

## MCC form for period ending March 9, 2009

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

Name of MS4

[illegible]

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

Name of Coalition

[illegible]

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**MS4 Annual Report Cover Page****MCC form for period ending March 9,**

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

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## MS4 Annual Report Cover Page

MCC form for period ending March 9, 

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### Required Forms

- > Municipal Compliance Certification
- > Water Quality Trends
- > Minimum Measure 1
- > Minimum Measure 2
- > Minimum Measure 3
- > Minimum Measure 4
- > Minimum Measure 4 and 5
- > Minimum Measure 5
- > Minimum Measure 6
- > MS4s in impaired watersheds included in GP-0-08-002 Part IX must also complete the form *Additional Watershed Improvement Strategy Best Management Practices*.

### Reporting Requirements

- \* Permittees submitting an annual report for an individual MS4 must complete and submit all required forms.
- \* Joint reports may be submitted by permittees with legally binding agreements as follows:
  - > Each MS4 contributing to a joint report must submit a Municipal Compliance Certification (MCC) form with an original signature. The MCC forms must be attached to the report.
  - > A coalition may submit information on behalf of its members as follows:
    1. Submit one form for each of the Minimum Measures (and if required, Additional Watershed Improvement Strategy Best Management Practices) on behalf of all the MS4s in the coalition, or
    2. Complete some of the required forms on behalf of all the MS4's in the coalition and for other Minimum Measures, attach completed forms from each of the MS4s.

For example, a joint report for a coalition including four permitted MS4s may contain one form for *each* of the Minimum Measures 1-5, representing the combined work of all four participating MS4s, and *in addition*, include four separate Minimum Measure 6 forms and four separate *Additional Watershed Improvement Strategy Best Management Practices* forms provided by each of the participating permittees.

**The Department will *not* accept a report form from a participating MS4 *in addition to* a combined report form submitted for the same Minimum Measure.**

### Instructions for completing forms

These forms may be completed on a computer or by hand. If completing the forms by hand, fill in circles completely and print clearly.

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

MCC form for period ending March 9,	2	0	0	9
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Name of MS4	Town of Kent
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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 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,	2	0	0	9
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Name of MS4 | Town of Kent

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## **Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

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

First Name

[illegible]

MI

□

Last Name

[illegible]

Title

[illegible]

Address

[illegible]

City

[illegible]

State

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Zip

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eMail

[illegible]

Phone

$$\left( \begin{array}{|c|} \hline \square \\ \hline \end{array} \begin{array}{|c|} \hline \square \\ \hline \end{array} \begin{array}{|c|} \hline \square \\ \hline \end{array} \right) \begin{array}{|c|} \hline \square \\ \hline \end{array} \begin{array}{|c|} \hline \square \\ \hline \end{array} \begin{array}{|c|} \hline \square \\ \hline \end{array} - \begin{array}{|c|} \hline \square \\ \hline \end{array} \begin{array}{|c|} \hline \square \\ \hline \end{array} \begin{array}{|c|} \hline \square \\ \hline \end{array} \begin{array}{|c|} \hline \square \\ \hline \end{array}$$

County

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

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

Name of MS4 Town of Kent

SPDES ID

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

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

If Yes, complete information below.

☒ Yes ☐ No

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

P u t n a m C o u n t y S t o r m w a t e r

Partner/Coalition Name (con't.)

C o o r d i n a t i n g C o m m i t t e e

SPDES Partner ID - If applicable

N Y R 2 0

Address

8 4 1 F a i r S t r e e t

City

C a r m e l

State

N Y

Zip

1 0 5 1 2 -

eMail

Phone

( 8 4 5 ) 8 7 8 - 3 4 8 0

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 T e c h n i c a l a d v i s o r y c o m m i t t e e☐ MM3☐ MM4☒ MM5☐ MM6

Additional tasks/responsibilities

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

Review and coordination of septic maintenance plan, phosphorous fertilizer, EOH retrofit program coordination.

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

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

Name of MS4 Town of Kent

SPDES ID

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**Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name

K a t h y

MI


Last Name

D o h e r t y

Title

T o w n o f K e n t T o w n S u p e r v i s o r

Signature



Date

05 / 2 3 / 2 0 0 9

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

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☐ Yes      ☒ No

[illegible][illegible][illegible][illegible][illegible]

**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

Town of Kent

SPDES ID

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**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?

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**1. Targeted Public Education and Outreach Best Management Practices**

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

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

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**2. Specific audiences targeted during this reporting period:**

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

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## MS4 Annual Report Form

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

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

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

- Construction Site Operators Trained

# Trained				0	9
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- Direct Mailings

# Mailings					
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- ## ● Kiosks or Other Displays

# Locations				0	2
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- List-Serves

# In List				
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- Mailing List

# In List					
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- ☐ Newspaper Ads or Articles

# Days Run					
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- ## Public Events/Presentations

# Attendees	8	2	6
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- School Program

# Attendees					
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- TV Spot/Program

# Days Run					
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- Printed Materials:

Total # Distributed				
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Locations (e.g. libraries, town offices, kiosks)

[illegible]

- Other:

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

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URL

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

Town of Kent

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**MS4 Annual Report Form**

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Name of MS4/Coalition 

Town of Kent
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**4. Evaluating/Measuring Progress MCM 1**

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

**Example\*:**

**Indicator:**

Public phone survey

**Began Tracking:**

2005

(year)

**Frequency:**

Annual

(ex.: annual, monthly, biweekly)

#

1000

(ex.: samples/participants/events)

**Results:**

Increased awareness of issues related to use of fertilizers

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

**Indicator:**

Participation at three well attended public events, creation of four videos which are accessible continuously on web site

**Began Tracking:**

2003

(year)

**Frequency:**

annually

(ex.: annual, monthly, biweekly)

#

1000+

(ex.: samples/participants/events)

**Results:**

There has been a substantial increase in the number of educational materials that have been distributed to the public which include phosphorous related issues and a greater community presence of the town stormwater committee at area events. In addition, the four video clips which are located on the town website are available at all times and cover a variety of stormwater practices including phosphorous reduction.

Submit additional pages as needed.



**MS4 Annual Report Form**

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**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? 

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**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 

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☐ Comments on SWMP Received

# Comments 

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☐ Community Hotlines

Phone # ( 

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Phone # ( 

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☒ Community Meetings

# Attendees 

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☐ Plantings

Sq. Ft. 

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☐ Storm Drain Markings

# Drains 

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☒ Stakeholder Meetings

# Attendees 

			5	6
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☐ Volunteer Monitoring

# Events 

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☒ Other: 

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

☒ Yes ☐ No

☐ List-Serve

# In List 

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☐ Newspaper Advertising

# Days Run 

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☐ TV/Radio Notices

# Days Run 

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☒ Other: 

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☒ 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, 2009

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

**2. URL(s) con't.:**

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

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## MS4 Annual Report Form

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

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

Name of MS4/Coalition	Town of Kent
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SPDES ID

N	Y	R	2	0	A	3	4	6
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**2. URL(s) con't.:**

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

URL

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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID

N Y R 2 0 A 3 4 6

**3. Where can the public access copies of the annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?**

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ MS4/Coalition Office

☒ Annual Report

☒ SWMP Plan

☒ Comments

Department

T o w n S u p e r v i s o r O f f i c e

Address

2 5 S y b i l ' s C r o s s i n g

City

K e n t L a k e s

Zip

N Y

1 0 5 1 2 -

Phone

( 8 4 5 ) 2 2 5 - 3 9 0 0

☐ Library

☐ Annual Report

☐ SWMP Plan

☐ Comments

Address

City

Zip

-

Phone

( ) -

☐ Other

☐ Annual Report

☐ SWMP Plan

☐ Comments

Address

City

Zip

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☒ Web Page URL:

☒ Annual Report

☒ SWMP Plan

☐ Comments

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r m w a t e r . h t m

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

☐ eMail

☐ Comments

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Kent
--------------

SPDES ID

N	Y	R	2	0	A	3	4	6
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**4. Were comments received during this reporting period?**

☐ Yes ☒ No

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

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

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

☒ Yes ☐ No

If Yes, what was the date of the meeting?

0	5	/	1	5	/	2	0	0	8
---	---	---	---	---	---	---	---	---	---

If No, is one planned?

☐ Yes ☐ No

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

☒ Yes ☐ No

If No, is one planned for each?

☐ Yes ☐ No

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Kent

SPDES ID

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

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

*Example\*:***Indicator:**

Number of attendees at public events

**Began Tracking:**

2005

(year)

**Frequency:**

Annual

(ex.: annual, monthly, biweekly)

#

1000

(ex.: samples/participants/events)

**Results:**

Attendance at public events has increased 200% since 2005.

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

**Indicator:**

Publicly noticed stormwater committee meetings have occurred, stormwater management plan presented at Town meeting.

**Began Tracking:**

2005

(year)

**Frequency:**

annually

(ex.: annual, monthly, biweekly)

#

35 total attendance at stormwater meetings, 20 total attendance at town board meeting, 25 attendance at lake committee meetings.

(ex.: samples/participants/events)

**Results:**

The stormwater committee has conducted publicly noticed meetings and now provides a forum for public participation and input. The town has also created a lake committee in which lake communities have discussed stormwater issues and related impacts. The Stormwater Management Plan was reviewed at a publicly noticed meeting of the Town Board. All have resulted in greater public input and participation.

Submit additional pages as needed.

## MS4 Annual Report Form

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

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

Name of MS4/Coalition	Town of Kent
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SPDES ID

N	Y	R	2	0	A	3	4	6
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### **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: 

--	--	--	--	--

 # 

9	0
---	---

 %

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

[illegible]

- Sewersheds:

[illegible]

## MS4 Annual Report Form

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

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

Name of MS4/Coalition	Town of Kent
-----------------------	--------------

SPDES ID

N	Y	R	2	0	A	3	4	6
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**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?

	7	4
--	---	---

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

	7	4
--	---	---

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

	7	4
--	---	---

**7. Has the storm sewershed mapping been completed?**  
If No, approximately what percent has been completed?

☐ Yes    ☒ No

	9	0	%
--	---	---	---

**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][illegible]

URL

[illegible][illegible]

URL

[illegible][illegible]



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

N	Y	R	2	0	A	3	4	6
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## URL

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- |  |   |   |   |
|--|---|---|---|
|  | 7 | 5 | % |
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**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Kent

SPDES ID

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

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

**Example\*:****Indicator:**

Number of illicit discharges identified/eliminated

**Began Tracking:**

2005

(year)

**Frequency:**

Monthly inspections

(ex.: annual, monthly, biweekly)

#

25 illicit discharges identified/24 eliminated

(ex.: samples/participants/events)

**Results:**

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

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

**Indicator:**

Illicit discharges inspected and eliminated, number of staff trained to inspect, GIS mapping

**Began Tracking:**

2005

(year)

**Frequency:**

Annually

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

**Results:**

71 failing septic systems in EOH watershed were repaired through participation with a County program, in addition 3 illicit discharges (dumping) were detected and eliminated. The Town has confirmed with NYCDEP the availability of GIS outfall and infrastructure mapping and is in the process of creating the mapping data base. Staff training in illicit discharge for 75% of the staff raised inspection awareness.

Submit additional pages as needed.

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Kent

SPDES ID

N	Y	R	2	0	A	3	4	6
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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

If Yes, provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006

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

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

	2	8
--	---	---

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?

☒ Yes ☐ No

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

	2	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:

<input checked="" type="radio"/> Notices of Violation	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td>1</td><td>0</td></tr></table>				1	0	<input type="radio"/> No Authority
			1	0				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td>1</td><td>0</td></tr></table>				1	0	<input type="radio"/> No Authority
			1	0				
<input type="radio"/> Criminal Actions	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Other	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						<input type="radio"/> No Authority

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Kent

SPDES ID

N	Y	R	2	0	A	3	4	6
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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

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

		0
--	--	---

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

		0
--	--	---

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

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

 %

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

	6	0
--	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?

☒ Yes ☐ No

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?

☒ Yes ☐ No

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

## MS4 Annual Report Form

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

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

Name of MS4/Coalition	Town of Kent
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SPDES ID

N	Y	R	2	0	A	3	4	6
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**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

T	o	w	n		o	f		K	e	n	t		P	l	a	n	n	i	n	g		D	e	p	t						
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Address[illegible]

City

K	e	n	t		L	a	k	e	s					
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N	Y
---	---

Zip

1	0	5	1	2	-				
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Phone

(	8	4	5	)	2	2	5	-	7	8	0	2
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○ Library

Address

[illegible]

City

[illegible]

--	--

Zip

--	--	--	--	--

- 

--	--	--	--	--

Phone

$$\left( \begin{array}{|c|} \hline \\ \hline \end{array} \right) - \begin{array}{|c|} \hline \\ \hline \end{array}$$

☐ Other

Address

[illegible]

City

[illegible]

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Zip

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

Phone

$$\left( \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

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

URL

[illegible][illegible]

URL

[illegible][illegible]

## 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

Town of Kent

SPDES ID

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

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

**Example\*:**

**Indicator:**

Percent SWPPPs reviewed

**Began Tracking:**

2005

(year)

**Frequency:**

Upon submission

(ex.: annual, monthly, biweekly)

#

50 SWPPPs

(ex.: samples/participants/events)

**Results:**

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

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

**Indicator:**

Number of SWPPP's reviewed and inspections conducted

**Began Tracking:**

2005

(year)

**Frequency:**

Annually

(ex.: annual, monthly, biweekly)

#

100% of SWPPP's were reviewed (28 total) , 22 returned with comments. All sites inspected at least 1x for compliance, 60% multiple times

(ex.: samples/participants/events)

**Results:**

All SWPPP's are reviewed by the Town Engineer or CPESC (E/S plans) in accordance with NYS standards and with enhanced phosphorous compliance review. Site inspections are conducted by the Building Department, CPESC and/or Town Engineer for compliance. Substantial increase in the number and level of reviews as well as compliance inspections. The Town through the Putnam County IMA is working iwth a consultant regarding retrofit requirements.

**Submit additional pages as needed.**

## MS4 Annual Report Form

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

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

Name of MS4/Coalition	Town of Kent
-----------------------	--------------

SPDES ID

N	Y	R	2	0	A	3	4	6
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### **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
<input type="radio"/> Alternative Practices	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Filter Systems	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="radio"/> Infiltration Basins	<input type="text"/> 5	<input type="text"/> 5	<input type="text"/> 1
<input checked="" type="radio"/> Open Channels	<input type="text"/> 1 7	<input type="text"/> 1 7	<input type="text"/> 1
<input checked="" type="radio"/> Ponds	<input type="text"/> 4	<input type="text"/> 4	<input type="text"/> 1
<input checked="" type="radio"/> Wetlands	<input type="text"/> 8	<input type="text"/> 8	<input type="text"/> 1
<input type="radio"/> Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

☒ 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  
☒ Comprehensive Planning  
☐ Overlay Districts  
☒ Zoning  
☐ None

☐ Other: \_\_\_\_\_

## MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	3	4	6
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### 4. Evaluating/Measuring Progress MCM 5

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

**Example\*:**

**Indicator:**

Number of reports of flooding during storm events from business district

**Began Tracking:**

2005

*(year)*

**Frequency:**

Annual Summary

*(ex.: annual, monthly, biweekly)*

**#**

18

*(ex.: samples/participants/events)*

**Results:**

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

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

**Indicator:**

Number of inspections and maintenance of post-construction practices.

**Began Tracking:**

2005

*(year)*

**Frequency:**

Annually

*(ex.: annual, monthly, biweekly)*

**#**

34 practices inspected and maintained

*(ex.: samples/participants/events)*

**Results:**

Stormwater practices are being maintained by the Highway Department as part of a maintenance cycle. Record keeping and verification have improved and practices are being located with Trimble sub meter accurate GPS units and being included in GIS map with photos and maintenance data included.

**Submit additional pages as needed.**



**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

Town of Kent

SPDES ID

N	Y	R	2	0	A	3	4	6
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

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

## MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Kent

SPDES ID

N	Y	R	2	0	A	3	4	6
---	---	---	---	---	---	---	---	---

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

- |  |         |   |
|--|---------|---|
| <input checked="" type="radio"/> Parking Lots Swept  | # Acres | <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: right;">7</div>    |
| <input checked="" type="radio"/> Streets Swept   | # Miles | <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: right;">60</div>   |
| <input checked="" type="radio"/> Catch Basins Inspected and Cleaned Where Necessary  | #       | <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: right;">1015</div> |
| <input checked="" type="radio"/> Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary | #       | <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: right;">34</div>   |
| <input type="radio"/> Phosphorus Applied In Chemical Fertilizer  | # Lbs.  | <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: right;">3</div>    |
| <input type="radio"/> Nitrogen Applied In Chemical Fertilizer  | # Lbs.  | <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: right;">10</div>   |
| <input type="radio"/> Pesticide/Herbicide Applied As Pure Product  | # Lbs.  | <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: right;">0</div>    |

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

2

**4. What was the date of the last training?**

03

 / 
 

01

 / 
 

2009

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

26

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

75

 %

## MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Kent
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SPDES ID

N	Y	R	2	0	A	3	4	6
---	---	---	---	---	---	---	---	---

### 7. Evaluating/Measuring Progress MCM 6

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

**Example\*:**

**Indicator:**

Catch basins inspected and cleaned
------------------------------------

**Began Tracking:**

2005
------

**Frequency:**

monthly
---------

(year) (ex.: annual, monthly, biweekly)

**#**

40 catch basins cleaned
-------------------------

(ex.: samples/participants/events)

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

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

**Indicator:**

Town infrastructure maintenance, training.
--

**Began Tracking:**

2005
------

**Frequency:**

Annual
--------

(year) (ex.: annual, monthly, biweekly)

**#**

All town parking lots and roads are swept, approximately 60% of catch basins are cleaned. 26 staff trained
--

(ex.: samples/participants/events)

**Results:** Recording keeping of stormwater infrastructure through employee logs and GIS/GPS has occurred. Town parks department has reduced the use of phosphorous containing fertilizer (3%). 6 staff members recieved NYSDEC 4 hour certification in Erosion and Sediment Control. 26 staff members attended training on BMP practice maintenance and illicit discharge detection. Town Engineer and Town Stormwater consult have inspected all town facilities and are developing SWPPP and O/M manual.

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Kent

SPDES ID

N	Y	R	2	0	A	3	4	6
---	---	---	---	---	---	---	---	---

**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)
<b>NYC EOH Watershed</b>	-	-	-
Traditional Land Use	1,2,3,4,5,6,7,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,7,8a,8b,9	3,4,5,10,11,12	Phosphorus
<b>Onondaga Lake Watershed</b>	-	-	-
Traditional Land Use	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
<b>Greenwood Lake Watershed</b>	-	-	-
Traditional Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>Oyster Bay</b>	-	-	-
Traditional Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens
Traditional Non-Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens
Non-Traditional	1,4,7,8a,9	2,3,4,5,8b,10,11,12	Pathogens
<b>Peconic Estuary</b>	-	-	-
Traditional Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?

☒ Yes ☐ No ☐ N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?

☐ Yes ☒ No ☐ N/A

If N/A, go to question 3.

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

	9	0		
--	---	---	--	--

 %

Estimate what percentage was mapped in this reporting period.

	2	5		
--	---	---	--	--

 %

3. Does your MS4/Coalition have a Stormwater Conveyance System(infrastructure) Inspection and Maintenance Plan Program?

☒ Yes ☐ No ☐ N/A

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Kent

SPDES ID

N	Y	R	2	0	A	3	4	6
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4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 

2	5
---	---

 %
5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ☒ Yes ☐ No ☐ N/A
6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ☒ Yes ☐ No ☐ N/A
7. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ☐ Yes ☒ No ☐ N/A
- 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ☒ Yes ☐ No ☐ N/A
- 8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? ☒ Yes ☐ No ☐ N/A
9. Has your MS4/Coalition developed and implemented a program of native planting? ☐ Yes ☒ No ☐ N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding? ☐ Yes ☒ No ☐ N/A
11. Does your MS4/Coalition have a pet waste bag program? ☐ Yes ☒ No ☐ N/A
12. Does your MS4/Coalition have a program to manage goose populations? ☐ Yes ☒ No ☐ N/A

ATTACHMENT 1A-1D  
MS4 MUNICIPAL COMPLIANCE CERTIFICATION (MCC) FORM

## **ATTACHMENT 1A: MS4 MUNICIPAL COMPLIANCE CERTIFICATION FORM**

### **Section 2: Contact Information**

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required pre GP-0-08-002 Part VII.A.2.c).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

✓ Signatory Authority

Ranking Elected Official

Katherine Doherty

Supervisor

25 Sybil's Crossing

Kent Lakes, NY 10512

Putnam County

[kdoherty@townofkentny.gov](mailto:kdoherty@townofkentny.gov)

845-225-3943

## **ATTACHMENT 1B: MS4 MUNICIPAL COMPLIANCE CERTIFICATION FORM**

### **Section 2: Contact Information**

Provide contact information for ***all*** of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required pre GP-0-08-002 Part VII.A.2.c).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

✓ Local Stormwater Public Contact

Julie Butler  
Building Inspector  
25 Sybil's Crossing  
Kent Lakes, NY 10512  
Putnam County  
[buildinginspector@townofkentny.gov](mailto:buildinginspector@townofkentny.gov)  
845-225-3900



## **ATTACHMENT 1C: MS4 MUNICIPAL COMPLIANCE CERTIFICATION FORM**

### **Section 2: Contact Information**

Provide contact information for ***all*** of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required pre GP-0-08-002 Part VII.A.2.c).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- ✓ Stormwater Management Program (SWMP) Coordinator

Cornerstone Associates  
1770 Central Street  
Yorktown Heights, NY 10598  
Westchester County  
914-962-7733

## **ATTACHMENT 1D: MS4 MUNICIPAL COMPLIANCE CERTIFICATION FORM**

### **Section 2: Contact Information**

Provide contact information for ***all*** of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required pre GP-0-08-002 Part VII.A.2.c).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

✓ Report Preparer

Cornerstone Associates  
1770 Central Street  
Yorktown Heights, NY 10598  
Westchester County  
914-962-7733