TOWN AND VILLAGE OF HARRISON
ENGINEERING DEPARTMENT

Alfred F. Sulla, Jr. Municipal Building
1 Heineman Place
Harrison, New York 10528

Michael J. Amodeo, P.E., CFM
Town/Village Engineer

Frank Balbi, P.E., CFM
Assistant Engineer

April 23, 2013

Supervisor Ron Belmont and
Members of the Town Board
Town of Harrison
1 Heineman Place
Harrison, New York 10528

Re: Annual MS4 Stormwater Report

Dear Supervisor Belmont and Members of the Town Board:

Town Board authorization is requested for the Engineering Department to present the Annual MS4 Stormwater Report for the year ending March 9, 2013, at the Town Board Meeting scheduled for May 2, 2013. Prior to submittal to the New York State Department of Environmental Conservation the report must be presented at a Town Board Meeting, which offers the community an opportunity to discuss the report and ask questions.

Respectfully submitted,

Michael J. Amodeo, P.E.
Town/Village Engineer

MJA/fmb

G:\Stormwater\Storm Water Phase I I\March 2012 - March 2013\Annual Report to Town Board 042313.docx

3258632975

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2013

SPDES ID: NYR20A433

This cover page must be completed by the report preparer.
Joint reports require only one cover page.

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4: Town/Village of Harrison

OR

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

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

Name of Single Entity:

OR

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

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

Name of Coalition:

SPDES ID NYR20A	SPDES ID NYR20A	SPDES ID NYR20A
SPDES ID NYR20A	SPDES ID NYR20A	SPDES ID NYR20A
SPDES ID NYR20A	SPDES ID NYR20A	SPDES ID NYR20A
SPDES ID NYR20A	SPDES ID NYR20A	SPDES ID NYR20A
SPDES ID NYR20A	SPDES ID NYR20A	SPDES ID NYR20A
SPDES ID NYR20A	SPDES ID NYR20A	SPDES ID NYR20A

9714632978

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2013

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

SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2013

Name of MS4: Town / Village of Harrison

SPDES ID: NYR20A433

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

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

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

If Joint Report, enter coalition name:

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2013

Name of MS4: Town/Village of Harrison

SPDES ID: NYR20A433

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

First Name: Ron | MI: | Last Name: Belmont

Title: Supervisor / Mayor

Address: 1 Heineman Place

City: Harrison | State: NY | Zip: 10528 -

eMail:

Phone: (914) 670-3003 | County: Westchester

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2013

Name of MS4: Town / Village of Harrison

SPDES ID: NYR20A433

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).

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

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

First Name: Michael | MI: J | Last Name: Amodeo

Title: Town Engineer

Address: 1 Heineman Place

City: Harrison | State: NY | Zip: 10528 -

eMail:

Phone: (914) 670-3102 | County: Westchester

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2013

Name of MS4: Town / Village of Harrison

SPDES ID: NYR20A433

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Dolph Rotfeld | MI: | Last Name: Engineering

Title:

Address: 200 White Plains Road

City: Tarrytown | State: NY | Zip: 10591-

eMail: mritchie@drepc.com

Phone: (914) 631-8600 | County: Westchester

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2013

Name of MS4: Town / Village of Harrison

SPDES ID: NYR20A433

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: County of Westchester

Partner/Coalition Name (con't.): Information Technology

SPDES Partner ID - If applicable: NYR20

Address: 148 Martine Avenue

City: White Plains

State: NY

Zip: 10601-

eMail: stw1@westchestergov.com

Phone: (914) 995-3047

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 Mapping
- ○ MM4
- ○ MM5
- ● MM6 Mapping

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2013

Name of MS4: Town / Village of Harrison

SPDES ID: NYR20A433

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: Long Island Sound Watershed Inter

Partner/Coalition Name (con't.): municipal Council

SPDES Partner ID - If applicable: NYR20

Address: 740 Boston Post Road

City: Mamaroneck

State: NY

Zip: 10543-

eMail: liswicmail@liswic.org

Phone: (914) 381-7845

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 General Stormwater Information
- ○ MM2
- ○ MM3
- ○ MM4
- ○ MM5
- ● MM6 Evaluate Stormwater Utility

Additional tasks/responsibilities

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2013

Name of MS4: Town / Village of Harrison

SPDES ID: NYR20A433

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: Ron | MI: | Last Name: Belmont

Title (Clearly print title of individual signing report): Supervisor

Signature:

Date: / /

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

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

1100364151

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

Water Quality Trends

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s are contributed to this report?

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. ○ Yes ● No

If Yes, choose one of the following

○ Report(s) attached to the annual report

○ Web Page(s) where report(s) is/are provided below

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

URL

URL

URL

URL

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

Minimum Control Measure 1. Public Education and Outreach

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

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report?

1. Targeted Public Education and Outreach Best Management Practices

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

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

Other

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ● Businesses
- ○ Restaurants
- ● Other:
- ○ Contractors
- ○ Developers
- ● General Public
- ○ Industries
- ○ Agricultural

Contractors and Developers

Other

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

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	
○ Direct Mailings	# Mailings	
● Kiosks or Other Displays	# Locations	2
○ List-Serves	# In List	
○ Mailing List	# In List	
○ Newspaper Ads or Articles	# Days Run	
● Public Events/Presentations	# Attendees	150
● School Program	# Attendees	350
● TV Spot/Program	# Days Run	365
● Printed Materials:	Total # Distributed	275

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

Town/Village Hall

● Other:

Twitter Page

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

URL

http://planniing.westchestergov.com/environment/stormwater-management

URL

http://www.harrison-ny.gov/harrison sub dep

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

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

URL: http://www.twitter.com/harrison engdpt

URL:

URL:

URL:

URL:

URL:

URL:

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The Town / Village developed a Questionnaire for the public to respond to. The questionnaire is available on the Town / Village website and in hard copy in the Engineering Department and Town / Village Clerk's Office for pickup, completion and return.

Added stormwater videos to website and cable TV. Created twitter account, stormwater newsletter

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

1 response to questionnaire this reporting period

Added counter to website, 2,924 hits in reporting period, 66 Twitter followers identified

Provided Stormwater Education materials to over 350 preschoolers at 4 Nursery Schools

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

4

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period? ● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? ● Yes ○ No

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

Town will be proactive and distribute questionnaires to all residents and businesses who come to Town/Village Hall for services in the Clerk's/Building/Engineering/Public Work offices

Continue newsletters, encourage Twitter followers

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

Minimum Control Measure 2. Public Involvement/Participation

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

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report?

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

● Cleanup Events — # Events: 1

○ Comments on SWMP Received — # Comments:

● Community Hotlines — Phone #: (914) 670-3100

Phone #: (914) 670-3128
Phone #:
Phone #:
Phone #:
Phone #:
Phone #:
Phone #:
Phone #:
Phone #:

● Community Meetings — # Attendees: 50

● Plantings — Sq. Ft.: 4000

○ Storm Drain Markings — # Drains:

○ Stakeholder Meetings — # Attendees:

○ Volunteer Monitoring — # Events:

○ Other:

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ● Yes ○ No

○ List-Serve — # In List:

● Newspaper Advertising — # Days Run: 10

● TV/Radio Notices — # Days Run: 7

○ Other:

● 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, 2013

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

Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

2. URL(s) con't.:

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

URL: http://www.harrison-ny.gov/harrison_sub_dep

URL:

URL:

URL:

URL:

URL:

URL:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

2. URL(s) con't.:

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

URL

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

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: Engineering Department

Address: 1 Heineman Place

City: Harrison NY Zip: 10528 -

Phone: (914) 670-3102

● Library ● Annual Report ● SWMP Plan ● Comments

Address: 2 Bruce Avenue

City: Harrison NY Zip: 10528 -

Phone: (914) 835-0324

○ Other ● Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Web Page URL: ○ Annual Report ○ SWMP Plan ○ Comments

http://www.harrison-ny.gov/site
s/harrisonny/files/file/stormw
ater-report

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

○ eMail ○ Comments

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

4.a. If this report was made available on the internet, what date was it posted?
Leave blank if this report was not posted on the internet. 05 / 02 / 2012

4.b. For how many days was/will this report be posted? 365

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

5.a. Was an Annual Report public meeting held in this reporting period? ● Yes ○ No
If Yes, what was the date of the meeting? 05 / 13 / 2012

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.

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

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.

Questionnaire made available to the public for response as to their understanding of the Town / Village's Stormwater Management Program. Questions include public participation and involvement

One community cleanup Volunteers cleaned debris/downed trees, 150 volunteers, 70-50 gallon debris bags collected

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

1 questionnaire returned this reporting period

cleaned areas including loose debris and discarded trash, tires and car parts

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

1

(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).

Town / Village will be proactive and distribute questionnaires to all residents and businesses who come to Town/Village Hall for services in the Clerk's/Building/Engineering/Public Work offices

Additional cleanup day scheduled for April 6, 2013. (100+ volunteers, 80-50 gallon bags, 30 tires)

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

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: 114 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 114

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

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

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

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

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

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? 100 %

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

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

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

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

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

100 %

9126383899

MS4 Annual Report Form

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SPDES ID: NYR20A433

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.

Number of Illicit Discharges Detected and Eliminated

Hotline for Illicit Discharges 914-670-3128 and listed on website

Illicit Discharge Newsletter

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

No illicit discharge found and being tracked to source

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

1

(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).

Make outfall inspections. Respond to complaints of possible Illicit Discharges. Mitigate all Illicit Discharges found. Hotline number and Illicit Discharge Newsletter posted on cable TV and website

5624056356

MS4 Annual Report Form

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Name of MS4/Coalition: Town Village of Harrison

SPDES ID: NYR20A433

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? ___

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 cerfification 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? 5

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? ___

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ○ Yes ● No

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

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

9445612573

MS4 Annual Report Form

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Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

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?** 5

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 7

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

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.

7482169883

MS4 Annual Report Form

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Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Engineering Department

Address: 1 Heineman Place

City: Harrison NY Zip: 10528-

Phone: (914) 670-3102

○ Library

Address:

City: Zip: -

Phone: ( ) -

○ Other

Address:

City: Zip: -

Phone: ( ) -

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

URL:

URL:

7935007876

MS4 Annual Report Form

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SPDES ID: NYR20A433

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.

Projected over 1 acre underway during reporting period

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

5 projects over one acre have been authorized

7 projects over one acre are active

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

1

(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 administer and monitor all construction projects over 1 acre as per SWPPP's and local legislation

1048119251

MS4 Annual Report Form

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Name of MS4/Coalition: Town / Village of Harriosn

SPDES ID: NYR20A433

Minimum Control Measure 5. Post-Construction Stormwater Management

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

- ● On behalf of an individual MS4
- ○ On behalf of a coalition

How many MS4s contributed to this report?

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

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices	10	0	0
○ Filter Systems			
● Infiltration Basins	4	0	0
○ Open Channels			
○ Ponds			
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● 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:

9091119257

MS4 Annual Report Form

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Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

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?

7

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?

100 %

1610116332

MS4 Annual Report Form

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Name of MS4/Coalition: Town / Village of Harriosn

SPDES ID: NYR20A433

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.

Best Management Practices Inventoried this reporting period

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

14 Best Management Practices inventoried this reporting period

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

2

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

Continue to inventory Best Management Practices when they come on line and insure that inspections and maintenance is performed on all inventoried BMP's as per the approved SWPPP's.

6894134836

MS4 Annual Report Form

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Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

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.**

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

6445134838

MS4 Annual Report Form

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Name of MS4/Coalition: Town / Village of Harrison

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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	100
● Streets Swept (Number of miles X Number of times swept)	# Miles	2533
● Catch Basins Inspected and Cleaned Where Necessary	#	288
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	3
● Phosphorus Applied In Chemical Fertilizer	# Lbs.	
● Nitrogen Applied In Chemical Fertilizer	# Lbs.	
● Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	1.

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? 06 / 27 / 2012

5. How many municipal employees have been trained in this reporting period? 56

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 75 %

7123078468

MS4 Annual Report Form

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Name of MS4/Coalition: Town / Village of Harrison

SPDES ID: NYR20A433

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.

Number of Stormwater Catch Basins Cleaned this reporting period

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

288 catch basins inspected and cleaned this reporting period. 176 cubic yards of debris removed

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

1

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

Continue to inspect and clean stormwater catch basins annually.

6327042251

MS4 Annual Report Form

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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)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

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

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

   If N/A, go to question 3.

   If No, estimate what percentage of the conveyance system has been mapped so far. 60 %

   Estimate what percentage was mapped in this reporting period. 5 %

2244042255

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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?** 0

7c. **What percent of the projects included in 7b have been completed in this reporting period?** 0 %

7d. **What percent of projects planned in previous years have been completed?** 0 %

● No Projects Planned

8a. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?** ○ Yes ● No ○ N/A

8b. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?** ● Yes ○ No ○ N/A

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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