MS4 Annual Report Cover Page

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

This	cover	page mus	t be completed	by the r	eport p	reparer.
Joint	t repoi	rts require	only one cove	r page.		=

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Choose one:

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

Fill in SPDES ID in upper right hand corner.

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OR

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

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

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.

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MS4 Annual Report Cover Page

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

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

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MS4 Municipal Compliance Certification(MCC) Form

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

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Each MS4 must submit an MCC form.									
Section 1 - MCC Identification Page									
Indicate whether this MCC form is being submitted to certify endorsement	nt or a	ссер	tanc	e 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 be	oindin	g ag	reen	nents	S.				
If Joint Report, enter coalition name:		0 0							
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MS4 Municipal Compliance Certification(MCC) Form

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MS4 Municipal Compliance Certification(MCC) Form

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

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Name of MS4 Town/Village of Harrison	N	Y	R	2	0	А	4	3	3

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

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MS4 Municipal Compliance Certification (MCC) Form

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

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MS4 Municipal Compliance Certification (MCC) Form

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MS4 Municipal Compliance Certification(MCC) Form

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

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Section 4 - Certification Statement

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

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

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Title (Clearly print title of individual signing report)															
Supervisor/Mayor															
Signature				_											
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Send completed form and any attachments to the DEC Central Office at:

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

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

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

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

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Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 	
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach d	uring this reporting period:
Construction Sites	 Pesticide and Fertilizer Application
General Stormwater Management Information	Pet Waste Management
 Household Hazardous Waste Disposal 	Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	Trash Management
O Smart Growth	Vehicle Washing
 Storm Drain Marking 	O Water Conservation
● Green Infrastructure/Better Site Design/Low Impact Development	Wetland Protection
• Other:	○ None
C 1 e a n U p W e e k e n d Other	
2. Specific audiences targeted during this reporting period:	
Public EmployeesContractors	
ResidentialDevelopers	
BusinessesGeneral Public	
RestaurantsIndustries	
Other: Agricultural	
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This report is being submitted for the reporting period ending March 9, 2 0 1 9

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

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

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

Name of MSA/Coalition Town/Village of Harrison	SPDES ID N Y R 2 0 A 4 3 3
Name of MS4/Coalition Town/Village of Harrison	
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward acidentified in your Stormwater Management Program Plan (SWMPP III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SW	MPP in this reporting period.
 The Town has developed a questionnaire for completion by the put Engineering Department and on the Town website for pick-up, conditional development. Distribute literature Website contains general and town-specific stormwater information. 	ompletion and return.
B. Briefly summarize the observations that indicated the overal Goal.	ll effectiveness of this Measurable
 Twitter followers increase to 243 414 pieces of literature have been distributed Town has created a quarterly stormwater newsletter which is avail Hall 	lable on the website and at Town
C. How many times was this observation measured or evaluated	d in this reporting period?
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 next reporting cycle (including an implementation schedu	
 Continue to distribute questionnaire to the public Continue publishing newsletter Encourage Twitter followers 	

- Make annual reports and general/local stormwater information available on-line

- Update website as needed with new information

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

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Town/Village of Harrison 3 N Y R 2 0 A 3 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 O Comments on SWMP Received #Comments Community Hotlines 1 0 3 Phone # 0 0 0 2 Phone # Community Meetings # Attendees 1 2 6 Plantings 1 3 4 0 Sq. Ft. O Storm Drain Markings # Drains Stakeholder Meetings # Attendees O Volunteer Monitoring # Events Other: 2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? Yes O No List-Serve 2 6 # In List Newspaper Advertising 1 0 # Days Run

O Web Page URL: Enter URL(s) on the following two pages.

TV/Radio Notices

Other:

7

Days Run

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

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

SPDES ID Name of MS4/Coalition Town/Village of Harrison N Y R 2 0 A 4 3 3 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL URL URL

Phone

MS4 Annual Report Form

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

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

SPDES ID Name of MS4/Coalition Town/Village of Harrison 2 0 A Y R 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 i i En q n е r D t t е n g е p a r m n Address 1 1 Η i n е m a a C e City Zip i Y 1 0 5 2 8 Ha r r 0 N S n Phone 2 9 6 3 4 0 1 Library Address Annual Report SWMP Plan Comments r u C е A V е n u City Zip Ha i N Y 1 0 5 2 8 r r S 0 n Phone 9 Other O Annual Report O SWMP Plan O Comments Address City Zip

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

		SPL	DES I)				
Name of MS4/Coalition Town/Village of Harrison	222	N	Y	2	. (0 A	4	3 3
4.a. If this report was made available on the internet, what date Leave blank if this report was not posted on the internet.	was it	7	sted	?	7	1 2	0	1 9
4.b. For how many days was/will this report be posted?		/	/ []	1	_ /		3	6 5
If submitting a report for single MS4, answer 5.a If submitting	a join	it re	eport	an	SW	er 5.	b	
5.a. Was an Annual Report public meeting held in this reporting If Yes, what was the date of the meeting?	g perio	6	/ [6	٦.	• Ye	0	O No 1 9
If No, is one planned?						○ Ye	es	○ No
5.b. Was an Annual Report public meeting held for all MS4s cor	ıtribu	tin	g to	his	re	eport	t du	ıring
this reporting period?						• Ye		○ No
If No, is one planned for each?					(○ Ye	es	○ No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.					(○ Ye	es	• No

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

	SPDES ID
Name of MS4/Coalition Town/Village of Harrison	N Y R 2 0 A 4 3 3
7. Evaluating Progress Toward Measurable Goals MCM 2	2
Use this page to report on your progress and project plans towal identified in your Stormwater Management Program Plan (SW III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the	e SWMPP in this reporting period.
- Questionnaire available to the public for response as to their Stormwater Management Program	understanding of the Town's
B. Briefly summarize the observations that indicated the or Goal.	verall effectiveness of this Measurable
 2 Community Clean-Up days were held on April 7 and 8, 20 75+ volunteers removed debris along roads and streams. 50 50 gallon bags of debris and glass bottles and 15 bags of r Hard copies of stormwater literature were made available and 	recyclable material were collected.
C. How many times was this observation measured or evaluation	uated in this reporting period?
	1
D. Has your MS4 made progress toward this measurable go	(ex.: samples/participants/event oal during this reporting period?
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in	n the SWMPP?
	• Yes O No
F. Briefly summarize the stormwater activities planned to the next reporting cycle (including an implementation so	
- Continue to make questionnaire and literature available - 1 Clean-up day scheduled for March 30, 2019	
	N P

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

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

SPDES ID

Name of MS4/Coalition Town/Village of Harrison	N Y R 2 0 A 4 3 3
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination
The information in this section is being reported	d (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. percen	t of outfalls mapped: 1 1 4 # 1 0 0 %
2. How many of these outfalls have been reporting period (outfall reconnaissan	screened for dry weather discharges during this ce inventory)?
3.a. What types of generating sites/sewersh reporting period?	heds were targeted for inspection during this
O Auto Recyclers	○ Landscaping (Irrigation)
 Building Maintenance 	○ Marinas
○ Churches	Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	 Parking Lot Maintenance
O Construction Vehicle Washouts	○ Printing
○ Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	O Schools and Universities
 Garbage Truck Washouts 	O Septic Maintenance
○ Hospitals	Swimming Pools
O Improper RV Waste Disposal	Vehicle Fueling
O Industrial Process Water	Vehicle Maint./Repair Shops
Other:	○ None
O Sewersheds:	

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

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

		SPDES	ID				
Name of MS4/Coalition Town/Village of Harrison		NY	R 2	0 A	4	3 3	3
3.b. What types of illicit discharges have	been found during this repor	ting pe	riod?				
O Broken Lines From Sanitary Sewer	O Industrial Connections						
O Cross Connections	○ Inflow/Infiltration						
O Failing Septic Systems	O Pump Station Failure						
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows						
O Illegal Dumping	O Straight Pipe Sewer Discharge	es					
Other: 4. How many illicit discharges/potentia	None	dotoot	and du				
reporting period?	i megai connections have been	i deteci	iea au	ring	this	0)
5. How many illicit discharges have bee	en confirmed during this repo	rting p	eriod?			0)
6. How many illicit discharges/illegal coperiod?7. Has the storm sewershed mapping be If No, approximately what percent was	een completed in this reporting	g perio		• You	es	0 No	0
8. Is the above information available in Is this information available on the war If Yes, provide URL(s): Please provide specific address of page	veb?	not hor	70. 70.	YeYe	es		0
URL	where map(s) can be accessed -	not noi	ne paş	;c.			_
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This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 & 9 \end{bmatrix}$

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

			SPDES ID
Name of MS4/Coalition	Town/Village of Harrison		N Y R 2 0 A 4 3 3
12. Evaluating Pro	gress Toward Measurable Goal	s MCM 3	
identified in your St	ort on your progress and project pormwater Management Program tional pages as needed.		
A. Briefly summar	rize the Measurable Goal identif	fied in the SWMPP	in this reporting period.
	discharges detected and eliminated discharge notification is 914-670 lewsletter		e on the website
B. Briefly summar Goal.	ize the observations that indica	ted the overall effec	tiveness of this Measurable
Continue to inspeNo illicit discharg	ct outfalls annually ges were reported during the repor	rting period	
C. How many time	s was this observation measured	d or evaluated in thi	s reporting period?
			(ex.: samples/participants/e
D. Has your MS4 r	nade progress toward this meas	urable goal during	
E. Is your MS4 on	schedule to meet the deadline so	et forth in the SWM	
F. Briefly summar the next reporti	ize the stormwater activities pla ng cycle (including an implemer	inned to meet the go	
- Continue outfall in	spections	70 71	

- Respond to complaints of illicit discharges and mitigate those identified
- Hotline and newsletter on cable TV and website
- Part of 18 member municipal consortium which received NYSDEC grant to gather information, map and document elements of the Town's storm drainage system

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

	SPDES ID		
Na	me of MS4/Coalition Town/Village of Harrison N Y R 2	0 A 4	3 3
	Minimum Control Measures 4 and 5.		
	Construction Site and Post-Construction Control		
Th	ne 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	a. Has each MS4 contributing to this report adopted a law, ordinance or other reg mechanism that provides equivalent protection to the NYS SPDES General Per Stormwater Discharges from Construction Activities?		o No
1b	o. Has each Town, City and/or Village contributing to this report documented that equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney cerfification or using the NYSDEC Analysis Workbook?	Erosion	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La 0 09/2004 • 0	w. 3/2006	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	• Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have reviewed in this reporting period?	e been	6
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of purcomments related to construction SWPPPs? • Yes		
	comments related to construction SWPPPs? • Yes	O No	\circ NT
	If Yes, how many public comments were received during this reporting period?		0
5.	Does your MS4/Coalition provide education and training for contractors about	the loca	ıl
	SWPPP process?	O 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:

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 9 & 1 \end{vmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPI	DES	ID						
Name of MS4/Coalition	Town/Village of Harrison	N	Y	R	2	0	А	4	3	3

	William Control Measure 4. Construction Site Stormwater Rung	orr Con	troi
The	e information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1.	How many construction projects have been authorized for disturbances of one a during this reporting period?	acre or 1	more 5
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	r jurisd	iction 3
3.	What percent of active construction sites were inspected during this reporting p	period?	O NT
4.	What percent of active construction sites were inspected more than once?	1 0	○ NT ○ 0 %
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual? • Yes	the NYS	
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Preven (SWPPPs) of construction projects that are subject to MS4 review and approva • Yes		
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made ava		SAM MENAS EST
	public review?	○ Yes	○ No
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	ł.	

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

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

of MS4/																		_			SP	DES	ID					
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This report is being submitted for the reporting period ending March 9, 2 0 1 9

Name of MS4/Coalition Town/Village of Harrison N Y R 2 0 A	4 3 3
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 i III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting pe	eriod.
- Projects over 1 acre underway and inspected as per NYSDEC and local law requirements du the report period	ring
B. Briefly summarize the observations that indicated the overall effectiveness of this Mea Goal.	asurable
 No problems observed with SWPPP requirements in any projects 5 projects over 1 acre have been authorized 3 projects over 1 acre are active 	
C. How many times was this observation measured or evaluated in this reporting period	?
	1
	articipants/events
D. Has your MS4 made progress toward this measurable goal during this reporting period	
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	○ No
• Yes	
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM diese the next reporting cycle (including an implementation schedule).	uring
- Continue to administer and monitor all construction projects over 1 acre underway during reporting period as per NYSDEC and local legislation.	

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

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										SPDI	ES ID					
Name of MS4/Coalitio	n Town/Village of Har	rison								N :	YR	2	0 7	4	3	3
Minimum	Control Mea	sure 5	. Post	t-Con	str	ucti	<u>on</u>	Sto	rn	nwat	ter N	<u>/Iai</u>	nage	eme	<u>nt</u>	
The information in the	his section is beir	ng report	ed (che	ck one):											
On behalf of an inOn behalf of a coa											¥					
	nany MS4s cont	ributed	to this	report	?											
1. How many and MS4/Coalition i	what type of pos inventoried, insp											has	you	r		
		# Invento	oried	Insp	# ecti	ons	ľ		Γim ntai	es ned						
Alternative Practice	ces		0		1	2			5	6						
• Filter Systems			0		1	6			1	2						
• Infiltration Basins			0		2	4		1	6	8						
Open Channels			0		1	0			4	8						
Ponds			0			3			1	2						
O Wetlands																
Other			0		2	0			1	0						
2. Do you use an BMPs, inspect3. What types of	ions and maint	anance'	?		•								\circ Y		n O I	No
	Better Site Design									iit Lo	W 111	тра	Ci			
Building Codes	Municipal C	omprehe	nsive F	Plans												
Overlay Districts	Open Space	Preserva	tion Pr	ogram												
Zoning	O Local Law or	r Ordina	nce													
○ None	O Land Use Re	egulation	/Zonin	g												
O Watershed Plans	Other Comp	rehensive	Plan													
• Other:																

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

		SPI	DES	ID					
Nar	me of MS4/Coalition Town/Village of Harrison	N	Y	R	2	0 7	4	3	3
4a.	. Are the MS4s contributing to this report involved in a regional/watersh	ed v	vide	pla	nni	ng e	ffor		
						•	Yes	0	No
4b.	. Does the MS4 have a banking and credit system for stormwater manage	eme	nt pi	act	ice	s?			
						0	l'es		No
4c.	Do the SWMP Plans for each MS4 contributing to this report include a and approval of banking and credit of alternative siting of a stormwater	pro	toco	for	ev	alua	ation	1	
	and approval of banking and credit of afternative siting of a stormwater	mz	ınag	eme	ent	7	ctice Tes		No
4d.	. How many stormwater management practices have been implemented a	ıs pa	art o	f th	is s	yste	m ir	th	is
	reporting period?						,	0	
5.	What percent of municipal officials/MS4 staff responsible for program it training on Low Impace Development (LID), Better Site Design (BSD) a	mp	leme	nta	tio	n atı	tend	ed	
	Infrastructure principles in this reporting period?	na (otnei	GI	ree	1	. 0	0	%

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

Name of MS4/Coalition Town/Village of Harrison	N Y R 2 0 A 4 3 3
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward achieving identified in your Stormwater Management Program Plan (SWMPP), incl. 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 report period	
B. Briefly summarize the observations that indicated the overall effection.	ctiveness of this Measurable
- 0 Best Management Practices inventoried this report period.	
C. How many times was this observation measured or evaluated in the	nis reporting period?
	1
D. Has your MS4 made progress toward this measurable goal during	
E. Is your MS4 on schedule to meet the deadline set forth in the SWM	● Yes ○ No ✓PP?
	● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the g the next reporting cycle (including an implementation schedule).	oals of this MCM during
- Continue to inventory BMP's when they come on-line to ensure that instare performed as the approved SWPPP.	pections and maintenance
	.5

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 9 & 1 \end{vmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPI	DES	ID						
Name of MS4/Coalition	Town/Village of Harrison	N	Y	R	2	0	A	4	3	3

ns

Minimum Control Measure 6. Stormwate	er Man	agement !	for Muni	icipal	Operation				
The information in this section is being reported (check of	one):								
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this rep 	ort?								
1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.									
• ***			Self	-Assess	ment				
			Operation	n/Activi	ity/Facility				
	dressed i	n SWMP?	Operation	n/Activi d withir	ity/Facility the past 3				
Operation/Activity/Facility Add		n SWMP?	Operation performed	n/Activi d withir years?	ty/Facility the past 3				
Operation/Activity/Facility Add	. • Yes	○ No	Operation performed	n/Activi d within years? • Yes	tty/Facility the past 3 No				
Operation/Activity/Facility Add Street Maintenance Bridge Maintenance	Yes Yes	○ No	Operation performed	n/Activi d within years? • Yes • Yes	ty/Facility the past 3 No No				
Operation/Activity/Facility Add Street Maintenance Bridge Maintenance Winter Road Maintenance	Yes Yes Yes	○ No ○ No ○ No	Operation performed	n/Activid within years? Yes Yes Yes Yes	ity/Facility the past 3 No No No No				
Operation/Activity/Facility Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage	YesYesYesYesYes	NoNoNoNo	Operation performed	n/Activide within years? Yes Yes Yes Yes Yes Yes	ity/Facility the past 3 No No No No No No				
Operation/Activity/Facility Address Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management	YesYesYesYesYesYes	NoNoNoNoNo	Operation performed	n/Activid within years? Yes Yes Yes Yes Yes Yes Yes Yes	ity/Facility the past 3 No No No No No No No				
Operation/Activity/Facility Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbance.	 Yes Yes Yes Yes Yes Yes Yes 	NoNoNoNoNoNo	Operation	n/Activid within years? Yes Yes Yes Yes Yes Yes Yes Yes Yes	ity/Facility the past 3 No No No No No No No No No				
Operation/Activity/Facility Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbance Right of Way Maintenance	 Yes Yes Yes Yes Yes Yes Yes Yes 	NoNoNoNoNoNoNoNo	Operation	n/Activid within years? Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	ity/Facility the past 3 No No No No No No No				
Operation/Activity/Facility Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbance Right of Way Maintenance Marine Operations	 Yes Yes Yes Yes Yes Yes Yes Yes 	 No No No No No No No No No 	Operation	n/Activid within years? Yes	No N				
Operation/Activity/Facility Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbance Right of Way Maintenance Marine Operations Hydrologic Habitat Modification	 Yes 	 No 	Operation	n/Activid within years? Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	No N				
Operation/Activity/Facility Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbance Right of Way Maintenance Marine Operations Hydrologic Habitat Modification Parks and Open Space	 Yes 	 No 	Operation	n/Activid within years? Yes	No N				
Operation/Activity/Facility Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbance Right of Way Maintenance Marine Operations Hydrologic Habitat Modification Parks and Open Space Municipal Building	 Yes 	 No 	Operation	n/Activid within years? Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	No N				
Operation/Activity/Facility Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbance Right of Way Maintenance Marine Operations Hydrologic Habitat Modification Parks and Open Space	 Yes 	 No 	Operation	n/Activid within years? Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	No N				

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

	SPI	DES ID)				
Name of MS4/Coalition Town/Village of Harrison	N	YR	2	0	A 4	3	3
2. Provide the following information about municipal operations good	od h	ousek	еер	ing	pro	grai	ns:
Parking Lots Swept (Number of acres X Number of times swept)		# Acı	res		1	. 5	9
• Streets Swept (Number of miles X Number of times swept)		# Mi	les		5 1	. 2	5
 Catch Basins Inspected and Cleaned Where Necessary 			#		1	. 5	2
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 			#			3	5
O Phosphorus Applied In Chemical Fertilizer		# Ll	os.				
O Nitrogen Applied In Chemical Fertilizer		# Ll	os.				
Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	#	Acres	S			0.	0
3. How many stormwater management trainings have been provided during this reporting period?	to 1	munio	cipa	l em	plo	yees	4
4. What was the date of the last training?	1	/ 0	8	1 2	2 0	1	8
5. How many municipal employees have been trained in this reporting	ıg po	eriod	?			9	2
6. What percent of municipal employees in relevant positions and de stormwater management training?	part	ment	s re	ceiv	e 9	4	%

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

Name of MS4/Coalition Town/Village of Harrison	N Y R 2 0 A 4 3 3
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
- # of catch basins cleaned this report period	
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
- 152 catch basins cleaned	
- 189.4 cubic yards of debris removed	
- Continue street sweeping and roadside clean-up efforts	
C. How many times was this observation measured or evaluat	ted in this reporting period?
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/ever
2. 1145 your 1125 t made progress toward this measurable goar	• Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the	he SWMPP?
	● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	
 Continue annual inspections and cleaning of catch basins Continue street sweeping and roadside maintenance efforts Continue to work with Consortium to gather information, map a 	nd document the elements of the
Town's stormwater system	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 9 \end{vmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPD	ES	ID						
Name of MS4/Coalition Town/Village of Harrison	N	Y	R	2	0	A	4	3	3

e information in this section On behalf of an individual Non behalf of a coalition		k one):	
	4		
How many MS ²	4s contributed to this re	eport?	
S4s must answer the que	estions or check NA a	s indicated in the table	below.
MS4 Description	Answer	Check NA	9
NYC EOH Watershed	Allswei	CHECK IVA	(POC)
Fraditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Fraditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	,-,	2,1,2,10,11,12	Thosphorus
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Fraditional 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	-	2,3,1,3,00,10,11,12	Thospholus
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional 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	-	-	Thospholus
raditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
raditional 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	_	-	T atriogens
raditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
raditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Von-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	
raditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Ion-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
raditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
raditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Ion-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens
Does your MS4/Coalitic phosphorus/nitrogen/pa	athogens on waterboo	dies?	● Yes ○ No ○ N
Has 100% of the MS4/0 If N/A, go to question 3.	Coalition conveyance	system been mapped in	of GIS? ■ Yes ○ No ○ N

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						SPDES ID		
Na	me of MS4/Coalition	Town/Village of Har	rison			N Y R 2	0 A	4 3 3
3.	Does your MS4 and Maintenand			ter Conveyan	nce System (i	nfrastructu • Yes	ıre) Insp O No	oection
4.	Estimate the pe and maintained						n inspec	eted 0 %
5.	Has your MS4/0 NYSDEC SPDE (GP-0-08-001) t disturb five tho	S General Per o reduce pollu	rmit for Stor tants in stori	mwater Discl nwater runol	harges from	Constructi	on Activ	ities
6.	Has your MS4/0 runoff from new equal to one acr Permit for Stort the New York S Standards?	v development e that provide nwater Discha	and redevelors es equivalent arges from C	opment projection to onstruction A	ects that distu the NYS DE Activities (GI	urb greater CC SPDES P-0-08-001)	than or General , includ	•
7a.	Does your MS4/ phosphorus/nitr			ig program to	o reduce eros	sion or • Yes	• No	O N/A
7b.	.How many proj	ects have been	sited in this	reporting pe	riod?			0
7c.	What percent of	the projects i	ncluded in 7	b have been c	completed in	this report	ing peri	od?
7d.	.What percent of	projects plan	ned in previo	ous years hav	e been comp			0 %
8a.	Has your MS4/C procedures polic lands?	Coalition devel by that address	oped and im ses proper fe	plemented a t rtilizer applic	turf manager cation on mu	ment practi	wned	
8b.	Has your MS4/0 procedures polic municipally own	y that address						O N/A

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

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	SPDES ID								
Name of MS4/Coalition Town/Village of Harrison	N	Y	R	2	0	А	4	3	3
9. Has your MS4/Coalition developed and implemented a program of	f na	tive	e pl	ant	ing	; ?			
		C	Ye	es		No	\subset	N	/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste	on 1				_	-			
prohibiting goose feeding?			Υe	es	0	No	C	N	/A
11. Does your MS4/Coalition have a pet waste bag program?			Υe	es	0	No	C) N	/A
12. Does your MS4/Coalition have a program to manage goose populations?		С	Ye	es	•	No	C) N	/A