

SPDES ID
NYR20A346

☒ This report is being submitted on behalf of an individual MS4.

Name of MS4

TOWN	OF	KENT
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☐ This report is being submitted on behalf of a Single Entity

Name of Single Entity

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

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

Name of Coalition

SPDES ID

NYR20A

SPDES ID

NYR20A

SPDES ID

NYR20A

SPDES ID

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SPDES ID

NYR20A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4

TOWN OF KENT

SPDES ID

NYR20A346

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)
- ☐ A Joint Report

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

If Joint Report, enter coalition name:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4

TOWN OF KENT

SPDES ID

NYR20A346

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

Maureen

MI

Last Name

Fleming

Title

Supervisor

Address

25 Sybil's Crossing

City

Kent Lakes

State

NY

Zip

10512-

eMail

mfleming@townofkent.ny.gov

Phone

(845) 225-3943

County

Putnam

MS4MunicipalComplianceCertification(MCC)Form

MCCformforperiodendingMarch9,

2014

NameofMS4

TOWN OF KENT

SPDESID

NYR20A346

Section2-ContactInformation

ImportantInstructions-PleaseRead

Contactinformationmustbeprovidedforeachofthefollowingpositionsasindicatedbelow:

1. PrincipalExecutiveOfficer,ChiefElectedOfficialorotherqualifiedindividual(per GP-0-08-002PartVI.J).
2. DulyAuthorizedRepresentative(InformationforthiscontactmustonlybesubmittedifaDuly AuthorizedRepresentativeissigningthisform)
3. TheLocalStormwaterPublicContact(requiredperGP-0-08-002PartVII.A.2.c&PartVIII.A.2.c).
4. TheStormwaterManagementProgram(SWMP)Coordinator(Individualresponsiblefor coordination/implementationofSWMP).
5. ReportPreparer(Consultantsmayprovidecompanynameinthespaceprovided).

Aseparatesheetmustbesubmittedforeachpositionlistedaboveunlessmorethanonepositionis filledbythesameindividual.Ifoneindividualfillsmultipleroles,providethecontactinformation onceandcheckallpositionsthatapplytothatindividual.

IfanewDulyAuthorizedRepresentativeissigningthisreport,theircontactinformationmustbe providedandasignatureauthorizationform,signedbythePrincipalExecutiveOfficerorChief ElectedOfficialmustbeattached.

Foreachcontact,selectallthatapply:

- ☐ PrincipalExecutiveOfficer/ChiefElectedOfficial
- ☒ DulyAuthorizedRepresentative
- ☒ LocalStormwaterPublicContact
- ☐ StormwaterManagementProgram(SWMP)Coordinator
- ☐ ReportPreparer

FirstName

William

MI

LastName

Walters

Title

SMO

Address

25 Sybil's Crossing

City

Kent Lakes

State

NY

Zip

10512-

eMail

buildinginspector@townofkentny.gov

Phone

(845) 225-3900

County

Putnam

MS4MunicipalComplianceCertification(MCC)Form

MCCformforperiodendingMarch9,

2014

NameofMS4

TOWN OF KENT

SPDESID

NYR20A346

Section2-ContactInformation

ImportantInstructions-PleaseRead

Contactinformationmustbeprovidedforeachofthefollowingpositionsasindicatedbelow:

1. PrincipalExecutiveOfficer,ChiefElectedOfficialorotherqualifiedindividual(per GP-0-08-002PartVI.J).
2. DulyAuthorizedRepresentative(InformationforthiscontactmustonlybesubmittedifaDuly AuthorizedRepresentativeissigningthisform)
3. TheLocalStormwaterPublicContact(requiredperGP-0-08-002PartVII.A.2.c&PartVIII.A.2.c).
4. TheStormwaterManagementProgram(SWMP)Coordinator(Individualresponsiblefor coordination/implementationofSWMP).
5. ReportPreparer(Consultantsmayprovidecompanynameinthespaceprovided).

Aseparatesheetmustbesubmittedforeachpositionlistedaboveunlessmorethanonepositionis filledbythesameindividual.Ifoneindividualfillsmultipleroles,providethecontactinformation onceandcheckallpositionsthatapplytothatindividual.

IfanewDulyAuthorizedRepresentativeissigningthisreport,theircontactinformationmustbe providedandasignatureauthorizationform,signedbythePrincipalExecutiveOfficerorChief ElectedOfficialmustbeattached.

Foreachcontact,selectallthatapply:

- ☐ PrincipalExecutiveOfficer/ChiefElectedOfficial
☐ DulyAuthorizedRepresentative
☐ LocalStormwaterPublicContact
☒ StormwaterManagementProgram(SWMP)Coordinator
☒ ReportPreparer

FirstName

Bruce

MI

LastName

Barber

Title

STORMWATER MANAGER

Address

1770 CENTRAL STREET

City

YORKTOWN HEIGHTS

State

NY

Zip

10598-

eMail

barberbruce@yahoo.com

Phone

(914) 299-5293

County

WEST

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4

TOWN OF KENT

SPDES ID

NYR20A346

Section 3 - Partner Information

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

☒ Yes ☐ No

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/Coalition Name

EAST OF HUDSON CORPORATION

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

NYR20

Address

PO BOX 176

City

PATTERSON

State

NY

Zip

12563

eMail

www.eohwc.org

Phone

(845) 319-6349

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

☒ Yes ☐ No

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

☐ MM1

☐ MM2

☐ MM3

☐ MM4

☒ MM5

STORMWATER RETROFIT

☐ MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4

TOWN OF KENT

SPDES ID

NYR20A346

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

MAUREEN

MI

☐

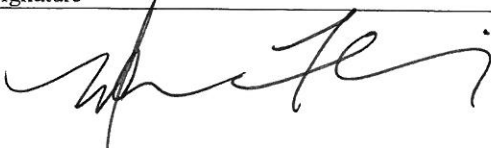
Last Name

FLEMING

Title (Clearly print title of individual signing report)

SUPERVISOR

Signature



Date

05/28/2014

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, 2014

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

SPDES ID					
NYR20A346					

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?			
---	--	--	--

1. 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 ☒ No

If Yes, choose one of the following

- ☐ Report(s) attached to the annual report
- ☐ Web Page(s) where report(s) is/are provided below

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

SPDES ID
NYR20A346

Minimum Control Measure 1. Public Education 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- | | |
|---|---|
| ☒ Construction Sites
☒ General Stormwater Management Information
☒ Household Hazardous Waste Disposal
☒ Illicit Discharge Detection and Elimination
☐ Infrastructure Maintenance
☐ Smart Growth
☐ Storm Drain Marking
☐ Green Infrastructure/Better Site Design/Low Impact Development
☒ Other: | ☒ Pesticide and Fertilizer Application
☒ Pet Waste Management
☒ Recycling
☐ Riparian Corridor Protection/Restoration
☒ Trash Management
☒ Vehicle Washing
☐ Water Conservation
☒ Wetland Protection
☐ None |
|---|---|

PHOSPHORUS REDUCTION

Other

2. Specific audiences targeted during this reporting period:

- | | |
|--|---|
| ☒ Public Employees
☒ Residential
☒ Businesses
☐ Restaurants
☐ Other: | ☒ Contractors
☒ Developers
☒ General Public
☐ Industries
☐ Agricultural |
|--|---|

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

SPDES ID
NYR20A346

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☒ Construction Site Operators Trained

Trained 21

☐ Direct Mailings

Mailings

☒ Kiosks or Other Displays

Locations 2

☐ List-Serves

In List

☐ Mailing List

In List

☐ Newspaper Ads or Articles

Days Run

☒ Public Events/Presentations

Attendees 78

☐ School Program

Attendees

☐ TV Spot/Program

Days Run

☒ Printed Materials:

Total # Distributed 321

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

TOWN CENTER

LIBRARY

☐ Other:

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

www.townofkentny.gov/stormwater.htm

m

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

SPDES ID									
N	Y	R	2	0	A	3	4	6	

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

URL
[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

SPDES ID
NYR20A346

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 maintains a strong educational component that focuses on phosphorus reduction, fertilizer use, pet waste, septic system maintenance and vehicle washing through the distribution of brochures in the Town Center and the Library from personell and two kiosks. In addition, the Town maintains an up to date website wtih stormwater information focused on these topics.

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

321 brochures have been distributed by a variety of Town employees as well as from the two kiosk locations. 78 people attended various public events and presentations. In addition, the Town has maintained current information on the stormwater website page adding new materials when appropriate.

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

2

(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 will continue to update and monitor the stormwater website for up to date materials and will edit current materials when necessary. In addition, brochures and posters will be replenished at kiosk locations and will be provided to Town departments. Town employees will meet with various contractors and property owners to present information relating to stormwater.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

SPDES ID
NYR20A346

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:

☒ Cleanup Events	# Events	2				
☐ Comments on SWMP Received	# Comments					
☒ Community Hotlines	Phone #	()		-		
	Phone #	()		-		
	Phone #	()		-		
	Phone #	()		-		
	Phone #	()		-		
	Phone #	()		-		
☒ Community Meetings	# Attendees	36				
☐ Plantings	Sq. Ft.					
☐ Storm Drain Markings	# Drains					
☒ Stakeholder Meetings	# Attendees	175				
☐ Volunteer Monitoring	# Events					
☐ Other:						

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?

☒ Yes ☐ No

☐ List-Serve	# In List				
☒ Newspaper Advertising	# Days Run				
☐ TV/Radio Notices	# Days Run				
☒ Other:	TOWN BOARD AGENDA				
☒ Web Page URL: Enter URL(s) on the following two pages.					

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

SPDES ID
NYR20A346

2. URL(s) con't.:

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

URL

www.townofkentny.gov/stormwater

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

NYR20

2. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 SPDES ID NYR20A346

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 ☒ Annual Report ☒ SWMP Plan ☐ Comments

Department

Town Supervisor's Office

Address

25 Sybil's Crossing

City

Kent Lakes

NY

Zip

10512 -

Phone

(845) 225 - 3943

☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

City

Zip

Phone

() -

☒ Other ☒ Annual Report ☒ SWMP Plan ☐ Comments

Address

Town Clerk 25 Sybil's Crossing

City

Kent lakes

NY

Zip

10512 -

Phone

(845) 225 - 2067

☒ Web Page URL: ☒ Annual Report ☒ SWMP Plan ☐ Comments

www.townofkentny.gov/stormwater.htm

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

☐ eMail ☒ Comments

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

SPDES ID
NYR20A346

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.

05/30/2014

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

365

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?

05/20/2014

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, 2014

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

SPDES ID
NYR20A346

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.

To monitor the attendance of various persons at public meetings including but not limited to: annual report meeting, town board meetings, planning board meetings and stormwater/permit group meetings. Provide educational materials for public events.

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

A total of 201 people attended stakeholder meetings and community meetings including but not limited to: annual report meeting, town board meetings, planning board meetings and stormwater/permit group meetings. 12 stormwater/permit group meetings were held. The annual report was presented at a public meeting and is available on the town website.

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

2

(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 will continue to hold monthly stormwater/permitting meetings, and report on coordinating committee meetings as well as provide a forum for the public to comment on projects before the Planning Board and Town Board. The Town will hold litter clean-up days. The public will be notified of the meeting in which the annual report will be presented.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

SPDES ID							
NYR20A346							

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped:

550			
-----	--	--	--

 #

100		
-----	--	--

 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- | | |
|--|---|
| ☐ Auto Recyclers | ☒ Landscaping (Irrigation) |
| ☒ Building Maintenance | ☐ Marinas |
| ☒ Churches | ☐ Metal Plateing Operations |
| ☐ Commercial Carwashes | ☒ Outdoor Fluid Storage |
| ☐ Commercial Laundry/Dry Cleaners | ☐ Parking Lot Maintenance |
| ☒ Construction Vehicle Washouts | ☐ Printing |
| ☐ Cross-Connections | ☒ Residential Carwashing |
| ☐ Distribution Centers | ☐ Restaurants |
| ☐ Food Processing Facilities | ☒ Schools and Universities |
| ☐ Garbage Truck Washouts | ☒ Septic Maintenance |
| ☐ Hospitals | ☐ Swimming Pools |
| ☐ Improper RV Waste Disposal | ☐ Vehicle Fueling |
| ☐ Industrial Process Water | ☐ Vehicle Maint./Repair Shops |
| ☐ Other: | ☐ None |

○ Other:

☐ None

 Sewersheds:[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

SPDES ID							
NYR20A346							

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 2

2		
---	--	--

5. How many illicit discharges have been confirmed during this reporting period?

2		
---	--	--

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 2

2		
---	--	--

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

			%
--	--	--	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☐ Yes ☒ No

If Yes, provide URL(s):

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

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

SPDES ID

NYR20A346

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

100		%
-----	--	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition

SPDES ID
NYR20A346

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.

Perform outfall inspections on a minimum of 20% of all outfalls using the outfall reconnaissance inventory method for targeted areas. Update and manage GIS database for all storm sewer data. Continue to track and address illicit discharge detection using the hotline tracking sheet. Provide training to municipal employees.

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

20% of all outfalls (150) were inspected and maintained as required. Two illicit discharges detected were addressed and eliminated. A training was conducted for 20 employees.

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

4

(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).

Inspect a minimum of 20% of outfalls. Maintain illicit discharge hotline, address reported illicit discharges. Provide training to municipal employees. Update and manage GIS data

MS4 Annual Report Form

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

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

Name of MS4/Coalition

T	O	W	N	O	F	K	E	N	T
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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?

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- 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?

7		
---	--	--
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		
---	--	--
5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No

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

☒ Notices of Violation	#	2					☐ No Authority
☒ Stop Work Orders	#	1					☐ No Authority
☐ Criminal Actions	#						☐ No Authority
☐ Termination of Contracts	#						☐ No Authority
☐ Administrative Fines	#						☐ No Authority
☐ Civil Penalties	#						☐ No Authority
☐ Administrative Orders	#						☐ No Authority
☒ Enforcement Actions or Sanctions	#	3					
☐ Other	#						☐ No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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Name of MS4/Coalition TOWN OF KENT

SPDES ID
NYR20A346

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? 3

- How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 7
 - How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 7
 - What percent of active construction sites were inspected during this reporting period? ☐ NT 100 %
 - What percent of active construction sites were inspected more than once? ☐ NT 100 %
 - Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT
 - 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.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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Name of MS4/Coalition TOWN OF KENT

SPDES ID
NYR20A346

6. con't.:

Submit additional pages as needed.

☒ MS4/Coalition Office

Department

PLANNING DEPARTMENT

Address

25 SYBIL'S CROSSING

City

KENT LAKES

NY

Zip

10512 -

Phone

(845) 225 - 7802

☐ Library

Address

City

Zip

-

Phone

() -

☐ Other

Address

City

Zip

-

Phone

() -

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

URL

URL

MS4 Annual Report Form

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

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Name of MS4/Coalition

T	O	W	N	O	F	K	E	N	T
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SPDES ID

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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.

Review all basic and full SWPPPs including enhanced phosphorus compliance review. Inspect all construction sites disturbing more than 5,000 sq ft in the NYC watershed and greater than one acre outside the NYC watershed. Actively enforce all construction site compliance.

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

All 7 projects requiring a SWPPP were reviewed by the Town Engineer PE or a person holding a CPESC designation. All construction sites were inspected where required.

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

4			
---	--	--	--

(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).

Continue to review all basic and full SWPPPs including enhanced phosphorus compliance review and make available to the public. Conduct required site inspections and enforce construction site compliance.

MS4 Annual Report Form

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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 TOWN OF KENT

SPDES ID
NYR20A346

Minimum Control Measure 5. Post-Construction Stormwater Management

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 and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
☐ Alternative Practices			
☒ Filter Systems		6	2
☒ Infiltration Basins		2	3
☒ Open Channels		154	75
☒ Ponds		11	1
☐ Wetlands			
☐ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes ☐ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☐ Building Codes ☒ Municipal Comprehensive Plans
☐ Overlay Districts ☒ Open Space Preservation Program
☒ Zoning ☒ Local Law or Ordinance
☐ None ☒ Land Use Regulation/Zoning
☒ Watershed Plans ☐ Other Comprehensive Plan
☒ Other:

PLANNING REVIEW PROCESS

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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Name of MS4/Coalition TOWN OF KENT

SPDES ID
NYR20A346

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?

2

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?

20 %

MS4 Annual Report Form

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

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

Name of MS4/Coalition

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SPDES ID

N	Y	R	2	0	A	3	4	6				
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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.

Continue to inspect, maintain and inventory post-construction site stormwater practices. Participate in the East of Hudson Corporation for the development and implementation of phosphorus-reducing practices

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

Six filter systems were inspected and two were maintained. Two infiltration basins were inspected and three maintained. 154 miles of open channels were inspected and 75 miles maintained. In addition, 11 ponds were inspected and one was maintained.

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

4			
---	--	--	--

(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).

Continue to inspect, maintain and inventory all post-construction stormwater practices. Participate in East of Hudson Corporation to continue to implement approved retrofit practices. Good housekeeping practices such as street and parking lot cleaning, storm drain inspection and cleaning, road salt storage, landscaping and lawn care, roadway maintenance. Conduct employee training in stormwater, illicit discharge detection and elimination, and good housekeeping practices.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

SPDES ID
NYR20A346

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment</u>	
			<u>Operation/Activity/Facility</u> <u>performed within the past 3</u> <u>years?</u>	
Street Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Bridge Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No
Winter Road Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Salt Storage.....	☒ Yes	☐ No	☒ Yes	☐ No
Solid Waste Management.....	☒ Yes	☐ No	☒ Yes	☐ No
New Municipal Construction and Land Disturbance..	☒ Yes	☐ No	☒ Yes	☐ No
Right of Way Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Marine Operations.....	☐ Yes	☒ No	☐ Yes	☒ No
Hydrologic Habitat Modification.....	☐ Yes	☒ No	☐ Yes	☒ No
Parks and Open Space.....	☒ Yes	☐ No	☒ Yes	☐ No
Municipal Building.....	☒ Yes	☐ No	☒ Yes	☐ No
Stormwater System Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Vehicle and Fleet Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Other.....	☐ Yes	☐ No	☐ Yes	☐ No

MS4 Annual Report Form

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

20	14		
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Name of MS4/Coalition

TOWN OF KENT

SPDES ID

NYR20A346					
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2. Provide the following information about municipal operations good housekeeping programs:

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

5				
---	--	--	--	--
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

206				
-----	--	--	--	--
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

462				
-----	--	--	--	--
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

25				
----	--	--	--	--
- ☒ Phosphorus Applied In Chemical Fertilizer # Lbs.

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

72				
----	--	--	--	--
- ☐ Pesticide/Herbicide Applied # Acres

					.	
--	--	--	--	--	---	--

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

1				
---	--	--	--	--

4. What was the date of the last training?

02

 /

21

 /

2014

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

20		
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6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

85		
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 %

MS4 Annual Report Form

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Name of MS4/Coalition TOWN OF KENT

SPDES ID
NYR20A346

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.

Maintain good housekeeping practices such as street and parking lot cleaning, storm drain inspection and cleaning, road salt storage, landscaping and lawn care, roadway maintenance. Conduct employee training in stormwater, illicit discharge detection and elimination, and good housekeeping practices.

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

The Town of Kent inspected and cleaned 462 catch basins, swept 205 miles of roads and 5 acres of parking lots. In addition, 20 municipal employees were trained in this reporting period. All municipal facilities were inspected for good housekeeping practices and stormwater compliance.

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

4

(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).

Continue to provide training to municipal employees. Maintain good housekeeping practices and maintenance activities. Inspect and maintain all municipal facilities as necessary.

MS4 Annual Report Form

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Name of MS4/Coalition TOWN OF KENT

SPDES ID
NYR20A346

Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

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

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-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

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

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Name of MS4/Coalition

TOWN OF KENT

SPDES ID

NYR20

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?

--	--	--

 %

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?

		2
--	--	---

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

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

 %

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

1	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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Name of MS4/Coalition TOWN OF KENT

SPDES ID
NYR20A346

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