MS4 Annual Report Cover Page

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

This cover page must be completed by the report preparer	r.
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.

Na	me (of M	S4															
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OR

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

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

J	Nar	ne o	t S1	ngle	e En	titv													

OR

O This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

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MS4 Annual Report Cover Page

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

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 2

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Name of MS4 Town	of Kent		N	Y	R	2	0	А	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 endorsement or acceptance of:

- An Annual Report for a single MS4
- 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 binding agreements.

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$

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Name of MS4 Town of Kent	N	Y	R	2	0	А	3	4	6

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:

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

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MS4 Municipal Compliance Certification (MCC) Form

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

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Additional tasks/responsibilities

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

Watershed improvement strategy retrofit plan/phosphorous reduction.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$

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Name of MS4 Town of Kent	N	Y	R	2	0	А	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	MI	Last Name
K a t h y		D o h e r t y
Title (Clearly print title of individual signing report)		
Supervisor		
Signature		Date

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

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

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

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Name of MS4/Coalition Town of Kent	N Y R 2 0 A 3 4 6
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 	
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach de	uring this reporting period:
• Construction Sites	Pesticide and Fertilizer Application
• General Stormwater Management Information	O Pet Waste Management
Household Hazardous Waste Disposal	○ Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	Trash Management
• Smart Growth	• Vehicle Washing
O Storm Drain Marking	Water Conservation
● 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	
ResidentialDevelopers	
● Businesses ● General Public	
○ Restaurants ○ Industries	
Other: Agricultural	
Other	

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

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

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if submitting this form as part of a joint report on behalf of a c	SPDES ID
Name of MS4/Coalition Town of Kent	N Y R 2 0 A 3 4 6
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMPFIII.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SV	VMPP in this reporting period.
Distribute information through brochures and pamphlets at communication available through kiosks at the Town Hall, library and stormwater information to developers, contractors, residents and others with in including information about phosphorus and septic systems.	website. Continue to provide
B. Briefly summarize the observations that indicated the overa Goal.	ll effectiveness of this Measurable
The stormwater planning and coordinating committee met with 20 displays distributed over 410 pieces of material. The stormwater vand provides current stormwater information as well as various lin. A brochure was created to inform the public about the new septic of website.	vebsite continues to be updated ks to other stormwater websites.
C. How many times was this observation measured or evaluate	d in this reporting period?
	4
D. Has your MS4 made progress toward this Measurable Goal	during this reporting period? • Yes \bigcirc No
E. Is your MS4 on schedule to meet the deadline set forth in the	e SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned to mee the next reporting cycle (including an implementation sched	e e
Update stormwater website on a continuous basis. Replenish as nesupply at Town Hall and Library kiosks. Continue to meet with corprovide responses to stormwater questions.	1 1

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

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 2	. Public In	volvem	ent/Particip	<u>atio</u>	<u>n</u>		
The information in this section is being reported (che	eck 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 pub development, evaluation and improvement (SWMP) Plan during this reporting period	of the Storn	nwater M	Ianagement P	-	am		
Cleanup Events			# Events				2
O Comments on SWMP Received			# Comments				
Community Hotlines	Phone #	(8 4	5)225] - [3 9	0	0
Phone # (Phone #	()] - [
Phone # (Phone #	()] - [
Phone # (Phone #	(] - [
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• Community Meetings			# Attendees			2	5
○ Plantings			Sq. Ft.				
O Storm Drain Markings			# Drains				
• Stakeholder Meetings			# Attendees		1	4	0
O Volunteer Monitoring			# Events				
Other:							
2. Was public notice of availability of this an Program (SWMP) Plan provided?	nual report a	and Storr	nwater Mana	_	ent Yes	0	No
○ List-Serve			# In List				
O Newspaper Advertising			# Days Run				
○ TV/Radio Notices			# Days Run				
$lackbox{ Other:} \begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	e n d a						
O Web Page URL: Enter URL(s) on the following	g two pages.						

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Name of MS4/Coalition Town of Kent

MS4 Annual Report Form

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

3. Where can the public access copies of this annual report, Stormwater Management

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

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

		SPD	<u> ES ID</u>)					
Name of MS4/Coalition Town of Kent		N	YR	2	0	А	3	4	6
4.a. If this report was made available on the internet, what da	ate was it	t po	sted?	•					
Leave blank if this report was not posted on the internet.	0	5	/ 2	2	/	2	0	1	2
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 submitt	ting a joir	nt re	eport,	ans	wer	5.t)		
5.a. Was an Annual Report public meeting held in this report	ting perio	od?				Yes	S	\circ	No
If Yes, what was the date of the meeting?	0	5	/ 2	2	/[2	0	1	2
If No, is one planned?					0	Yes	S	0]	No
5.b. Was an Annual Report public meeting held for all MS4s	contribu	tin	g to t	his	rep	ort	du	rin	g
this reporting period?						Yes	S	0]	No
If No, is one planned for each?					0	Yes	S	0]	No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to					0	Yes	S	•]	No
SWMP in response to comments to this report.									

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

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
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	•
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
Continue to hold regular public meetings of the permit and storn forum for the public to comment on stormwater and ask question Report and SWMP. Encourage public participation through the	ns related to the Stormwater Annual
B. Briefly summarize the observations that indicated the ove Goal.	rall effectiveness of this Measurable
Monthly meetings in which the public was invited to ask question. Two clean-up events were held and the annual report was posted presented to the public at the town board meeting in May.	
C. How many times was this observation measured or evalua	ited in this reporting period?

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

• Yes O No

(ex.: samples/participants/events)

2

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).

Hold monthly stormwater permitting and coordinating committee meetings. Continue to provide a forum for the public to comment on projects before the Planning Board.

Hold Town of Kent Litter Clean-Up days.

Notify the public and hold a public meeting in which to present the annual report. All stormwater documents are available to the public.

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

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 3. 1	Illicit Discharge Detection and Elimination
The information in this section is being reported (check one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to the 	nis report?
1. Enter the number and approx. percent of	of outfalls mapped: 5 5 0 # 1 0 0 %
2. How many of these outfalls have been so reporting period (outfall reconnaissance	ereened for dry weather discharges during this inventory)?
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this
O Auto Recyclers	• Landscaping (Irrigation)
Building Maintenance	○ Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	 Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	 Parking Lot Maintenance
 Construction Vehicle Washouts 	○ Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	O Schools and Universities
○ Garbage Truck Washouts	• Septic Maintenance
○ Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other: Properties in	○ None
Sewersheds: E a s t o f H u d s o	

This report is being submitted for the reporting period ending March 9, $2 \ 0 \ 1 \ 2$ 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
3.b. What types of illicit discharges have	been found during this reporting pe	eriod?
O Broken Lines From Sanitary Sewer	O Industrial Connections	
O Cross Connections	○ Inflow/Infiltration	
• Failing Septic Systems	O Pump Station Failure	
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows	
O Illegal Dumping	O Straight Pipe Sewer Discharges	
Other:	● None	
4. How many illicit discharges/potentia reporting period?	al illegal connections have been detec	ted during this
5. How many illicit discharges have been	en confirmed during this reporting p	period?
6. How many illicit discharges/illegal coperiod?		0 1
7. Has the storm sewershed mapping b If No, approximately what percent was	1 01	od?
8. Is the above information available in Is this information available on the value of Yes, provide URL(s):	web?	● Yes ○ No ○ Yes ● No
Please provide specific address of page URL	where map(s) can be accessed - not no	me page.
URL		

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

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

If submitting this form as part of a joint report or	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
2. Evaluating Progress Toward Measurable Goals	MCM 3
Use this page to report on your progress and project pladentified in your Stormwater Management Program P II.C.1. Submit additional pages as needed.	e e
A. Briefly summarize the Measurable Goal identifi	ed in the SWMPP in this reporting period.
Perform outfall inspections using the outfall reconnais operations and other target areas. Update and maintai Provide an illicit discharge detection and elimination I discharges. Provide training for municipal employees	n GIS database for all stormwater data. notline and address any and all potential illicit
B. Briefly summarize the observations that indicate Goal.	ed the overall effectiveness of this Measurable
20% of the outfalls (110) were inspected using the out A hotline for illicit discharges was maintained and train	
C. How many times was this observation measured	or evaluated in this reporting period?
D. H	(ex.: samples/participants/e
D. Has your MS4 made progress toward this measu	Figure 1 rable goal during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline se	
F. Briefly summarize the stormwater activities plant the next reporting cycle (including an implemen	e e
Continue to inspect a minimum 20% of outfalls. Maintain illicit discharge hotline, address reported illic municipal employees. Continue to update and mainta	

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

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

		SPI	<u>DES</u>	ID						
Name of MS4/Coalition	Town of Kent	N	Y	R	2	0	А	3	4	6

Minimum Control Measures 4 and 5

	Construction Site and Post-Construction Control		
The	e information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1a	. Has each MS4 contributing to this report adopted a law, ordinance or other reg mechanism that provides equivalent protection to the NYS SPDES General Per Stormwater Discharges from Construction Activities?	,	○ No
1b	Has each Town, City and/or Village contributing to this report documented that equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney cerfification or using the NYSDEC Analysis Workbook?	Erosion	w is
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La • 09/2004 • 0	aw. 3/2006	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	• Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have reviewed in this reporting period?	e been	6
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of purcomments related to construction SWPPPs? • Yes	oblic No	O NT
	If Yes, how many public comments were received during this reporting period?		3
5.	Does your MS4/Coalition provide education and training for contractors about SWPPP process?	the loca • Yes	al O No

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

Notices of Violation	#		1	O No Authority
• Stop Work Orders	#		1	○ No Authority
O Criminal Actions	#			O No Authority
○ Termination of Contracts	#			○ No Authority
O Administrative Fines	#			○ No Authority
O Civil Penalties	#			O No Authority
O Administrative Orders	#			○ No Authority
O Enforcement Actions or Sanctions	#			
Other	#			O No Authority

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

	<u> </u>	SPDE	S ID				
Name of MS4/Coalition Town of Kent		N Y	R	2	0 A	3 4	1 6
Minimum Control Measure 4. Construction Site S	Stormw	<u>ate</u>	r Ru	<u>ıno</u>	ff Co	<u>ntr</u>	<u>ol</u>
The information in this section is being reported (check one):							
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 							
1. How many construction projects have been authorized for during this reporting period?	disturba	nces	of o	ne a	icre o	r mo	ore 1
2. How many construction projects disturbing at least one acr during this reporting period?	e were a	activ	e in :	you	r juri: [sdic	2
3. What percent of active construction sites were inspected du	ring thi	s rep	orti	ng p	period	0 0	NT 0 %
4. What percent of active construction sites were inspected mo	ore than	onc	e?		1	0 (NT 0 %
5. Do all inspectors working on behalf of the MS4s contributin Construction Stormwater Inspection Manual?	ng to thi	is rep	ort • Y		the N) NT
6. Does your MS4/Coalition provide public access to Stormwa (SWPPPs) of construction projects that are subject to MS4				ova			s O NT
If your MS4 is Non-Traditional, are SWPPPs of construction public review?	on proje	cts n		• •		e for	
If Yes, use the following page to identify location(s) where SW	PPPs ca	n be	acce	ssec	1.		

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

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

If submitting this form	n as part of a joint report on behalf o		S ID blank.
		SPDES ID	
Name of MS4/Coalition Town of Kent	<u> </u>	N Y R 2	2 0 A 3 4 6
7. Evaluating Progress Tow	vard Measurable Goals MCM 4		
	or progress and project plans towar Management Program Plan (SW) ges as needed.		
A. Briefly summarize the M	leasurable Goal identified in the	e SWMPP in this repo	rting period.
construction sites disturbing r	PPPs including enhanced phosphmore than 5,000 square feet in the shed and actively enforce construction.	e NYC watershed and g	
B. Briefly summarize the ob	oservations that indicated the ov	verall effectiveness of	this Measurable
All projects requiring a SWPl designation (basic, non-struct	PP were reviewed by the Town Etural).	ngineer or a person hol	ding a CPESC
C. How many times was this	s observation measured or eval	uated in this reporting	g period?
		(ex.:	samples/participants/e
D. Has your MS4 made pro	gress toward this measurable g		
			● Yes ○ No
E. Is your MS4 on schedule	to meet the deadline set forth in	n the SWMPP?	
· ·	ormwater activities planned to a	S	● Yes ○ No MCM during
	and full SWPPPs including enhanolic, conduct required site inspect		

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

		<i>J</i> F		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	Janagement
The information in the		g reported (chec	ck one):		
On behalf of an incOn behalf of a coaHow m		ributed to this 1	report?		
1. How many and MS4/Coalition i					has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	ces				
O Filter Systems					
O Infiltration Basins					
Open Channels		1 2	1 2	1 2	
Ponds		1	1		
O Wetlands					
Other					
2. Do you use an BMPs, inspecti			ibase, spreadsl	neet) to track post-	-construction ● Yes ○ No
3. What types of Development/E		-			npact
O Building Codes	Municipal C	omprehensive P	lans		
Overlay Districts	Open Space	Preservation Pro	gram		
O Zoning	• Local Law o	r Ordinance			
○ None	• Land Use Re	egulation/Zoning	5		
• Watershed Plans	Other Comp	rehensive Plan			
Other:					

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

			SPL	ES IL	,					
Name o	of MS4/Coalition Town of Kent		N	YR	2	0	А	3	4	6
4a. Ar	re the MS4s contributing to this report involved in a regional/	watershe	d w	ide p	lann		effe Yes			No
4b. Do	4b. Does the MS4 have a banking and credit system for stormwater management practices?									
						0	Yes	S		No
	o the SWMP Plans for each MS4 contributing to this report in	-								
an	id approval of banking and credit of alternative siting of a sto	rmwater	ma	nagei	n en	t nr	anti	COY		
					11 011	-	Yes			No
	ow many stormwater management practices have been imple porting period?			C		0	Yes	in		

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

If submitting this fo	orm as part of a joint repo	ort on behalf of a coal		S ID blank.	
Name of MSA/Coalition Town of	 Kent		SPDES ID N Y R 2	0 A 3	4 6
Name of MS4/Coalition 10wn or			11 1 11 2		
5. Evaluating Progress T	oward Measurable Go	oals MCM 5			
Use this page to report on y dentified in your Stormwa III.C.1. Submit additional p	ter Management Progra	1	•	_	Part
A. Briefly summarize the	Measurable Goal ide	ntified in the SWM	APP in this repo	rting peri	iod.
Continue to inspect and mar Planning process to encour in the Putnam County MS4 program to reduce phospho	rage green infrastructure 4 Stormwater Coordinate	e and low impact do	evelopment desig	gn. Particij	
B. Briefly summarize the Goal.	observations that ind	icated the overall	effectiveness of	this Meas	urable
Three stormwater manager pond were maintained duri		en implemented, 12	open channels a	nd 1 wetla	nd
C. How many times was	this observation measu	ured or evaluated i	in this reporting	g period?	2
D. Has your MS4 made p	rooress toward this m	easurable ooal du		samples/par	
o. 1143 your 14194 made p	rogicss toward this in	casar abre goar au	ring this report	• Yes	○ No
E. Is your MS4 on schedu	ıle to meet the deadlin	e set forth in the S	SWMPP?		
F. Briefly summarize the the next reporting cycle		-	0	● Yes MCM dui	○ No ring
Inspect and maintain storm Implement approved retroit Encourage low impact dev	fit projects.		he planning proc	ess.	

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

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

		SPD	ES	ID						
Name of MS4/Coalition	Town of Kent	N	Y	R	2	0	А	3	4	6

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?		

Other..... O Yes

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

Self-Assessment

 \bigcirc No

○ No ○ Yes

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

• Yes ○ No Yes \bigcirc No Solid Waste Management..... • Yes ○ No • Yes \bigcirc No New Municipal Construction and Land Disturbance.. • Yes ○ No Yes \bigcirc No Right of Way Maintenance..... • Yes \bigcirc No ● No O Yes No Marine Operations.... O Yes Hydrologic Habitat Modification..... O Yes ● No ○ Yes No \bigcirc No Parks and Open Space.... • Yes Municipal Building..... • Yes ○ No • Yes \bigcirc No ○ No • Yes \bigcirc No Stormwater System Maintenance..... • Yes ○ No Yes \bigcirc No Vehicle and Fleet Maintenance..... • Yes

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

	SPDES ID		
Name of MS4/Coalition Town of Kent	N Y R 2	0 A 3	4 6
2. Provide the following information about municipal operat	ions good housekeep	oing prog	rams:
• Parking Lots Swept (Number of acres X Number of times swep	t) # Acres		6
• Streets Swept (Number of miles X Number of times swept)	# Miles	1	1 0
• Catch Basins Inspected and Cleaned Where Necessary	#	1	5 0
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#		1 3
O Phosphorus Applied In Chemical Fertilizer	# Lbs.		0
O Nitrogen Applied In Chemical Fertilizer	# Lbs.		0
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	# Acres umber of		0 .
3. How many stormwater management trainings have been p during this reporting period?	provided to municipa	al employ	rees
4. What was the date of the last training?	0 2 / 2 2	/ 2 0	1 2
5. How many municipal employees have been trained in this	reporting period?		1 9
6. What percent of municipal employees in relevant positions stormwater management training?	s and departments r	eceive 8	0 %

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

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
7. Evaluating Progress Toward Measurable Goals MCM 6	6
Use this page to report on your progress and project plans towal identified in your Stormwater Management Program Plan (SW III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in th	e SWMPP in this reporting period.
Practice good housekeeping practices such as street cleaning, landscaping and lawn care, and roadway maintenance. Conduillicit discharge detection and elimination and good housekeep	act employee training in stormwater,
B. Briefly summarize the observations that indicated the o Goal.	verall effectiveness of this Measurable
The Town of Kent has cleaned approximately 150 catch basin of parking lots. 35 municipal employee received stormwater to addition, all the municipal operations facilities were inspected housekeeping.	raining during this reporting period. In
C. How many times was this observation measured or eval	
D. Has your MS4 made progress toward this measurable g	(ex.: samples/participants/eve.
D. Has your 14154 made progress toward this measurable g	• Yes O No
E. Is your MS4 on schedule to meet the deadline set forth i	
F. Briefly summarize the stormwater activities planned to the next reporting cycle (including an implementation s	8
Provide training to municipal employees focusing on illicit disand phosphorus reduction. Continue maintenance activities and good housekeeping pract Inspect municipal operations and maintain as needed.	

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

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

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	Answei	- CHECK IVA	- (100)
Fraditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Fraditional 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
Гraditional 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
Fraditional 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	-	-	- D. J.
Fraditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Fraditional Non-Land Use Non-Traditional	1,4,7a-d,9,10,11,12 1,4,7a-d,9	2,3,5,6,8a,8b 2,3,4,5,8a,8b,10,11,12	Pathogens Pathogens
Peconic Estuary	1,4,74-0,9	2,3,4,3,84,80,10,11,12	Fathogens
Fraditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Fraditional 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	-	-	-
Fraditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Fraditional 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	-	-	-
Fraditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Fraditional 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

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

Na	me of MS4/Coalition	own of Kent				N Y R 2	0 A 3	8 4 6
3.	Does your MS4/C			er Conveyanc	ce System (i	infrastructu • Yes	ıre) Insp ○ No	ection ○ N/A
4.	Estimate the percand maintained of	0			•		n inspec	ted 3 %
5.	Has your MS4/C NYSDEC SPDES (GP-0-08-001) to disturb five thou	General Per reduce pollut	mit for Storn ants in storn	nwater Discha nwater runoff	arges from	Constructi	on Activ	ities
6.	Has your MS4/C runoff from new equal to one acre Permit for Storm the New York Standards?	development that provides water Discha	and redevelo s equivalent p rges from Co	opment project protection to to construction A	cts that dist the NYS Di ctivities (G	curb greater EC SPDES P-0-08-001)	than or General , includi	
7a	. Does your MS4/C phosphorus/nitro			g program to	reduce ero	osion or • Yes	○ No	O N/A
7b	.How many proje	cts have been	sited in this	reporting per	iod?			3
	. What percent of	1 0			•	•	1 0	0 %
/u	.What percent of	projects piani	ned in previo	ous years nave	e been comp		Projects	
8a	.Has your MS4/Co procedures policy lands?		-		_	ement pract	ices and wned	O N/A
8b	.Has your MS4/Coprocedures policy	that address		L .	U			○ N/A

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

Name of MS4/Coalition Town of Kent	N Y R 2	0 A 3	3 4 6
Name of MS4/Coantion			
9. Has your MS4/Coalition developed and implemented a program of	native plant	ting?	
	○ Yes	No	O N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste	on municipa	l prope	rties and
prohibiting goose feeding?	○ Yes	No	O N/A
	_		
11. Does your MS4/Coalition have a pet waste bag program?	• Yes	○ No	○ N/A
12. Does your MS4/Coalition have a program to manage goose			
populations?	○ Yes	No	O N/A