



## MS4 Annual Report Cover Page

MCC form for period ending March 9, 

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

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SPDES ID  

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## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

2	0	1	8
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Name of MS4 

City of Mount Vernon
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SPDES ID

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

R	i	c	h	a	r	d													
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 MI 

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 Last Name 

T	h	o	m	a	s														
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Title 

M	a	y	o	r															
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Address 

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City 

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

N	Y
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 Zip 

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eMail 

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

(	9	1	4	)	6	6	5	-	2	3	6	0
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 County 

W	e	s	t	c	h	e	s	t	e	r									
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## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

2	0	1	8
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Name of MS4 

City of Mount Vernon																			
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SPDES ID

N	Y	R	2	0	A	3	8	3
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### Section 2 - Contact Information

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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																
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 MI 

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 Last Name 

E	d	e	r	e	r														
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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										
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Address 

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City 

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

N	Y
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 Zip 

1	0	5	5	0	-				
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eMail 

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

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

W	e	s	t	c	h	e	s	t	e	r										
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4 City of Mount Vernon

SPDES ID table with values N, Y, R, 2, 0, A, 3, 8, 3

Section 2 - Contact Information

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

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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 input fields

Title input field with text 'D & B Engineers and Architects'

Address input field with text '330 Crossways Park Drive'

City, State, Zip input fields with text 'Woburn NY 11797'

eMail input field

Phone, County input fields with text '(516) 364-9890 Nassau'

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

**MCC form for period ending March 9,**

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Name of MS4 

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

N	Y	R	2	0	A	3	8	3
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### **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									
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Partner/Coalition Name (con't.)  

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SPDES Partner ID - If applicable  

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City  

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State  

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Zip  

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eMail

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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 

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MM3 

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MM6 

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Additional tasks/responsibilities

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

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## MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 

2	0	1	8
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Name of MS4 

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SPDES ID  

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### 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.

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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						
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Partner/Coalition Name (con't.)

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SPDES Partner ID - If applicable

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City

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State

N	Y
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Zip

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eMail

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

( 

9	1	4
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3	8	1
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7	8	4	5
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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																					
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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, 2018

Name of MS4 City of Mount Vernon

SPDES ID

N	Y	R	2	0	A	3	8	3
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### 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.

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

B	r	o	n	x		R	i	v	e	r		W	a	t	e	r	s	h	e	d		C	o	a	l	i	t	i	o	n		
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Partner/Coalition Name (con't.)

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SPDES Partner ID - If applicable

N	Y	R	2	0					
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Address

1	4	8		M	a	r	t	i	n	e		A	v	e	n	u	e															
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City

W	h	i	t	e		P	l	a	i	n	s								
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State

N	Y
---	---

Zip

1	0	6	0	1	-				
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eMail

r	r	d	1	@	w	e	s	t	c	h	e	s	t	e	r	g	o	v	.	c	o	m									
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Phone

( 914 ) 995 - 4423

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 M u l t i p l e T a s k s
- MM4 M u l t i p l e T a s k s
- MM5 M u l t i p l e T a s k s
- 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	8
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Name of MS4 

City of Mount Vernon
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SPDES ID

N	Y	R	2	0	A	3	8	3
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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.

First Name

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

MI

--

Last Name

E	d	e	r	e	r														
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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											
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Signature

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

Date

		/			/				
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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





## MS4 Annual Report Form

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

2	0	1	8
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mount Vernon
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SPDES ID

N	Y	R	2	0	A	3	8	3
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### 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

- Construction Site Operators Trained # Trained 

--	--	--	--	--
- Direct Mailings # Mailings 

--	--	--	--	--
- Kiosks or Other Displays # Locations 

				3
--	--	--	--	---
- List-Serves # In List 

	2	0	0	0
--	---	---	---	---
- Mailing List # In List 

--	--	--	--	--
- Newspaper Ads or Articles # Days Run 

--	--	--	--	--
- Public Events/Presentations # Attendees 

		2	0	0
--	--	---	---	---
- School Program # Attendees 

--	--	--	--	--
- TV Spot/Program # Days Run 

				2
--	--	--	--	---
- Printed Materials: Total # Distributed 

--	--	--	--	--

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
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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	
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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											



**MS4 Annual Report Form**

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

2	0	1	8
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mount Vernon
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SPDES ID

N	Y	R	2	0	A	3	8	3
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**4. Evaluating Progress Toward Measurable Goals MCM 1**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (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 200 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
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*(ex.: samples/participants/events)*

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

Yes  No

**E. Is your MS4 on schedule to meet the deadline set forth in the 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	8
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mount Vernon																			
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SPDES ID  

N	Y	R	2	0	A	3	8	3
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**4.a. If this report was made available on the internet, what date was it posted?**

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

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 / 

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**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?

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If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

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

**MS4 Annual Report Form**

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

2	0	1	8
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mount Vernon
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SPDES ID

N	Y	R	2	0	A	3	8	3
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**7. Evaluating Progress Toward Measurable Goals MCM 2**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (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
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*(ex.: samples/participants/events)*

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

Yes  No

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	8	3
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### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

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 seven 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
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(ex.: samples/participants/events)

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

Yes     No

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

Yes     No

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

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	8
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mount Vernon
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SPDES ID

N	Y	R	2	0	A	3	8	3
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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? 

--	--	--

**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?**

		0
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**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
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**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 # 

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 ○ No Authority

**MS4 Annual Report Form**

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

2	0	1	8
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mount Vernon
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SPDES ID

N	Y	R	2	0	A	3	8	3
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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report? 

--	--	--

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

		0
--	--	---
  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, 

2	0	1	8
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mount Vernon
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SPDES ID

N	Y	R	2	0	A	3	8	3
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**7. Evaluating Progress Toward Measurable Goals MCM 4**

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

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

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. There were no SWPPPs submitted to the City in this reporting period. The City will review and comment on SWPPPs 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	8
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mount Vernon
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SPDES ID

N	Y	R	2	0	A	3	8	3
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**4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?**

Yes  No

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

Yes  No

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

Yes  No

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

		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
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 %



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

City of Mount Vernon
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SPDES ID

N	Y	R	2	0	A	3	8	3
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**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

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
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

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,**

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	8	3
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### Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? 

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**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	8
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mount Vernon
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SPDES ID  

N	Y	R	2	0	A	3	8	3
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**2. Provide the following information about municipal operations good housekeeping programs:**

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

	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 # 

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

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

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

				1
--	--	--	--	---

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

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

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

		7
--	--	---

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

1	0	0	%
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**MS4 Annual Report Form**

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

2	0	1	8
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Name of MS4/Coalition 

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

SPDES ID

N	Y	R	2	0	A	3	8	3
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**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
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*(ex.: samples/participants/events)*

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

Yes  No

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