS4.
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Fill in SPDES ID in upper right hand corner.

Name of MS4				 		
Town	o f	Ke	n t			

#### **OR**

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

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

Name of Coalition

N Y R 2 0 A

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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 1 8

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

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# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

	SPDES ID	
Name of MS4 Town of Kent	N Y R 2 0 A 3 4	6
Each MS4 must submit an MCC form.		
Section 1 - MCC Identification Page		
Indicate whether this MCC form is being submitted to certify endorseme	ent or acceptance of:	
<ul> <li>An Annual Report for a single MS4</li> </ul>		
○ A Single Entity (Per Part II.E of GP-0-10-002)		
O A Joint Report		
Joint reports may be submitted by permittees with legally l	binding agreements.	
If Joint Report, enter coalition name:		
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# MS4 Municipal Compliance Certification(MCC) Form

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

MCC form for period ending March 9, 2 0 1 8

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Name of MS4 Town of Kent	N	Y	R	2	0	А		

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

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# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

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

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# MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 8

If Yes, complete information below.  Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName  E a s t o f H u d s o n C o r g o r a t i o n  Partner/CoalitionName(con't.)  SPDES Partner ID - If applicable  N y R 2 0  Address  P O B o x 1 7 6  B a t t e r s o n  Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  Yes O No  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?  MM1  MM3  MM4  MM5 S t o r m w a t e r R e t r o f i t s  Additional tasks/responsibilities																						SPI	DES	ID						
Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  • Yes ONO  If Yes, complete information below.  Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName  Ea s t o f H u d s o n C o r p o r a t i o n  Partner/CoalitionName(con't)  SPDES Partner ID - If applicable  N Y R 2 0  Address  P O B o x 1 7 6  State Zip  P a t t e r s o n  MM1  W w w e o h w c o r g  City  Phone  ( 8 4 5 ) 3 1 9 - 6 3 4 9  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?  WMM1  MM2  MM3  MM4  MM5  MM4  MM5  MM6  MM6  MM6  MM6	Name of	MS	4 Tow	n of	Kent																	N	Y	R	2	0	A	3	4	6
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Address  POBOX 176  Patterson  NY12563  Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? • Yes ONO  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?  MM1  MM5 Storm water Retrofits  MM6  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	Partner/Coa	artner/Coalition Name (con't.)  SPDES Partner ID - If applicable  N Y R 2 0																												
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#### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

	SPI	DES	ID						
Name of MS4 Town of Kent	N	Y	R	2	0	A	3	4	6

#### **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 M a u r e e n	MI	Last Name F 1 e m i n g
Title (Clearly print title of individual signing report)  S u p e r v i s o r		
Signature		Date 0 5 / 2 4 / 2 0 1 8

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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relat	How many MS4s are contributed to this report?  Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.  Yes, choose one of the following  Report(s) attached to the annual report														No											
If Yes, cl	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?  Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.  Yes, 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  URL  URL																									
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This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 8$ 

	SPDES ID
Name of MS4/Coalition Town of Kent	N Y R 2 0 A 3 4 6
Minimum Control Measure 1. Public Edi	ucation and Outreach
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>	
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach de	uring this reporting period:
<ul><li>Construction Sites</li></ul>	Pesticide and Fertilizer Application
General Stormwater Management Information	Pet Waste Management
O Household Hazardous Waste Disposal	<ul><li>Recycling</li></ul>
● Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	Trash Management
○ Smart Growth	O Vehicle Washing
O Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	• Wetland Protection
• Other:	○ None
P h o s p h o r u s         R e d u c t i o n           Other	
2. Specific audiences targeted during this reporting period:	
Public Employees • Contractors	
• Residential • Developers	
● Businesses ● General Public	
○ Restaurants ○ Industries	
• Other: O Agricultural	
Lake Associations Other	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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This report is being submitted for the reporting period ending March 9, 2 0 1 8

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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 Town of Kent has continued to provide printed materials and focused on general stormwater management, septic system maintenance and phosphorous reduction at kiosk areas. Additional information on septic system maintenance was developed and disseminated to lake communities. The town has updated the recently created lake association website which contains substantial information on stormwater management and phosphorous control

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

There were a total of 144 brochures that were distributed within the last reporting period and 200 people attended a community clean up day as well as meetings and events where stormwater practices, plans and designs were discussed. The town stormwater and lake association websites provided a continual source of information to the public regarding stormwater issues as well as links so that residents may obtain detailed information on a variety of stormwater topics.

C.	. How many times was this observation measured or evaluated in this reporti	ing period?	
			2
	(e	x.: samples/part	icipants/events
D.	. Has your MS4 made progress toward this Measurable Goal during this rep	orting period	1?
	, <u></u>	Yes	
E.	Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	<ul><li>Yes</li></ul>	○ 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 town has created a lake association in which the majority of the lake communities are members. Meetings are held once per month and relate to common issues of lake pollution and conditions predominately related to phosphorous. Meetings will continue to be open to the public. The two websites will continue to be updated and form a good basis of information regarding stormwater issues and impacts as well as provide links on how to reduce phosphorous loading to resources..

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 8$ 

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID NYR 2 4 6 Name of MS4/Coalition Town of Kent 0 A 3 Minimum Control Measure 2. Public Involvement/Participation The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply: 1 # Events Cleanup Events Comments on SWMP Received #Comments 3 0 0 Phone # Community Hotlines Phone # Phone # Phone # Phone # Phone # Phone # Phone # Phone# Phone # Phone # 0 0 2 # Attendees Community Meetings Sq. Ft. Plantings # Drains O Storm Drain Markings 6 # Attendees 1 3 Stakeholder Meetings # Events O Volunteer Monitoring Other: 2. Was public notice of availability of this annual report and Stormwater Management O No Yes Program (SWMP) Plan provided? # In List O List-Serve # Days Run O Newspaper Advertising # Days Run ○ TV/Radio Notices d a • Other: T o w n Boar đ Α g e n

• Web Page URL: Enter URL(s) on the following two pages.

This report is being submitted for the reporting period ending March 9, 2 0 1 8
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3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?  Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.  MS4/Coalition Office  Department  Town Supervise Office  Annual Report  SWMP Plan  Comment Address  2 5 Sybill's Crossing  Ny 10512 - Phone  (8 4 5) 2 2 5 - 3 9 4 3  City  Phone  City  Annual Report  Annual Report  SWMP Plan  Comment Other  Address  Town Clerk, 25 Sybill's Crossing  Annual Report  SWMP Plan  Comment Other  Address  Annual Report  SWMP Plan  Comment Other  Address  Town Clerk, 25 Sybill's Crossing  City  Kent Lakes  Ny 10512 - SymP Plan  Comment Other  Address  Annual Report  SWMP Plan  Comment Other  Address  Town Clerk, 25 Sybill's Crossing  Ny 10512 - SymP Plan  Comment Other  Address  Annual Report  SWMP Plan  Comment Other  Annual														nts																	
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4.a. If this report was made available on the internet, what date wa	as it	pos	sted'	?				
Leave blank if this report was not posted on the internet.	0	5	/ 2	9	/	2	0	1 8
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If submitting a report for single MS4, answer 5.a If submitting a	join	it re	port,	ans	wei	r 5.t	)	
5.a. Was an Annual Report public meeting held in this reporting p	erio	d?				Yes	s (	⊃ No
If Yes, what was the date of the meeting?	0	5	/ 2	2	/	2	0 :	1 8
If No, is one planned?					0	Yes	S '	○ No
5.b. Was an Annual Report public meeting held for all MS4s conti	ribu	ting	g to 1	his	rep	ort	duı	ring
this reporting period?						Ye	S	○ No
If No, is one planned for each?					С	Ye	S	○ No
6. Were comments received during this reporting period?  If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.					С	Ye:	S	● No

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 8$ 

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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.

The Town of Kent provides substantial opportunities for the public to participate in stormwater management. Meetings in which stormwater related topics will be discussed include town board, planning board meetings and topics re included as agenda items which are posted on the website and in the newspaper. The lake association meets monthly and is open to the public and provides substantial information on stormwater issues including management and septic maintenance.

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

There was a town-wide clean up event in which litter and debris were collected by residents and which over 150 people participated. In addition 50 people attended community meetings. The annual report was presented at public meeting and was also televised to town residents.

C. Ho	w many time	s was this	observation	measured	or evaluated	in this reporting	perio	1?	
	-								

(ex.: samples/participants/events)

2

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).

Town Board, Planning Board and monthly consultant meetings all provide forums for public participation. Monthly lake association meetings are held on Saturday mornings and are open to the public. Participation in CSLAP lake testing programs is expected to increase and the annual Kent Clean-up day to clean up floatables and other debris will continue to expand on a town-wide basis.

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 8$ 

Name	of M	S4/C	Coalit	on 7	'ow	n of Ke	ent														Г		Y	R	2	0	А	3	4	6
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0	Dis	trib	ution	Cer	nte	rs								Res	stau	ıra	nts													
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0	Ho	spit	als										0	Sw	imr	nir	ng P	ools	S											
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This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Town of Kent	SPDES ID  N Y R 2 0 A 3 4 6
Name of MS4/Coalition Town of Kent	
3.b. What types of illicit discharges have	been found during this reporting period?
O Broken Lines From Sanitary Sewer	O Industrial Connections
O Cross Connections	O Inflow/Infiltration
• Failing Septic Systems	O Pump Station Failure
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows
O Illegal Dumping	O Straight Pipe Sewer Discharges
● Other: O i 1 S p i 1 1	O None
4. How many illicit discharges/potentia reporting period?	l illegal connections have been detected during this
5. How many illicit discharges have been	en confirmed during this reporting period?
6. How many illicit discharges/illegal coperiod?	onnections have been eliminated during this reporting
7. Has the storm sewershed mapping be If No, approximately what percent was	een completed in this reporting period?  Yes O No completed in this reporting period?
8. Is the above information available in Is this information available on the VIIf Yes, provide URL(s):	
Please provide specific address of page URL	where map(s) can be accessed - not home page.
URL	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

ne of MS	4/Coa	litioi	1	n of K										-														
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	alen	t to	the	NY	$\mathbf{S} \mathbf{M}$	tod	el l	WI	Æ.	La	w?												Yes	(	$N \subset$	O	$\cup$	J

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 8$ 

If submitting this form as part of a joint report on behalf of	SPDES ID
Name of MS4/Coalition Town of Kent	N Y R 2 0 A 3 4 6
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	d achieving measurable goals IPP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the	SWMPP in this reporting period.
56 dry weather outfall inspections were conducted in the reportion inspected as part of detention basin, HDS, swale and channel inspected during the reporting period three of which were fareferred to the Health Department and corrected and one oil spill	spections. Four illicit discharges ailing septic systems that were
B. Briefly summarize the observations that indicated the ove	erall effectiveness of this Measurable
The Town Highway Department continues to conduct outfall in Field inspection and detection methods to identify potential illic Employee and contractor training has continued to be available	eit discharges ijave improved.
C. How many times was this observation measured or evaluation	ated in this reporting period?
	(ex.: samples/participants/evo
D. Has your MS4 made progress toward this measurable go	al during this reporting period:  ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in	the SWMPP?  ● Yes ○ No
F. Briefly summarize the stormwater activities planned to n the next reporting cycle (including an implementation sch	neet the goals of this MCM during nedule).
The Town will continue to inspect at least 20% of the outfalls a illicit discharges. Files and records will be maintained and train	nd also report and seek correction for ing will continue to be available.

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 8$ 

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

Name of MS4/Coalition Town of Kent	N Y R 2 0 A 3 4 6
Minimum Control Measures 4 Construction Site and Post-Constru	
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul>	
1a. Has each MS4 contributing to this report adopted a law, or mechanism that provides equivalent protection to the NYS Stormwater Discharges from Construction Activities?	rdinance or other regulatory SPDES General Permit for  • Yes • No
1b. Has each Town, City and/or Village contributing to this re equivalent to a NYSDEC Sample Local Law for Stormwat Sediment Control through either an attorney certification	er Management and Erosion and
Analysis Workbook?	e res O No O N I
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	e in place? • Yes • No
3. How many Construction Stormwater Pollution Prevention reviewed in this reporting period?	Plans (SWPPPs) have been

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public

5. Does your MS4/Coalition provide education and training for contractors about the local

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

comments related to construction SWPPPs?

**SWPPP** process?

● Yes ○ No ○ NT

● Yes ○ No

0

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:

<ul><li>Notices of Violation</li></ul>	#			3	O No Authority
• Stop Work Orders	#			1	O No Authority
O Criminal Actions	#				O No Authority
O Termination of Contracts	#				O No Authority
O Administrative Fines	#				O No Authority
O Civil Penalties	#				O No Authority
O Administrative Orders	#				O No Authority
• Enforcement Actions or Sanctions	#			3	
Other	#				O No Authority

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

Nam	e of MS4/Coalition To	own of Kent		N Y R 2	0 A 3	4 6
	Minimum Con	ntrol Measure 4. Const	ruction Site	Stormwater Runo	off Cont	rol
The	information in this	section is being reported (check	cone):			
	on behalf of an indivi on behalf of a coalition How man		eport?			
	How many constr during this repor	ruction projects have been a ting period?	authorized for	disturbances of one	acre or n	nore 1
	How many constr during this repor	ruction projects disturbing ting period?	at least one ac	ere were active in you	ır jurisdi	etion 2
3.	What percent of	active construction sites we	re inspected d	uring this reporting	period?	○ NT 0 %
4.	What percent of	active construction sites we	re inspected m	nore than once?	1 0	○ NT
5.		working on behalf of the Normwater Inspection Manu		ting to this report use • Yes	the NY	S ONT
6.	Does your MS4/C (SWPPPs) of con	Coalition provide public accesstruction projects that are	cess to Stormw subject to MS4	vater Pollution Preve 4 review and approve • Yes	ntion Pla al? O No	ons
	If your MS4 is N public review?	on-Traditional, are SWPPI	es of construct	ion projects made av	ailable f O Yes	or O No
	If Yes, use the fol	lowing page to identify locat	ion(s) where S	WPPPs can be accessed	d.	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

Name of MS4/Coalition Town of Kent	N Y R 2 0 A 3 4 6
6. con't.: Submit additional pages as needed.	
MS4/Coalition Office	
Department Planning Department	
P l a n n i n g D e p a r t m e n t Address	
2 5 Sybil's Crossing	
City	Zip
Kentlakes	1 0 5 1 2 -
Phone	
(	
O Library Address	
Address	
City	Zip
Phone	
○ Other	
Address	
City	Zip
Phone	
rnone –	
C VI D VID C DI C VID C	Os san ha gasaggad not home noge
O Web Page URL(s): Please provide specific address where SWPPI	es can be accessed - not nome page.
URL	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

Name of MS4/Coalition

Town of Kent

N Y R 2 0 A 3 4 6

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.

All projects are reviewed under the enhanced phosphorus compliance standards utilizing the NYSDEC Stormwater Design Manual as well as the most recent NYSDEC Erosion and Sediment control manual ("Blue Book"). All projects with greater than 5,000 square feet of disturbance are required to file a SWPPP which is reviewed by the Town Engineer. All sites with stormwater permits are inspected at least once or more and the SMO enforces the conditions of the stormwater

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

All reviews and inspections are conducted in accordance with local, NYCDEP and NYSDEC requirements and protocols. Construction projects in which there is more than 5,000 square feet of land disturbance were reviewed and SWPPP's were required on all projects. Required inspections of each site were conducted in order to ensure compliance with the permit conditions. Any modifications that are noted during the inspections to be required are addressed.

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

(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 Town if Kent will continue to review all applications, When 5,000 square feet or greater land disturbance is proposed SWPPP's are required (projects are also to be reviewed to determine if disturbance is greater than one acre requiring post-construction practices). Site inspections will continue to be conducted in compliance with all permit requirements.

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

If submittir	ng this form as pa	ert of a joint rep	ort on behalf of a	coalition leave SPD	ES ID blank.
				SPDES ID	
Name of MS4/Coalition	Town of Kent			N Y R	2 0 A 3 4 6
Minimum (	Control Mea	sure 5. Post	-Constructio	n Stormwater N	<u> Ianagement</u>
The information in th	is section is bein	g reported (chec	ck one):		
<ul><li>On behalf of an inc</li><li>On behalf of a coal</li></ul>	lition	و مناه و من الموسولات			
	any MS4s contr		•		
1. How many and was MS4/Coalition in	what type of pos aventoried, insp	t-construction ected and mair	stormwater man ntained in this re	nagement practices eporting period?	has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	es				
• Filter Systems			6	6	
<ul><li>Infiltration Basins</li></ul>				1	
<ul><li>Open Channels</li></ul>			2 1 6	3 2	
<ul><li>Ponds</li></ul>			6	6	
O Wetlands					
Other			6	6	
2. Do you use an o BMPs, inspecti			abase, spreadsl	neet) to track post	-construction  ● Yes ○ No
3. What types of a Development/B					npact
O Building Codes	<ul><li>Municipal C</li></ul>	omprehensive P	lans		
Overlay Districts	Open Space	Preservation Preservation	ogram		
<ul><li>Zoning</li></ul>	• Local Law o	r Ordinance			
○ None	● Land Use Re	egulation/Zoning	g		
<ul><li>Watershed Plans</li></ul>	Other Comp	rehensive Plan			
Other:					

R e v i e w

Process

Board

1 a n n i n g

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 \end{bmatrix} \begin{bmatrix} 1 & 8 \end{bmatrix}$ 

		SPDES ID								
Nan	ne of MS4/Coalition Town of Kent	N	Y	R	2	0	A	3	4	6
4a.	Are the MS4s contributing to this report involved in a regional/watersho	ed w	vide	pla	ann		eff Ye			No
4b.	Does the MS4 have a banking and credit system for stormwater manage	me	nt p	rac	etice		Ye	S	•	No
4c.	Do the SWMP Plans for each MS4 contributing to this report include a and approval of banking and credit of alternative siting of a stormwater	_				t pr		ice?		No
4d.	How many stormwater management practices have been implemented a reporting period?	s pa	art (	of t	his	sys	tem	in	thi	S
5.	What percent of municipal officials/MS4 staff responsible for program is training on Low Impace Development (LID), Better Site Design (BSD) a Infrastructure principles in this reporting period?						itte	nde 1	e <b>d</b>	%

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

if submitting this form as part of a joint report on behalf of a	
Name of MS4/Coalition Town of Kent	SPDES ID           N         Y         R         2         0         A         3         4         6
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	<del>-</del>
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
The Town of Kent reviewed and improved inspection proceedings stormwater practices. All practices were inspected and maintained requirements. One channel stabilization practice has been completed conducted on East of Hudson projects are submitted.	l as per NYSDEC/East of Hudson
B. Briefly summarize the observations that indicated the overa	all effectiveness of this Measurable
19 stormwater practices were inspected and maintained during the were inspected and maintained twice during the reporting period. "other" above were detention basins. In addition, 216 miles of open inspected and 32 miles were maintained as required.	The 6 practices indicated as
C. How many times was this observation measured or evaluat	ed in this reporting period?
	(ex.: samples/participants/eve
D. Has your MS4 made progress toward this measurable goal	during this reporting period?  ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	
TAll post-construction stormwater structures on a required and sc conducted by the Highway Department, the Lake Carmel Park Di and Recreation Department.	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

	SPDES ID
Name of MS4/Coalition Town of Kent	N Y R 2 0 A 3 4 6
Minimum Control Measure 6. Stormwater Manage	ment for Municipal Operations
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul>	
1. Choose/list each municipal operation/facility that contribute Pollutants of Concern to the MS4 system. For each operation/facility has been addressed in the MS4's/Coalitic Program(SWMP) Plan and whether a self-assessment has reporting period. A self-assessment is performed to: 1) de potentially generated by the permittee's operations and faceffectiveness of existing programs and 3) identify the municipal that will be addressed by the pollution prevention and good not done already.	tion/facility indicate whether the on's Stormwater Management been performed during the termine the sources of pollutants cilities; 2) evaluate the nicipal operations and facilities

			performed within	the past 3
Operation/Activity/Facility	Addressed i	n SWMP?	<u>years?</u>	
Street Maintenance	• Yes	○ No	• Yes	○ No
Bridge Maintenance	O Yes	● No	○ Yes	<ul><li>No</li></ul>
Winter Road Maintenance		○ No	• Yes	$\circ$ No
Salt Storage	• Yes	○ No	• Yes	$\circ$ No
Solid Waste Management		○ No	• Yes	$\bigcirc$ No
New Municipal Construction and Land Disturbar	nce • Yes	○ No	• Yes	○ No
Right of Way Maintenance	Yes	○ No		$\bigcirc$ No
Marine Operations	○ Yes	● No	○ Yes	<ul><li>No</li></ul>
Hydrologic Habitat Modification	○ Yes	• No	○ Yes	No
Parks and Open Space		○ No	• Yes	○ No
Municipal Building		○ No	• Yes	○ No
Stormwater System Maintenance	• Yes	○ No		$\circ$ No
Vehicle and Fleet Maintenance		○ No		$\circ$ No
Other		○ No	○ Yes	○ No

Operation/Activity/Facility

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 8$ 

	SPDESID				
Name of MS4/Coalition Town of Kent	NYR2	0 A	3	4	6
2. Provide the following information about municipal operation	s good housekeep	oing pr	ogr	am	s:
• Parking Lots Swept (Number of acres X Number of times swept)	# Acres			1	5
• Streets Swept (Number of miles X Number of times swept)	# Miles		2	1	6
<ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>	#		9	4	9
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#			1	9
mopeout and Clounds Whole Weedbarry					_
O Phosphorus Applied In Chemical Fertilizer	# Lbs.				0
Nitrogen Applied In Chemical Fertilizer	# Lbs.			2	0
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Num	# Acres	2	1 7	].[	0
times applied to the nearest tenth.)	1001 01				
3. How many stormwater management trainings have been prov	vided to municipa	ıl emp	love	es	
during this reporting period?	1				1
4. What was the date of the last training?	0 2 / 2 3	/ 2	0	1	8
5. How many municipal employees have been trained in this rep	oorting period?			1	0
6. What percent of municipal employees in relevant positions ar	ıd departments r	eceive			
stormwater management training?			8	5	%

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 8$ 

if submitting this form as part of a joint report on benaif of a	
Town of Kont	SPDES ID
Name of MS4/Coalition Town of Kent	N Y R 2 0 A 3 4 6
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
The Town good housekeeping program includes periodic inspection municipal parking areas and maintenance of all conveyance system complete monitoring and record keeping system in order to more housekeeping efforts.	m components. The town utilizes a
B. Briefly summarize the observations that indicated the overa Goal.	all effectiveness of this Measurable
The town inspected 949 catch basins, cleaned 210 catch basins, swacres of parking areas. The training during this reporting period whighway and parks departments as well as the Lake Carmel Park of stormwater prarctice maintenance and record keeping.	vas conducted iwith members of the
C. How many times was this observation measured or evaluat	
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/ev
D. Has your MS4 made progress toward this measurable goal	• Yes • No
E. Is your MS4 on schedule to meet the deadline set forth in th	
F. Briefly summarize the stormwater activities planned to meethe next reporting cycle (including an implementation sche	
The Town of Kent will to conduct good housekeeping practices w facilities as well as conducting maintenance and repair to roadway stormwater infrastructure. Training of municipal employees will be	ys and parking areas as well as

This report is being submitted for the reporting period ending March 9, 2 0 1 8

ame of MS4/Coalition Town of F	Kent		SPDES ID           N         Y         R         2         0         A         3         4
Additional Wate	ershed Improvemen	nt Strategy Best M	anagement Practices
he information in this section	n is being reported (checl	k one):	
On behalf of an individual on behalf of a coalition	MS4		
How many MS	4s contributed to this re	eport?	
AS4s must answer the qu	estions or check NA a	s indicated in the tab	le below.
MS4 Description NYC EOH Watershed	Answer	Check NA	(POC)
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	- 1 6 70 d 90 0	2 2 4 5 9b 10 11 12	Dhaanhamia
Traditional Land Use Traditional Non-Land Use	1,6,7a-d,8a,9 1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	Phosphorus Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	1,0,74-4,64,7	2,3,4,3,60,10,11,12	- Thosphorus
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 Oscawana Lake Watershed	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus
Traditional Land Use Traditional Non-Land Use		2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1 4 6 7a-d 8a 9		
Traditional Non-Land Use Non-Traditional	1,4,6,7a-d,8a,9	2,3,3,80,10,11,12	-
Traditional Non-Land Use	1,4,6,7a-d,8a,9 - 1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	- Pathogens
Traditional Non-Land Use Non-Traditional LI 27 Embayments	-	-	Pathogens Pathogens

This report is being submitted for the reporting period ending March 9, 2 0 1 8

						SPDES ID		
Na	me of MS4/Coalition	Town of Kent				N Y R 2	0 A	3 4 6
3.	Does your MS4			ater Conveya	ance System	(infrastructi • Yes	u <b>re) Ins</b> ○ No	pection
4.	Estimate the pe and maintained	~			•			<b>cted</b> 1 5 %
5.	Has your MS4/0 NYSDEC SPDE (GP-0-08-001) to disturb five thos	S General Pe o reduce pollu	rmit for Sto tants in stor	rmwater Dis mwater run	charges fron	1 Constructi	on Acti	vities
6.	Has your MS4/6 runoff from new equal to one acr Permit for Stort the New York S Standards?	v developmen e that provide mwater Disch	t and redeve es equivalent arges from (	lopment pro t protection t Construction	jects that disto the NYS D Activities (C	sturb greate DEC SPDES GP-0-08-001)	r than o Genera ), includ	r I
7a	. Does your MS4/ phosphorus/niti			ing program	to reduce er	osion or • Yes	○ No	0 N/A
7b	.How many proj	ects have beer	n sited in thi	s reporting p	eriod?			0 1
7c	. What percent o	f the projects	included in '	7b have been	completed i	n this repor		riod?
7d	.What percent of	f projects plar	ined in prev	ious years ha	ive been com	•		9 0 %
8a	.Has your MS4/C procedures polic lands?		-	-		ement pract	ices and	Planned  N/A
8b	.Has your MS4/0 procedures polic municipally own	cy that addres	-	-	_	-		d O N/A

This report is being submitted for the reporting period ending March 9, 2 0 1 8

	SPDES ID		
Name of MS4/Coalition Town of Kent	NYR2	0 A 3	3 4 6
9. Has your MS4/Coalition developed and implemented a program	n of native plan	ting?	
2. Ital your 110 is countries developed and impremented a program	•	_	O N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet was prohibiting goose feeding?	_		rties and O N/A
11. Does your MS4/Coalition have a pet waste bag program?	• Yes	○ No	O N/A
12. Does your MS4/Coalition have a program to manage goose populations?	○ Yes	• No	O N/A