MS4 Annual Report Cover Page

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

This	cover	page	must	be comp	oleted b	by the	report	preparei	•
Joint	t repoi	rts rec	quire o	only one	cover	page.			

SPDES ID NYR2 0 A 3 3

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

This report is being submitted on behalf of a Single Entity

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

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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 2 1

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 2 1

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Name of MS4 Town/Village of Harrison	N	Y	R :	2	0 .	A	4	3	3
Each MS4 must submit an MCC form.									
Section 1 - MCC Identification Page									
Indicate whether this MCC form is being submitted to certify endorsement or a • An Annual Report for a single MS4	ссер	tanc	e of	:					
○ A Single Entity (Per Part II.E of GP-0-10-002)									
O A Joint Report									
Joint reports may be submitted by permittees with legally bindin	g ag	reen	nent	ts.					
If Joint Report, enter coalition name:									
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MS4 Municipal Compliance Certification(MCC) Form

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

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	Town/Village of Harrison **Paragraphic State** **Paragraphic S																													
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O Report Preparer

MS4 Municipal Compliance Certification(MCC) Form

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

	SPI	DES ID		,			
Name of MS4 Town/Village of Harrison	N	YR	2	0 2	A 4	3	3
Section 2 - Contact Information							
Important Instructions - Please Read							
Contact information must be provided for <u>each</u> of the following positi	ions as i	indica	ted	belo	w:		
 Principal Executive Officer, Chief Elected Official or other qualifi GP-0-08-002 Part VI.J). 	ed indiv	vidual	(pe	r			
2. Duly Authorized Representative (Information for this contact must Authorized Representative is signing this form)	t only b	e subn	nitte	ed if	a Du	ly	
3. The Local Stormwater Public Contact (required per GP-0-08-002)	Part VII	.A.2.c	& 1	Part	VIII.	A.2	.c).
4. The Stormwater Management Program (SWMP) Coordinator (Ind coordination/implementation of SWMP).	ividual	respon	sib	le fo	r		
5. Report Preparer (Consultants may provide company name in the sp	oace pro	vided).				
A separate sheet must be submitted for each position listed above filled by the same individual. If one individual fills multiple roles, once and check all positions that apply to that individual.							
If a new Duly Authorized Representative is signing this report, the provided and a signature authorization form, signed by the Princip 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							

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MS4 Municipal Compliance Certification (MCC) Form

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

		SPDES ID
Name of MS4 Town/Village of Harrison		N Y R 2 0 A 4 3 3
Section 3 - Partner Information		
Did your MS4 work with partners/coalition to	o complete some or all nerm	uit requirements during this reporting
period?	o complete some of an peri-	● Yes ○ No
f Yes, complete information below.		
Submit a separate sheet for each partr	ner. Information provided	in other formats will not be
accepted. If your MS4 cooperated wit	h a coalition, submit one s	sheet with the name of the
coalition. It is not necessary to includ	e a separate sheet for each	MS4 in the coalition.
If No, proceed to Section 4 - Certification	n Statement.	
Partner/CoalitionName		
Long Island S	ound Wate	ershed
Partner/Coalition Name (con't.)		SPDES Partner ID - If applicabl
Intermunicipa	l Counci	N Y R 2 0
Address		
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City	Stat	e Zip
Mamaroneck	N	Y 1 0 5 4 3 -
Mail		
liswicmaileli	s w i c . o r g	
Phone	Legally	Binding Agreement in accordance
(9 1 4 1) 3 8 1 - 7 8 4 5		-0-08-002 Part IV.G.?
What tasks/responsibilities are shared wi	th this partner (e.g. MM1	School Programs or Multiple Task
what tasks/responsibilities are shared wh	till tills partifer (e.g. Iviivii	School Hograms of Waterpie Tusk
MM1 General St	o r m w a t e r	Informatior
O MM2		
MM3 Mapping		
O MM4		
O MM5		
		r Utilities
MM6 Evaluate S	t o r m w a t e	r Utilities
Additional tasks/responsibilities		
 Watershed Improvement Strategy Bo 	est Management Practices	required for MS4s in impaired
watersheds included in GP-0-08-002	2 Part IX.	

Name of MS4 Town/Village of Harrison

MS4 Municipal Compliance Certification (MCC) Form

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

SPDES ID

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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/CoalitionName W e s t c h e s t e r C o u n t y Partner/Coalition Name (con't.) I n f o r m a t i o n T e c h n o 1 o g y Address 1 4 8 M a r t i n e A v e n u e City W h i t e P 1 a i n s s t e r g o v c o m Phone (9 1 4) 9 9 5 - 3 0 4 7 Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes N Yes O Yes O Yes O O O O O O O O O																															
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Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? 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/CoalitionName																															
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Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? • Yes Olif 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/CoalitionName W e S C D e S D e C D D D D D D D D D																															

MS4 Municipal Compliance Certification(MCC) Form

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

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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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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 Name of MS4/Coalition Town/Village of Harrison

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 2 & 1 \end{vmatrix}$ 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
Water Quality Trend	<u>s</u>
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 related to stormwater? If not, answer No and proceed to M One.	g water quality trends Iinimum Control Measure
If Yes, choose one of the following	○ Yes • N
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) ca	on he accessed and I
URL	in be accessed - not nome page.
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This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 2 & 1 \end{bmatrix}$

If Submitting this research	SPDES ID
Name of MS4/Coalition Town/Village of Harrison	N Y R 2 0 A 4 3 3
Minimum Control Measure 1. Public Edu	cation 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 Managemen	nt Practices
Check all topics that were included in Education and Outreach du	ring 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
○ Smart Growth	Vehicle Washing
Storm Drain Marking	O Water Conservation
 Green Infrastructure/Better Site Design/Low Impact Development 	Wetland Protection
Other:	O None
2. Specific audiences targeted during this reporting period:	
Public EmployeesContractors	
ResidentialDevelopers	
BusinessesGeneral Public	
RestaurantsIndustries	
Other: Oagricultural Other	

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

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	SPDES ID
Name of MS4/Coalition Town/Village of Harrison	N Y R 2 0 A 4 3 3
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.	chieving measurable goals), including requirements in Part
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 pu Engineering Department and on the Town website for pick-up, co Distribute literature 	ablic. It is available in the impletion and return.
- Website contains general and town-specific stormwater information	on.
3. Briefly summarize the observations that indicated the overall Goal. Twitter followers are at 230	effectiveness of this Measurable
321 pieces of literature have been distributed Town has created a quarterly stormwater newsletter which is available	able on the website and at Town
. How many times was this observation measured or evaluated	in this way the
measured of evaluated	
	1
Has your MS4 made progress toward this Measurable Goal du	(ex.: samples/participants/eve
and don't de	Yes ○ No
Is your MS4 on schedule to meet the deadline set forth in the S	SWMPP? • Yes O No
Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedule	an cools of the Argan

- the next reporting cycle (including an implementation schedule).

 Continue to distribute questionnaire to the public
- Continue publishing newsletter
- Encourage Twitter followers
- Update website as needed with new information
- Make annual reports and general/local stormwater information available on-line

O Storm Drain Markings

O Stakeholder Meetings

O Volunteer Monitoring

MS4 Annual Report Form

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

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID R 2 0 A Y N Town/Village of Harrison Name of MS4/Coalition 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: 0 # Events Cleanup Events # Comments O Comments on SWMP Received 3 0 0 0 1 Phone # Community Hotlines 0 0 2 Phone # 9 6 Phone # 0 0 Phone # 0 Phone # 0 1 6 # Attendees Community Meetings 5 0 0 Sq. Ft. Plantings # Drains

Other:

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

In List 3 1

Attendees

Events

O No

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

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

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Name of MS4/Coalition Town/Village of Harrison	N Y R 2 0 A 4 3 3
3. Where can the public access copies of this annual report, S Program SWMP) Plan and submit comments on the	
Program SWMP) Plan and submit comments on those doct	tormwater Management
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Enter address/contact info and select radio button to indicate w whether comments may be submitted at that location. Selections	hich document is available and
MS4/Coalition Office	additional pages as needed.
Department Annual Re	port SWMP Plan Comments
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City	Zip
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Phone	1 0 3 2 8 -
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City	Zip
Harrison Ny	10528-
Phone (914)835 - 0324	
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This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 2 & 1 \end{bmatrix}$

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Name of MS4/Coalition Town/Village of Harrison	N Y R 2 0 A 4 3 3
4.a. If this report was made available on the internet, what date we Leave blank if this report was not posted on the internet.	vas it posted?
4.b. For how many days was/will this report be posted?	3 6 5
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 If Yes, what was the date of the meeting?	g period?
If No, is one planned?	○ Yes ○ No
1 11 6 all MS4s co	ntributing to this report during
5.b. Was an Annual Report public meeting held for all MS4s co this reporting period?	• Yes O No
If No, is one planned for each?	○ Yes ○ No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to	○ Yes • No
SWMP in response to comments to this report.	

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

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 available to the public for response as to their understanding of the Town's Stormwater Management Program B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. - 1 Clean-up day was scheduled for March 28, 2020 but was canceled due to the pandemic.	NI .	T		SPDES ID
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 available to the public for response as to their understanding of the Town's Stormwater Management Program B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. — 1 Clean-up day was scheduled for March 28, 2020 but was canceled due to the pandemic. — 4. How many times was this observation measured or evaluated in this reporting period? — (ex.: samples/participants/event) — Yes No Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).	Name of MS4/Coalitie	n Town/Village of Harrison		NVDOO
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 available to the public for response as to their understanding of the Town's Stormwater Management Program B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. - 1 Clean-up day was scheduled for March 28, 2020 but was canceled due to the pandemic. C. How many times was this observation measured or evaluated in this reporting period? - Has your MS4 made progress toward this measurable goal during this reporting period? - Yes No Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).	7 7			
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The continue to make question points and by a schedule of the pandemic. The continue to make question paragraph of the sum of the pandemic. The continue to make question may be the deadline and the continue to make question paragraph of the sum of the pandemic. The pandemic of the pandemic of the pandemic of the pandemic. The pandemic of the pa	B. Briefly summar	ize the observations that indica	atod the	
How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants/event) Has your MS4 made progress toward this measurable goal during this reporting period? Yes ONO Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).	Goal.	· · · · · · · · · · · · · · · · · · ·	ned the overall effe	ectiveness of this Measurable
How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants/event) Has your MS4 made progress toward this measurable goal during this reporting period? Yes ONO Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).	- 1 Clean-up day wa	s scheduled for March 28, 2020	1	
How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants/event) Has your MS4 made progress toward this measurable goal during this reporting period? Yes ONO Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).		Waren 28, 2020	but was canceled du	e to the pandemic.
Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).	C. How many times	was this observation measured	donast	
Has your MS4 made progress toward this measurable goal during this reporting period? Yes ONO Yes ONO Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).		tation measure	i or evaluated in th	is reporting period?
Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).				
Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).	. Has your MS4 m	ade progress toward this measi	urable gool door	(ex.: samples/participants/event
Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).				
Continue to make questionnaire and live				IPP?
Continue to make questionnaire and live	Briefly summarize the next reporting	the stormwater activities plar cycle (including an implement	ned to meet the go	● Yes ○ No als of this MCM during
due to the pandemic.	Continue to make on	estionnoiro on d 1:		
		III OJ Julia de la companya de la co	- pandemic.	

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

	N Y R 2 0 A 4 3 3					
Name of MS4/Coalition Town/Village of Harrison	1 1 1 2					
. 10	: :4 Discharge Detection and Elimination					
	icit Discharge Detection and Elimination					
The information in this section is being reported (ch	eck one):					
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this 						
1. Enter the number and approx. percent of	f outfalls mapped: 1 1 4 # 1 0 0 %					
s these outfalls have been sci	reened for dry weather discharges during this inventory)?					
reporting period (outfall reconnaissance						
3.a. What types of generating sites/sewershed	ds were targeted for inspection during this					
3.a. What types of generating sites/sewersher reporting period?						
	O Landscaping (Irrigation)					
O Auto Recyclers						
 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					
O Cross-Connections	O Residential Carwashing					
O Distribution Centers	○ Restaurants					
○ 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:	O None					
O Sewersheds:						

This report is being submitted for the reporting period ending March 9, 2 0 2 1 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
1	N Y R 2 0 A 4 3 3
O Prokon Live Description	ve been found during this reporting period?
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
○ Illegal Dumping	O Straight Pipe Sewer Discharges
4. How many illicit discharges/potential reporting period?	None lillegal connections have been detected during this
periou.	
5. How many illicit discharges have have	
discharges have been	en confirmed during this reporting period?
6. How many illicit discharges/illegal comperiod?7. Has the storm sewershed mapping beautif No, approximately what percent was compered to the storm of the s	completed in this reporting period?
8. Is the above information available in (
is this information available on the we	eb?
If Yes, provide URL(s):	○ Yes • No
URL URL	where map(s) can be accessed - not home page.
URL	

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

RL	(s) co se pro	1		_	_	T.																						
					+	+											T	T	T	T	T		T					
						-				_	_					_	+	+	+	\dagger	\pm	\dagger	\dagger	T	\dagger		T	
mı					i.						_				Т	_	_		_		T		\neg	T		T		T
URL																		_	1	1	1	_	+	+	+	+	+	+
-	+-	+	+	\pm	+	1	T		T																		1	+
	11	+		+	+	+	+	+	+	t	T	T	T	T														
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																				-	T							T
URL				T																								
	-		+	+		+	+	+	1	T	T	1												2				
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URL										-	_	Т		-					T	T		T						
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																			_	+	+	+	+	+	+	+	+	-
							_		C		aab	+20	di	tion	al	M	S4	ar	ıd/	or	hav	e I	DD	E	oro	ced	ure	es b
	as an								Ca		ach	tre	di	tion	ıal	M	S4	ar	nd/	or	hav	ve I	DD	E	pro	ced	ure	es

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

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

		The same of	SPDES ID
Name of MS4/Coalition	Town/Village of Harrison		N Y R 2 0 A 4 3 3
	gress Toward Measurable Goa		
	ort on your progress and project patents or your progress and project patents or your program tional pages as needed.	plans toward achievin Plan (SWMPP), inclu	g measurable goals ading requirements in Part
A. Briefly summar	ize the Measurable Goal identi	fied in the SWMPP	in this reporting period
- Number of illicit d	lischarges detected and eliminate discharge notification is 914-670	1	
B. Briefly summari Goal.	ize the observations that indica	ted the overall effect	iveness of this Measurable
- Continue to inspec - No illicit discharge	et outfalls annually es were reported during the repor	ting period	
C. How many times	was this observation measured	or evaluated in this	
. Has your MS4 ma	ade progress toward this measu	rable goal during th	(ex.: samples/participants/ev
	chedule to meet the deadline set		Vec ONe
Briefly summarize the next reporting	e the stormwater activities plan cycle (including an implement	ned to meet the goal	● Yes ○ No s of this MCM during
Continue outfall insp Respond to complain			

- 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, \mid 2 \mid 0 \mid

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

		SP	DES	ID						
CMSA/Coolition	Town/Village of Harrison	N	Y	R	2	0	A	4	3	3
Name of W1547 Coantion	Minimum Control Me	asures 4 and 5.	ntr	·ol						

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 O No Stormwater Discharges from Construction Activities? 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 • Yes O No \circ NT Analysis Workbook? If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. ONT 09/2004 03/2006 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 been 2 reviewed in this reporting period? 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public ONT comments related to construction SWPPPs? 0 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 No **SWPPP** process?

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
O Stop Work Orders	#		Authority
O Criminal Actions	#		Authority
O Termination of Contracts	#		Authority
O Administrative Fines	#		Authority
O Civil Penalties	#		Authority
O Administrative Orders	#		Authority
O Enforcement Actions or Sanctions	#		J
Other	#	● No A	Authority

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

N Y R 2 0	A 4 3	3
Name of MS4/Coalition Town/Village of Harrison		
Minimum Control Measure 4. Construction Site Stormwater Runoff	Contro	<u>ol</u>
William Control Measure		
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 ac during this reporting period?		
2. How many construction projects disturbing at least one acre were active in your during this reporting period?	jurisdic	tion 6
3. What percent of active construction sites were inspected during this reporting p	eriod?	O NT
4. What percent of active construction sites were inspected more than once?	1 0	O NT
5. Do all inspectors working on behalf of the MS4s contributing to this report use Yes	the NYS	3
Construction Stormwater Inspection Manual.		
de public access to Stormwater Pollution Prever	tion Pla	ns
(SWPPPs) of construction projects that are subject to	\bigcirc No	\bigcirc NT
If your MS4 is Non-Traditional, are SWPPPs of construction projects made av public review?		or O No
If Yes, use the following page to identify location(s) where SWPPPs can be accessed	d.	

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

r a form report on benan of a	a coalition leave SPDES ID blank.
Name of MS4/Coalition Town/Village of Harrison	SPDES ID
	N Y R 2 0 A 4 3 3
6. con't.:	
Submit additional pages as needed.	
 MS4/Coalition Office 	
Department	
Engineering Departm	
Address	e n t
1 Heineman Place	
City	7:
Harrison NY	Zip 1 0 5 2 8 -
rnone	1 0 5 2 8 -
(914)670-3102	
O Library	
Address	
City	
City	Zip
Phone	0 _
(0))0 -	
Other	
Address	
City	
City	Zip
Phone	0 _
(0))0 -	
(
O Web Page URL(s): Please provide specific address where SWPPPs can	n h
URL URL	n be accessed - not home page.
URL	

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

If submitting this form as part of a joint report on behalf of a countries SPDES ID N Y R 2	0 A 4 3 3
Name of MS4/Coalition Town/Village of Harrison N Y R Z	
 7. Evaluating Progress Toward Measurable Goals MCM 4 Use this page to report on your progress and project plans toward achieving measurable identified in your Stormwater Management Program Plan (SWMPP), including require III.C.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the SWMPP in this report period Projects over 1 acre underway and inspected as per NYSDEC and local law requires the report period 	rting period.
 B. Briefly summarize the observations that indicated the overall effectiveness of Goal. No problems observed with SWPPP requirements in any projects 2 projects over 1 acre have been authorized 6 projects over 1 acre are active 	this Measurable
C. How many times was this observation measured or evaluated in this reporti	x.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal during this repo	Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	• Yes O No
F. Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).	
- Continue to administer and monitor all construction projects over 1 acre underwreporting period as per NYSDEC and local legislation.	ay during

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

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

II Su	omitting this form a	s part of a joint 1	report on behalf	of a coalition leave	SPDES ID blank.
	palition Town/Village of			SPDES	SID
				N Y	- 0 11 4 3 3
<u>Minim</u>	um Control M	easure 5. Pos	st-Construct	tion Starrage	r Management
				don Stormwate	<u>r Management</u>
The information	in this section is be	eing reported (ch	eck one).		
On behalf of a	n individual MS4 coalition				
Но	w many MS4s cor	ntributed to this	report?	110	
1. How many a	and what type of	· ·		anagement practic	
MS4/Coaliti	on inventoried, ins	pected and main	ntained in this	anagement practic reporting period?	es has your
		# Inventoried	#	# Times	
Alternative Pra	ctices	7	Inspections	Maintained	
Filter Systems			1 9	6 3	
Infiltration Basi	ns		1 6	1 2	
Open Channels		0	3 6	1 8 0	
Ponds			1 0	4 8	
O Wetlands			3	1 2	
Other		0	2 0		
2 Do you				1 0	
2. Do you use an BMPs, inspec	l electronic tool (e	e.g. GIS, datab	ase, spreadsh	eet) to track post-	Construction
3. What types of	non-structural	nance;		• ***	○ Yes ○ No
3. What types of Development/	Better Site Design	ractices have l 1/Green Infras	een used to in	nplement Low Im	pact
Building Codes	Municipal Con		or detaile billio	cipies?	
Overlay Districts	Open Space Pro				
Zoning	O Local Law or C		4III		
○ None	O Land Use Regu				
O Watershed Plans	Other Comprehe				
• Other:		- *****			
Compre	h e n s i t	ve Ma	ster	P 1 2 m	

ter

P | 1 | a | n

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

II Succession	SPDES ID
	N Y R 2 0 A 4 3 3
Name of MS4/Coalition Town/Village of Harrison	
Name of M54/Country	
4a. Are the MS4s contributing to this report involved in a region	• Yes ○ No
4b. Does the MS4 have a banking and credit system for stormwa	ater management practices? O Yes No
4c. Do the SWMP Plans for each MS4 contributing to this report and approval of banking and credit of alternative siting of a	talada a protocol for evaluation
4d. How many stormwater management practices have been in reporting period?	
5. What percent of municipal officials/MS4 staff responsible for training on Low Impace Development (LID), Better Site De Infrastructure principles in this reporting period?	for program implementation attended esign (BSD) and other Green

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

rume of MS4/Coalition	Town/Village of Harrison		SPDES ID
	1		N Y R 2 0 A 4 3 3
6. Evaluating Pro	gress Toward Measurabl	lo Coole MCN =	
Use this page to repeidentified in your St III.C.1. Submit additional additio	oort on your progress and protormwater Management Protonal pages as needed.	roject plans toward achievi ogram Plan (SWMPP), inc	ing measurable goals luding requirements in Part
A. Briefly summar	rize the Measurable Goal	identified in the SWMPI	in this warrant's
- Best Management	Practices inventoried this r	report period	in this reporting period.
2.7	2 1 20 20 11		
	t Practices inventoried this		tiveness of this Measurable
. How many times	was this observation mea	sured or evaluated in thi	s reporting period?
	de progress toward this r	neasurable goal during 4	
. Has your MS4 ma	nde progress toward this r		(ex.: samples/participants/eve
. Has your MS4 ma			(ex.: samples/participants/eve
. Has your MS4 ma . Is your MS4 on sch Briefly summarize	hedule to meet the deadli	ne set forth in the SWMI	his reporting period? Yes O No
D. Has your MS4 ma Is your MS4 on scill Briefly summarize the next reporting Continue to inventory	the stormwater activities cycle (including an imple	ne set forth in the SWMI splanned to meet the goal mentation schedule).	his reporting period? Yes O No PP? Yes O No Als of this MCM during
D. Has your MS4 ma Is your MS4 on sci Briefly summarize the next reporting Continue to inventory	the stormwater activities cycle (including an imple	ne set forth in the SWMI splanned to meet the goal mentation schedule).	his reporting period? Yes O No PP? Yes O No Als of this MCM during
D. Has your MS4 ma . Is your MS4 on so Briefly summarize the next reporting	the stormwater activities cycle (including an imple	ne set forth in the SWMI splanned to meet the goal mentation schedule).	his reporting period? Yes O No PP? Yes O No Als of this MCM during

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

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

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

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. Self-Assessment

	Sell-Assessment				
	Operation	on/Activity/Facility			
	perform	ed within the past 3			
i bossowbl A		years?			
	O No.				
Yes	○ No				
Yes	○ No	• Ves O No			
Yes	○ No	. • 103			
• Yes	○ No	. @ 105			
• Yes	○ No	. • Yes O No			
	○ No	. • Yes O No			
nicc	○ No	. • Yes O No			
○ 3 7	• No	○ Yes • No			
- 17	O No	● Yes ○ No			
	○ No	Yes O No			
• Yes		• 105			
• Yes	○ No	• 100			
• Yes	O No	• Yes O No			
\ Voc		O Yes O No			
	 Yes 	Operation Department			

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

Nome of MCA/C 111 Town Wills are CV	SPI	DES	ID					
Name of MS4/Coalition Town/Village of Harrison	N	Y	R 2	2 0	A	4	3	3
2. Provide the following information about municipal operations good	l ho	ous	ekee	pin	g p	rog	rai	ms:
Parking Lots Swept (Number of acres X Number of times swept)		# A	Acres			2	6	7
Streets Swept (Number of miles X Number of times swept)		# N	Ailes	1	0	0		
 Catch Basins Inspected and Cleaned Where Necessary 			#	1			5	0
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 		#				9	5	
 Phosphorus Applied In Chemical Fertilizer Nitrogen Applied In Chemical Fertilizer Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 	# 4		Lbs. Lbs. Ess O	0				0
3. How many stormwater management trainings have been provided to during this reporting period?	mı	uni	cipal	em	plo	ye	es)
4. What was the date of the last training? 1 2	/	1	8	1 2	2 () 1	9	
5. How many municipal employees have been trained in this reporting p6. What percent of municipal employees in relevant positions and depart stormwater management training?				eive		0	0 %	
							/0	3 11

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

			1	NYR2	0 A 4 3 3	
ame of MS4/Coalition To	wn/Village of Harrison					
. Evaluating Progr	ess Toward Measurable (Goals MCM 6				
Use this page to report dentified in your Stor	t on your progress and prograwater Management Progonal pages as needed.	ect plans toward ram Plan (SWM				
A. Briefly summari	ze the Measurable Goal i	dentified in the	SWMPP i	in this repor	ting period.	
	eaned this report period					
					Alia Massawahl	Α.
B. Briefly summar Goal.	ize the observations that	indicated the ov	verall effe	ctiveness of	this Measurab	
90 catch basins cle132 cubic yards ofContinue street sy	eaned f debris removed veeping and roadside clean	-up efforts				
C How many tim	es was this observation n	neasured or eva	luated in 1	this reportin	ng period?	1
C. How many war					.: samples/particip	
D. Has your MS4	made progress toward th	nis measurable	goal durin	ng this repor	eting period? • Yes	
E. Is your MS4 o	n schedule to meet the de	adline set forth	in the SV	MPP?	• Yes O	
	arize the stormwater acti ting cycle (including an i	vities planned to	o meet the	goals of thi	s MCM during	5
Continue annua	l inspections and cleaning sweeping and roadside mark with Consortium to gath	of catch basins			elements of the	

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$ 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	
	N Y R 2 0	A 4 3 3

Additional Watershed Improvement Strategy Rest Ma

Additional wa	tershed Improvement	Strategy Best Man	agement Practices
The information in this section On behalf of an individual On behalf of a coalition	on is being reported (check of MS4	ne):	
How many M	S4s contributed to this repo	ort?	
MS4s must answer the qu	Birth and the second		elow.
MS4 Description NYC EOH Watershed	Answer	Check NA	(DO 6)
Traditional Land Use	1234567548 010	-	(POC)

MS4 Description	Answer		
NYC EOH Watershed	7 Miswei	Check NA	(POC)
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	-	(200)
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	5,10,11,12	Phosphorus
Onondaga Lake Watershed	1,2,774-0,84,80,9	3,4,5,10,11,12	Phosphorus
Traditional Land Use	1,6,7a-d,8a,9	-	Thosphorus
Traditional Non-Land Use		2,3,4,5,8b,10,11,12	Di 1
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Land Use	-	, , , , , , , , , , , , , , , , , , , ,	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	-
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay Traditional Land Use	-	2,3,3,60,10,11,12	Phosphorus
Traditional Name I	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	-
Traditional Non-Land Use	1,4,7a-d,9,10,11,12		Pathogens
Non-Traditional	1,4,7a-d,9	2,3,5,6,8a,8b	Pathogens
Peconic Estuary	_	2,3,4,5,8a,8b,10,11,12	Pathogens
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	-	- unogens
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	2,3,5,6,8b	Pathogens and Nitrogen
Oscawana Lake Watershed	1,4,74-0,84,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Traditional Land Use	1,4,6,7a-d,8a,9	-	r amogens and Nitrogen
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	DL - 1
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Fraditional Land Use	1001=	-	Phosphorus
raditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	-
Non-Traditional	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
1 aditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens
Does your MSAG		5,0,00,00,10,11,12	Pathogens

Non-Traditional	1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9	5,6,8a,8b 5,6,8a,8b,10,11,12	Pathogens Pathogens		
1. Does your MS4/Coal phosphorus/nitrogen	lition have an education /pathogens on waterboo		pacts of • Yes	O No	○ N/A
2. Has 100% of the MS	4/Coalition conveyance	system been mapped in	GIS?	110	O IV/A
If N/A, go to question	3.		Yes	\circ No	O N/A
If No, estimate what per Estimate what percenta	ercentage of the conveyange was mapped in this re	ce system has been mapp porting period.	ed so far.		%
	Additional DA	(D) D ()			

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

n such as a second seco	SPDES ID
Name of MS4/Coalition Town/Village of Harrison	N Y R 2 0 A 4 3 3
3. Does your MS4/Coalition have a Stormwater Conveyance System (sand Maintenance Plan Program?	
4. Estimate the percentage of on-site wastewater treatment systems the and maintained or rehabilitated as necessary in this reporting peri	
5. Has your MS4/Coalition developed a program that provides protection NYSDEC SPDES General Permit for Stormwater Discharges from (GP-0-08-001) to reduce pollutants in stormwater runoff from condisturb five thousand square feet or more?	struction activities that ● Yes ○ No ○ N/A
6. Has your MS4/Coalition developed a program to address post-corrunoff from new development and redevelopment projects that di equal to one acre that provides equivalent protection to the NYS Permit for Stormwater Discharges from Construction Activities (the New York State Stormwater Design Manual Enhanced Phosp Standards?	DEC SPDES General GP-0-08-001), including horus Removal ● Yes ○ No ○ N/A
7a. Does your MS4/Coalition have a retrofitting program to reduce e phosphorus/nitrogen/pathogen loading?	erosion or O Yes No O 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	d in this reporting period?
7d. What percent of projects planned in previous years have been co	ompleted? 0 % • No Projects Planned
8a. Has your MS4/Coalition developed and implemented a turf man procedures policy that addresses proper fertilizer application of lands?	nagement practices and n municipally owned • Yes O No O N/A
8b. Has your MS4/Coalition developed and implemented a turf ma procedures policy that addresses proper disposal of grass clipp municipally owned lands?	nagement practices and ings and leaves from ● Yes ○ No ○ N/A

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Name of MS4/Coalition Town/Village of Harrison	SPDES ID N Y R 2	2 0 A	4 3 3
9. Has your MS4/Coalition developed and implemented a program of	of native plan	iting?	
10. Has your MS4/Coalition enacted a local law prohibiting pet waste prohibiting goose feeding?	O Yes	NoI prope	rties and
11. Does your MS4/Coalition have a pet waste bag program?	• Yes	○ No	O N/A
12. Does your MS4/Coalition have a program to manage goose populations?	res	○ No	○ N/A
	O Yes	• No	O N/A