

MS4 Annual Report Cover Page

MCC form for period ending March 9,

2	0	1	7
---	---	---	---

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

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

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

C	i	t	y		o	f		M	o	u	n	t		V	e	r	n	o	n																			
---	---	---	---	--	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

MS4 Annual Report Cover Page

MCC form for period ending March 9,

2	0	1	7
---	---	---	---

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

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 7

Name of MS4 City of Mount Vernon

SPDES ID									
N	Y	R	2	0	A	3	8	3	

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 MI Last Name

R	i	c	h	a	r	d		T	h	o	m	a	s
---	---	---	---	---	---	---	--	---	---	---	---	---	---

Title

M	a	y	o	r
---	---	---	---	---

Address

1	R	o	o	s	e	v	e	l	t	S	q	u	a	r	e
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

City State Zip

M	o	u	n	t	V	e	r	n	o	n	N	Y	1	0	5	5	0	-		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

eMail

r	t	h	o	m	a	s	@	c	m	v	n	y	.	c	o	m
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Phone County

(9	1	4)	6	6	5	-	2	3	6	0	W	e	s	t	c	h	e	s	t	e	r
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

DRAFT

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	7
---	---	---	---

Name of MS4

City of Mount Vernon																			
----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

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

M	a	r	k											
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

 MI

--

 Last Name

E	d	e	r	e	r									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

Title

C	o	m	m	i	s	s	i	o	n	e	r		o	f		P	u	b	l	i	c		W	o	r	k	s					
---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--

Address

1		R	o	o	s	e	v	e	l	t		S	q	u	a	r	e																	
---	--	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

M	o	u	n	t		V	e	r	n	o	n										
---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

 State

N	Y
---	---

 Zip

1	0	5	5	0	-			
---	---	---	---	---	---	--	--	--

eMail

M	E	d	e	r	e	r	@	c	m	v	n	y	.	c	o	m															
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

(9	1	4)		6	6	5	-	2	4	9	2
---	---	---	---	---	--	---	---	---	---	---	---	---	---

 County

W	e	s	t	c	h	e	s	t	e	r					
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 7

Name of MS4 City of Mount Vernon

SPDES ID NYR 2 0 A 3 8 3

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 MI Last Name

Title D & B Engineers and Architects

Address 330 Crossways Park Drive

City State Zip Woburn NY 11797

eMail

Phone County (516) 364-9890 Nassau

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2017

Name of MS4

SPDES ID
N Y R 2 0 A 3 8 3

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

W e s t c h e s t e r C o u n t y

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable
N Y R 2 0 A 1 2 8

Address

1 4 8 M a r t i n e A v e n u e , R o o m 4 3 2

City

State

Zip

W h i t e P l a i n s N Y 1 0 6 0 1 - 4 7 0 4

eMail

d s k 2 @ w e s t c h e s t e r g o v . c o m

Phone

(9 1 4) 9 9 5 - 2 0 8 9

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- MM1 M u l t i p l e T a s k s
- MM2 M u l t i p l e T a s k s
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

2	0	1	7
---	---	---	---

Name of MS4

C	i	t	y	o	f	M	o	u	n	t	V	e	r	n	o	n
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

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

L	o	n	g		I	s	l	a	n	d		S	o	u	n	d		W	a	t	e	r	s	h	e	d						
---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

I	n	t	e	r	m	u	n	i	c	i	p	a	l		C	o	u	n	c	i	l	
---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

Address

7	4	0		W	e	s	t		B	o	s	t	o	n		P	o	s	t		R	o	a	d						
---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--

City

State

Zip

M	a	m	a	r	o	n	e	c	k																					
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

N	Y
---	---

1	0	5	4	3	-				
---	---	---	---	---	---	--	--	--	--

eMail

l	i	s	w	i	c	m	a	i	l	@	l	i	s	w	i	c	.	o	r	g										
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Phone

(

9	1	4
---	---	---

)

3	8	1
---	---	---

 -

7	8	4	5
---	---	---	---

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

M	u	l	t	i	p	l	e		T	a	s	k	s																	
---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM3

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM4

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM5

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM6

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

Additional tasks/responsibilities

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

--

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	7
---	---	---	---

Name of MS4

City of Mount Vernon

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

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

M	a	r	k																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

--

Last Name

E	d	e	r	e	r														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title (Clearly print title of individual signing report)

C	o	m	m	i	s	s	i	o	n	e	r		o	f		P	u	b	l	i	c		W	o	r	k	s										
---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

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

MS4 Annual Report Form

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

2	0	1	7
---	---	---	---

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

Name of MS4/Coalition

City of Mount Vernon

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

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

- | | | | | | | |
|--------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| <input type="radio"/> Construction Site Operators Trained | # Trained | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | |
| | | | | | | |
| <input checked="" type="radio"/> Direct Mailings | # Mailings | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | |
| | | | | | | |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">3</td></tr></table> | | | | 3 |
| | | | 3 | | | |
| <input checked="" type="radio"/> List-Serves | # In List | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td></tr></table> | 2 | 0 | 0 | 0 |
| 2 | 0 | 0 | 0 | | | |
| <input type="radio"/> Mailing List | # In List | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | |
| | | | | | | |
| <input type="radio"/> Newspaper Ads or Articles | # Days Run | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | |
| | | | | | | |
| <input checked="" type="radio"/> Public Events/Presentations | # Attendees | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;"></td></tr></table> | 1 | 5 | 0 | |
| 1 | 5 | 0 | | | | |
| <input type="radio"/> School Program | # Attendees | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | |
| | | | | | | |
| <input type="radio"/> TV Spot/Program | # Days Run | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | |
| | | | | | | |
| <input checked="" type="radio"/> Printed Materials: | Total # Distributed | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | |
| | | | | | | |

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

C	i	t	y	H	a	l	l					
L	i	b	r	a	r	i	e	s				
S	c	h	o	o	l	s						

Other:

N	o	D	u	m	p	&	P	o	o	p	e	r	S	c	o	o	p	e	r
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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

URL

c	m	v	n	y	.	c	o	m	/	d	e	p	a	r	t	m	e	n	t	s	/	d	e	p	a	r	t	m	e	n	t		
-	o	f	-	p	u	b	l	i	c	-	w	o	r	k	s	/	#	b	s	t	m	w											

URL

c	m	v	n	y	.	c	o	m	/	d	e	p	a	r	t	m	e	n	t	s	/	d	e	p	a	r	t	m	e	n	t	
-	o	f	-	p	u	b	l	i	c	-	w	o	r	k	s	/	#	b	h	w	y											

DRAFT

MS4 Annual Report Form

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

2	0	1	7
---	---	---	---

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

Name of MS4/Coalition

City of Mount Vernon

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

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

URL

c	m	v	n	y	.	c	o	m	/	s	a	n	i	t	a	t	i	o	n	-	s	c	h	e	d	u	l	e	s	/

URL

c	m	v	n	y	.	c	o	m	/	d	e	p	a	r	t	m	e	n	t	s	/	p	l	a	n	n	i	n	g	/

URL

c	m	v	n	y	.	c	o	m	/	w	p	-	c	o	n	t	e	n	t	/	u	p	l	o	a	d	s	/	2	0	1
1	/	0	6	/	S	t	o	r	m	-	W	a	t	e	r	-	P	o	l	l	u	t	i	o	n	-	P	r	e	v	e
n	t	i	o	n	-	P	l	a	n	-	S	W	P	P	P	-	C	h	e	c	k	l	i	s	t	1	.	p	d	f	

URL

l	i	s	w	i	c	.	o	r	g																					

URL

p	l	a	n	n	i	n	g	.	w	e	s	t	c	h	e	s	t	e	r	g	o	v	.	c	o	m	/	e	n	v	i
r	o	n	m	e	n	t	/	s	t	o	r	m	w	a	t	e	r	-	m	a	n	a	g	e	m	e	n	t			

URL

w	w	w	.	w	e	s	t	c	h	e	s	t	e	r	g	o	v	.	c	o	m	/	p	l	a	n	n	i	n	g	/
e	n	v	i	r	o	n	m	e	n	t	a	l	/	B	r	o	n	x	R	i	v	e	r	/	B	r	o	n	x	R	i
v	e	r	P	l	a	n	.	h	t	m																					

URL

MS4 Annual Report Form

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

2	0	1	7
---	---	---	---

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

Name of MS4/Coalition

City of Mount Vernon

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

The City's Public Education and Outreach program will be tailored to describe topics related to the impacts of storm water discharges on local water bodies, pollutants of concern and their sources (i.e., pathogens to the Upper Bronx River and the Middle Hutchinson River and their tributaries), and the steps that can be taken to reduce pollutants in storm water runoff and non-storm water discharges.

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

The City has chosen to evaluate the number of attendees at public events as an indicator for measuring the overall effectiveness of the City's compliance with the Public Education and Outreach program requirements. There were 150 people in attendance of public events throughout the reporting period.

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 SWMP?

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).

The City plans to continue evaluating the number of attendees at public events as an indicator for measuring the overall effectiveness of the City's compliance with the Public Education and Outreach program requirements in the next reporting cycle. The City will host public events as necessary throughout the next reporting period.

MS4 Annual Report Form

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

2	0	1	7
---	---	---	---

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

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	3	8	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

				3
--	--	--	--	---
- Comments on SWMP Received # Comments

				0
--	--	--	--	---
- Community Hotlines Phone # (

9	1	4
---	---	---

)

6	6	5
---	---	---

 -

2	3	0	0
---	---	---	---
- Phone # (

--	--	--

)

--	--	--

 -

--	--	--
- Phone # (

--	--	--

)

--	--	--

 -

--	--	--
- Phone # (

--	--	--

)

--	--	--

 -

--	--	--
- Phone # (

--	--	--

)

--	--	--

 -

--	--	--
- Phone # (

--	--	--

)

--	--	--

 -

--	--	--
- Community Meetings # Attendees

	1	1	0
--	---	---	---
- Plantings Sq. Ft.

--	--	--	--
- 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

--	--	--	--
- TV/Radio Notices # Days Run

--	--	--	--
- Other:

P	o	s	t	e	d		i	n		C	i	t	y		H	a	l	l										
---	---	---	---	---	---	--	---	---	--	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--

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,

2	0	1	7
---	---	---	---

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

Name of MS4/Coalition

City of Mount Vernon

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

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

D	e	p	a	r	t	m	e	n	t	o	f	P	u	b	l	i	c	W	o	r	k	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Address

1	R	o	o	s	e	v	e	l	t	S	q	u	a	r	e
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

City

M	o	u	n	t	V	e	r	n	o	n
---	---	---	---	---	---	---	---	---	---	---

 Zip

N	Y						
1	0	5	5	0	-		

Phone
(

9	1	4
---	---	---

)

6	6	5
---	---	---

 -

2	2	3	0
---	---	---	---

Library Annual Report SWMP Plan Comments

Address

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

City

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

 Zip

						-		

Phone
(

--	--	--

)

--	--	--

 -

--	--	--	--

Other Annual Report SWMP Plan Comments

Address

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

City

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

 Zip

						-		

Phone
(

--	--	--

)

--	--	--

 -

--	--	--	--

Web Page URL: Annual Report SWMP Plan Comments

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

eMail Comments

MS4 Annual Report Form

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

2	0	1	7
---	---	---	---

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

Name of MS4/Coalition

City of Mount Vernon									
----------------------	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

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.

		/			/				
--	--	---	--	--	---	--	--	--	--

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

--	--	--

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?

		/			/				
--	--	---	--	--	---	--	--	--	--

If No, is one planned?

Yes No

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

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

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

MS4 Annual Report Form

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

2	0	1	7
---	---	---	---

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

Name of MS4/Coalition

City of Mount Vernon

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

The City's Public Involvement and Participation program will incorporate stewardship activities that help to reduce pollutants of concern (i.e., pathogens to the Upper Bronx River and the Middle Hutchinson River and their tributaries) and encourage the general public, residents and businesses to become involved in stormwater management and environmental stewardship events.

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

The City has chosen to evaluate the number of cleanup/beautification events held in the City as an indicator for measuring the overall effectiveness of the City's compliance with the Public Involvement and Participation program requirements. There were three cleanup/beautification events held in the City during this reporting period.

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 SWMP?

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).

The City plans to continue evaluating the number of cleanup/beautification events held in the City as an indicator for measuring the overall effectiveness of the City's compliance with the Public Involvement and Participation program requirements in the next reporting cycle.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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

Name of MS4/Coalition City of Mount Vernon

SPDES ID
N Y R 2 0 A 3 8 3

8. URL(s) con't.:

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

URL

Grid for URL entry (3 rows, 30 columns each)

URL

Grid for URL entry (3 rows, 30 columns each)

URL

Grid for URL entry (3 rows, 30 columns each)

URL

Grid for URL entry (3 rows, 30 columns each)

URL

Grid for URL entry (3 rows, 30 columns each)

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? %

MS4 Annual Report Form

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

2	0	1	7
---	---	---	---

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

Name of MS4/Coalition

City of Mount Vernon

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

The City Illicit Discharge Detection and Elimination program will focus on identifying, locating, eliminating, reducing and preventing illicit discharges to the City's municipal separate storm sewer system to the maximum extent practicable, including the discharge of pathogens to the Upper Bronx River, Middle Hutchinson River and their tributaries.

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

The City has chosen to evaluate the number of illicit discharges detected as an indicator for measuring the overall effectiveness of the City's compliance with the Illicit Discharge Detection and Elimination program requirements. There were five illicit discharges detected in the reporting cycle. The illicit discharges are being investigated by the City.

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 SWMP?

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).

The City will continue to follow the procedures for IDDE described in the City Written Procedures for MCM 3: IDDE and the CWP/USEPA Illicit Discharge Detection and Elimination: A Guidance Manual for Program Development and Technical Assessment. Illicit discharges will be investigated and eliminated according to the authority provided by the City illicit discharge local law on a case-by-case basis.

MS4 Annual Report Form

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

2	0	1	7
---	---	---	---

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

Name of MS4/Coalition

City of Mount Vernon

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

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 certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

09/2004 03/2006 NT

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

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

		1
--	--	---

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?

		0
--	--	---

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

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

- 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 #

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

 ○ No Authority
- Other #

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

 ○ No Authority

MS4 Annual Report Form

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

2	0	1	7
---	---	---	---

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

Name of MS4/Coalition

City of Mount Vernon		
----------------------	--	--

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

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?

		1
--	--	---
 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		1
--	--	---
 3. What percent of active construction sites were inspected during this reporting period? NT

		0
--	--	---

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

		0
--	--	---

 %
 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT
 6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? Yes No

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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

Name of MS4/Coalition

SPDES ID

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

Address

City

Zip

Phone

() -

○ 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

MS4 Annual Report Form

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

2	0	1	7
---	---	---	---

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

Name of MS4/Coalition

City of Mount Vernon

SPDES ID

N	Y	R	2	0	A	3	8	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 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 City's Construction Site Stormwater Runoff Control program will provide equivalent protection to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activity. This includes reviewing SWPPPs submitted to the City for projects disturbing an acre or greater of land. The review process will take note of any potential discharges of pathogens to the Upper Bronx River, Middle Hutchinsion River and their tributaries.

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

The City has chosen to evaluate the number of SWPPPs reviewed as an indicator for measuring the overall effectiveness of the City's compliance with the Construction Site Stormwater Runoff Control program requirements. The City reviewed the one SWPPP submitted in this reporting period. The City will review and comment on SWPPPs submitted to the City as they are submitted.

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).

The City plans to continue evaluating the number of SWPPPs reviewed as an indicator for measuring the overall effectiveness of the City's compliance with the Construction Site Stormwater Runoff Control program requirements in the next reporting cycle. The City will review SWPPPs as they are submitted to the City for comment and approval. The City will continue following the City Written Procedures for MCM 4&5 during SWPPP review and approval.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

Name of MS4/Coalition City of Mount Vernon

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

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

	# Inventoried	# Inspections	# Times Maintained
<input checked="" type="radio"/> Alternative Practices	 0	 	
<input checked="" type="radio"/> Filter Systems	 0	 	
<input checked="" type="radio"/> Infiltration Basins	 0	 	
<input checked="" type="radio"/> Open Channels	 0	 	
<input checked="" type="radio"/> Ponds	 0	 	
<input checked="" type="radio"/> Wetlands	 0	 	
<input checked="" type="radio"/> Other	 0	 	

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

MS4 Annual Report Form

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

2	0	1	7
---	---	---	---

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

Name of MS4/Coalition

City of Mount Vernon

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

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?

		0
--	--	---

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impact Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
--	--	---

 %

MS4 Annual Report Form

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

2	0	1	7
---	---	---	---

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

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

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.

The City's Post-Construction Stormwater Management program will provide equivalent protection to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activity. This includes reviewing SWPPPs submitted to the City for projects disturbing an acre or greater of land. The review process will take note of any potential discharges of pathogens to the Upper Bronx River, Middle Hutchinson River and their tributaries.

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

The City has chosen to evaluate the number of post-construction stormwater management practices inventoried as an indicator for measuring the overall effectiveness of the City's compliance with the Post-Construction Stormwater Management program requirements. The threshold for a SPDES General Permit for Stormwater Discharges from Construction Activity is rarely met within the City. There were no new post-construction storm water management practices constructed this year.

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).

The City plans to continue evaluating the number of post-construction stormwater management practices inventoried as an indicator for measuring the overall effectiveness of the City's compliance with the Post-Construction Stormwater Management program requirements in the next reporting cycle. The City will add BMPs to the inventory as necessary in the next reporting period.

MS4 Annual Report Form

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

2	0	1	7
---	---	---	---

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

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

--	--	--

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

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

MS4 Annual Report Form

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

2	0	1	7
---	---	---	---

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

Name of MS4/Coalition

City of Mount Vernon

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

	1	.	1	6
--	---	---	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

	3	8	0	0
--	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

			9	0
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				0
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

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

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

			0	.	0
--	--	--	---	---	---

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

				2
--	--	--	--	---

4. What was the date of the last training?

0	9	/			/	2	0	1	6
---	---	---	--	--	---	---	---	---	---

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

	1	0
--	---	---

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

1	0	0	%
---	---	---	---

MS4 Annual Report Form

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

2	0	1	7
---	---	---	---

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

Name of MS4/Coalition

City of Mount Vernon

SPDES ID

N	Y	R	2	0	A	3	8	3
---	---	---	---	---	---	---	---	---

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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

The City Pollution Prevention and Good Housekeeping for Municipal Operations program will address operations that collect, store or release sediments, wastes or other potential pollutants with special consideration for the discharge of pathogens to the Upper Bronx River, Middle Hutchinson River and their tributaries.

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

The City has chosen to evaluate the number of lane miles of streets swept annually as an indicator for measuring the overall effectiveness of the City compliance with the Pollution Prevention and Good Housekeeping for Municipal Operations program requirements. The City swept 3,800 lane miles of streets during this reporting period.

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 SWMP?

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).

The City plans to continue the ongoing street sweeping schedule during the next reporting cycle. The City will continue to follow the BMPs outlined in the NYSDEC Municipal Pollution Prevention and Good Housekeeping Assistance Document as necessary.