



**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2019

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

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TOWN OF SOUTHEAST

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Section 1 - MCC Identification Page

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

**If Joint Report, enter coalition name:**

[illegible]

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

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

Name of MS4 TOWN OF SOUTHEAST

SPDES ID

N Y R 2 0 A 3 2 0

**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

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

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

Name of MS4 TOWN OF SOUTHEAST

SPDES ID

N Y R 2 0 A 3 2 0

**Section 2 - Contact Information**

Important Instructions - Please Read

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- ☒ Duly Authorized Representative
- ☒ Local Stormwater Public Contact
- ☒ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

First Name M i c h a e l MI Last Name B r u e n

Title H i g h w a y S u p e r i n t e n d e n t

Address 1 0 P a l m e r R o a d

City B r e w s t e r State N Y Zip 1 0 5 0 9 -

eMail m b r u e n @ s o u t h e a s t - n y . g o v

Phone ( 8 4 5 ) 2 7 9 - 2 1 4 1 County P u t n a m

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

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

Name of MS4 TOWN OF SOUTHEAST

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N Y R 2 0 A 3 2 0

**Section 2 - Contact Information****Important Instructions - Please Read**Contact information must be provided for ***each*** of the following positions as indicated below:

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

First Name

T h o m a s

MI

H

Last Name

F e n t o n , P . E .

Title

T o w n E n g i n e e r

Address

8 6 M a i n S t r e e t , P . O . B o x 3 3 7

City

C h e s t e r

State

C T

Zip

0 6 4 1 2 - 0 3 3 7

eMail

t f e n t o n @ n l j a . c o m

Phone

( 8 6 0 ) 5 2 6 - 9 5 9 1

County

M i d d l e s e x C T

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

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

Name of MS4 TOWN OF SOUTHEAST

SPDES ID

N Y R 2 0 A 3 2 0

**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

E a s t o f H u d s o n W a t e r s h e d C o r p .

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0

Address

2 R o u t e 1 6 4

City

P a t t e r s o n

State

N Y

Zip

1 0 5 1 2 -

eMail

Phone

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

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

☐ MM6

Additional tasks/responsibilities

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

Development of post-construction retrofit program.

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

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

Name of MS4 TOWN OF SOUTHEAST

SPDES ID

N Y R 2 0 A 3 2 0

**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

T o n y

MI

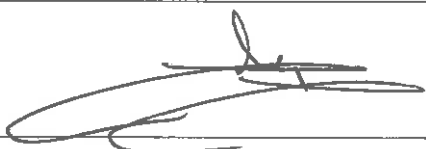
Last Name

H a y

Title (Clearly print title of individual signing report)

S u p e r v i s o r

Signature



Date

0 5 / 2 4 / 2 0 1 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



**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.

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|-----------------------|-------------------|
| Name of MS4/Coalition | TOWN OF SOUTHEAST |
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## 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?

|  |  |  |
|--|--|--|
|  |  |  |
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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

☐ 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

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# 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 SOUTHEAST

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:**

- ☒ 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

[illegible]

Other

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

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

[illegible]

Other

**MS4 Annual Report Form**

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Name of MS4/Coalition 

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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

|  |  |  |  |  |
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☒ Direct Mailings

# Mailings

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|  |  |  |  | 1 |
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☐ Kiosks or Other Displays

# Locations

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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

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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)

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☐ Other:

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**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2019

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 SOUTHEAST

SPDES ID

N Y R 2 0 A 3 2 0

**3. Web Page cont.: Provide specific web addresses - not home page.**

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Name of MS4/Coalition 

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

Make educational handouts available and distribute at public events.  
Continue to provide information packet/guidance documents to permit applicants.

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

Continue to distribute guidance documents to permit applicants (ongoing). Continue to increase awareness and public outreach at Earth Day Town Clean-up (2). Earth Day Educational Puppet Show (1). School Poster Contest(1), Town Board Public Hearing (1) and Road Adoption Program (2). Prepare and distribute Construction Site Stormwater Guidelines to developers and contractors (ongoing).

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

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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Conduct public education and awareness through current activities discussed above (ongoing).  
Add to educational handout materials (summer & fall).  
Initiate a program for adding placards to catch basins draining to wetlands or watercourses from densely developed area.



**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 SOUTHEAST

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

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

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

● MS4/Coalition Office

● Annual Report    ● SWMP Plan    ● Comments

Department

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☐ Annual Report    ☐ SWMP Plan    ☐ Comments

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## ● Comments

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**MS4 Annual Report Form**

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Name of MS4/Coalition

TOWN OF SOUTHEAST

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

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

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

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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?

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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, 

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Name of MS4/Coalition 

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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

Continue public participation in Town Cleanup events.  
Encourage participation in catch basin monitoring.  
Continue to involve public discussion of stormwater issues during Planning Board and Town Board Meetings.

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

Town cleanup event held over two days in different neighborhoods (2).  
Road Adoption Program Route 22 and Milltown Road (2).  
Public hearings on site plan, subdivision, wetland permit and special permit applications before the Planning Board and Town Board (20).  
Town Board Public Hearing conducted on Annual Report (1).

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

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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Continuation of Town cleanup events and Road Adoption Program.  
Continue to involve public at land use and Annual Report Public Hearings.  
Initiate catch basin placard program with emphasis on densely developed residential areas.

## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2019**

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Name of MS4/Coalition

TOWN OF SOUTHEAST

SPDES ID

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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: 

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

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**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

● Other:

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○ **Sewersheds:**

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## MS4 Annual Report Form

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Name of MS4/Coalition

TOWN OF SOUTHEAST

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

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

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

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

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

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**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?

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**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.

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**MS4 Annual Report Form**

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**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

Continue to conduct dry weather outfall inspections.  
Develop consistent protocol for investigating illicit discharges.

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

The Highway Department conducts outfall inspections as part of with highway maintenance. Highway Department, Building Department and Town Staff continue to look for illicit discharges. Three (3) potential illicit discharges were reported and resolved. Highway employees trained to identify potential IDs (6).

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

|  |  |   |   |
|--|--|---|---|
|  |  | 1 | 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).**

Continue regular outfall inspections (ongoing).  
Consider assigning a stormwater inspector (02/2020).  
Continue to improve development of consistent protocol for investigating potential illicit discharges (ongoing).

**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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**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? 

|  |   |   |
|--|---|---|
|  | 1 | 8 |
|--|---|---|
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? 

|  |   |   |
|--|---|---|
|  | 7 | 3 |
|--|---|---|
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  | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5 | <input type="radio"/> No Authority            |
| <input checked="" type="radio"/> Stop Work Orders      | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 4 | <input type="radio"/> No Authority            |
| <input type="radio"/> Criminal Actions                 | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |   | <input checked="" type="radio"/> No Authority |
| <input type="radio"/> Termination of Contracts         | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |   | <input checked="" type="radio"/> No Authority |
| <input type="radio"/> Administrative Fines             | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |   | <input type="radio"/> No Authority            |
| <input type="radio"/> Civil Penalties                  | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |   | <input type="radio"/> No Authority            |
| <input type="radio"/> Administrative Orders            | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |   | <input type="radio"/> No Authority            |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |   |                                               |
| <input type="radio"/> Other                            | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |   | <input type="radio"/> No Authority            |

**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 SOUTHEAST

SPDES ID

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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? 

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

|  |  |   |
|--|--|---|
|  |  | 3 |
|--|--|---|

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

|  |   |   |
|--|---|---|
|  | 1 | 7 |
|--|---|---|

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

|   |   |   |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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

|   |   |   |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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

☐ Yes ☒ No ☐ NT

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

☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?

☐ Yes ☐ No

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

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

SPDES ID

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**6. con't.:**

**Submit additional pages as needed.**

☐ MS4/Coalition Office

Department

[illegible]

### Address

[illegible]

City

[illegible]

Zip

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Phone

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

○ Library

### Address

[illegible]

City

[illegible]

Zip

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**Phone**
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● **Other**

### Address

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| P | l | a | n | n | i | n | g | D | e | p | t | . | , | 1 | M | a | i | n | S | t | r | e | e | t |
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City

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|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|
| B | r | e | w | s | t | e | r |  |  |  |  |  |  |  |  |
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**Phone**
$$( \begin{array}{|c|c|c|} \hline 8 & 4 & 5 \\ \hline \end{array} ) \begin{array}{|c|c|c|} \hline 2 & 7 & 9 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 1 & 1 & 3 & 6 \\ \hline \end{array}$$

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

URL

[illegible][illegible][illegible]

URL

[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 

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| TOWN OF SOUTHEAST |
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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.**

Continue to review all SWPPPs.  
Continue to conduct E & S compliance inspections for active construction sites.  
Town Engineer to inspect construction sites periodically/weekly.

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

100 percent of SWPPPs are reviewed by Town Engineer.  
Town Engineer inspects construction sites as required on a periodic/weekly basis (48).  
Town Engineer maintains an inventory of active construction projects.  
Ongoing monitoring of active construction sites is conducted by other staff including Highway Superintendent/MS4 Official and Building inspector.

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

|  |  |   |   |
|--|--|---|---|
|  |  | 4 | 8 |
|--|--|---|---|

(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 SWPPPs and Erosion Control Plans for disturbances exceeding 5,000 SF.  
Continue to conduct compliance inspections for active construction sites.  
Continue to maintain an inventory of active construction projects.  
Use standardized Inspection Form for compliance inspections.

**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 SOUTHEAST

SPDES ID

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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?**

|                         | #<br>Inventoried                                               | #<br>Inspections                                               | # Times<br>Maintained                                          |
|-------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
| ● Alternative Practices | <input type="text"/> <input type="text"/> 3                    | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| ○ Filter Systems        | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| ● Infiltration Basins   | <input type="text"/> <input type="text"/> 9                    | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| ● Open Channels         | <input type="text"/> <input type="text"/> 4                    | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| ● Ponds                 | <input type="text"/> 8 <input type="text"/> 8                  | <input type="text"/> 1 <input type="text"/> 5                  | <input type="text"/> <input type="text"/> 5                    |
| ● Wetlands              | <input type="text"/> <input type="text"/> 1                    | <input type="text"/> <input type="text"/> 1                    | <input type="text"/> <input type="text"/> 1                    |
| ○ Other                 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <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      ☒ 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:**

[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 SOUTHEAST

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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☒ Yes ☐ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

|  |  |   |
|--|--|---|
|  |  | 1 |
|--|--|---|

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?

|  |   |   |
|--|---|---|
|  | 5 | 0 |
|--|---|---|

 %

**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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**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.**

Identify additional locations for additional BMPs.  
Implement procedure (O & M Manuals) for post construction stormwater practices.  
Notify private property owners of inspection and maintenance requirements.  
Add staff to increase number of practices inspected and frequency of inspections.

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

The Highway Department conducts inspections of Town maintained BMPS (16).  
The Town continues to work with EOHWC to identify possible retrofit projects (1).  
The Town updates its inventory of private post construction stormwater practices semiannually (2).  
The Town is working on standardizing post construction maintenance procedures (1).

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

|  |  |   |   |
|--|--|---|---|
|  |  | 2 | 0 |
|--|--|---|---|

(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 identify locations for structural BMPs and work with EOHWC to develop these.  
Continue to maintain inventory of public and private BMPs responsibilities.  
Consider adding/dedicating staff to conduct and document BMP inspections.  
Expand GIS based program to track BMP maintenance.

**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 SOUTHEAST

SPDES ID

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



**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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| T | O | W | N | O | F | S | O | U | T | H | E | A | S | T |
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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 

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

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  | 9 | 0 |
|--|--|--|---|---|
- Catch Basins Inspected and Cleaned Where Necessary # 

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

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 6 |
|--|--|--|--|---|
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

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

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 0 |
|--|--|--|--|---|
- Pesticide/Herbicide Applied # Acres 

|  |  |  |   |   |   |
|--|--|--|---|---|---|
|  |  |  | 0 | . | 0 |
|--|--|--|---|---|---|

  
(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?**

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 4 |
|--|--|--|--|---|

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

|   |   |
|---|---|
| 0 | 2 |
|---|---|

 / 

|   |   |
|---|---|
| 1 | 1 |
|---|---|

 / 

|   |   |   |   |
|---|---|---|---|
| 2 | 0 | 1 | 9 |
|---|---|---|---|

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

|  |   |   |
|--|---|---|
|  | 1 | 2 |
|--|---|---|

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

|  |   |   |
|--|---|---|
|  | 9 | 0 |
|--|---|---|

 %

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

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| TOWN OF SOUTHEAST |
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| N | Y | R | 2 | 0 | A | 3 | 2 | 0 |
|---|---|---|---|---|---|---|---|---|

**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.**

Continue to provide training to Town Staff.  
Establish a schedule for inspection and cleaning of catch basins and outfalls.  
Develop a program for Town Employees to document inspections.

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

All catch basin have been mapped and outfalls inspected at least once (1).  
Highway Department inspects, maintains and repairs catch basins and outfalls (48).  
Highway Department regular trainings include identifying potential illicit discharges and sources of contamination. (4)

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

|  |  |   |   |
|--|--|---|---|
|  |  | 5 | 3 |
|--|--|---|---|

(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 regular training to Highway Department Employees. Conduct formal stormwater training sessions for involved staff.  
Utilize GIS base program to identify, update and track structures maintained.

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**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            | 1,2,3,4,5,6,7a-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             |
| <b>Onondaga Lake Watershed</b>  | -                        | -                      | -                      |
| 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             |
| <b>Greenwood Lake Watershed</b> | -                        | -                      | -                      |
| 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             |
| <b>Oyster Bay</b>               | -                        | -                      | -                      |
| 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              |
| <b>Peconic Estuary</b>          | -                        | -                      | -                      |
| 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 |
| <b>Oscawana Lake Watershed</b>  | -                        | -                      | -                      |
| 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             |
| <b>LI 27 Embayments</b>         | -                        | -                      | -                      |
| Traditional Land Use            | 1,2,3,4,7a-d,9,10,11,12  | 5,6,8a,8b              | Pathogens              |
| Traditional Non-Land Use        | 1,2,3,4,7a-d,9,10,11,12  | 5,6,8a,8b              | Pathogens              |
| Non-Traditional                 | 1,2,3,4,7a-d,9           | 5,6,8a,8b,10,11,12     | Pathogens              |

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

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

If N/A, go to question 3.

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

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

 %

Estimate what percentage was mapped in this reporting period. 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

 %

**MS4 Annual Report Form**

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Name of MS4/Coalition

TOWN OF SOUTHEAST

SPDES ID

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| N | Y | R | 2 | 0 | A | 3 | 2 | 0 |
|---|---|---|---|---|---|---|---|---|

3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☒ Yes ☐ No ☐ N/A

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

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|

 %

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? 

|  |   |   |
|--|---|---|
|  | 1 | 6 |
|--|---|---|

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

|  |  |   |
|--|--|---|
|  |  | 6 |
|--|--|---|

 %

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

|  |   |   |
|--|---|---|
|  | 6 | 7 |
|--|---|---|

 %

☐ 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

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 2 | 0 |
|---|---|---|---|---|---|---|---|---|

**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