

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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MS4 Annual Report Cover PageMCC form for period ending March 9,

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Required Forms

- > Municipal Compliance Certification
- > Water Quality Trends
- > Minimum Measure 1
- > Minimum Measure 2
- > Minimum Measure 3
- > Minimum Measure 4
- > Minimum Measure 4 and 5
- > Minimum Measure 5
- > Minimum Measure 6
- > MS4s in impaired watersheds included in GP-0-08-002 Part IX must also complete the form *Additional Watershed Improvement Strategy Best Management Practices*.

Reporting Requirements

- * **Permittees submitting an annual report for an individual MS4 must complete and submit all required forms.**
- * **Joint reports may be submitted by permittees with legally binding agreements as follows:**
 - > *Each* MS4 contributing to a joint report must submit a Municipal Compliance Certification (MCC) form with an original signature. The MCC forms must be attached to the report.
 - > A coalition may submit information on behalf of its members as follows:
 1. Submit one form for each of the Minimum Measures (and if required, Additional Watershed Improvement Strategy Best Management Practices) on behalf of all the MS4s in the coalition, or
 2. Complete some of the required forms on behalf of all the MS4's in the coalition and for other Minimum Measures, attach completed forms from each of the MS4s.

For example, a joint report for a coalition including four permitted MS4s may contain one form for *each* of the Minimum Measures 1-5, representing the combined work of all four participating MS4s, and *in addition*, include four separate Minimum Measure 6 forms and four separate *Additional Watershed Improvement Strategy Best Management Practices* forms provided by each of the participating permittees.

The Department will *not* accept a report form from a participating MS4 *in addition to* a combined report form submitted for the same Minimum Measure.

Instructions for completing forms

These forms may be completed on a computer or by hand. If completing the forms by hand, fill in circles completely and print clearly.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2009

Name of MS4 Village of Brookville

SPDES ID
N Y R 2 0 A 4 3 9

Section 2 - Contact Information

Provide contact information for *all* of the following contacts:

- 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
- 3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 4. Report Preparer (Consultants may provide company name in the space provided).

Submit a separate sheet for each contact.

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
 - Executive Officer or Ranking Elected Official
 - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name

C a r o l i n e Z B a z z i n i

Title
M a y o r

Address
1 8 H o r s e H i l l R o a d

City State Zip

B r o o k v i l l e N Y 1 1 5 4 5 -

eMail
v b r o o k v i l l e @ a o l . c o m

Phone County

(5 1 6) 6 2 6 - 0 9 7 3

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Village of Brookville

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- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name

T i m o t h y [] D o u g h e r t y

Title

V i l l a g e A d m i n i s t r a t o r

Address

1 8 H o r s e H i l l

City State Zip

B r o o k v i l l e N Y 1 1 5 4 5 - [] [] []

eMail

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Phone County

(5 1 6) 6 2 6 - 0 9 7 3 N a s s a u

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2009

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 - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name: J o h n MI: M Last Name: W a l t z

Title: C o n s u l t a n t - S i d n e y B . B o w n e S o n

Address: 2 3 5 E a s t J e r i c h o T u r n p i k e

City: M i n e o l a State: N Y Zip: 1 1 5 0 1 -

eMail: j w a l t z @ b o w n e g r o u p . c o m

Phone: (5 1 6) 7 4 6 - 2 3 5 0 County: N a s s a u

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2009

Name of MS4 SPDES ID

Section 3 - Partner Information - Submit a separate sheet for each partner.

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below. Yes No

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.) SPDES Partner ID - If applicable

Address

City State Zip

eMail

Phone

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

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

- MM1
- MM2
- MM3
- 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, 2009

Name of MS4

SPDES ID
N Y R 2 0 A 4 3 9

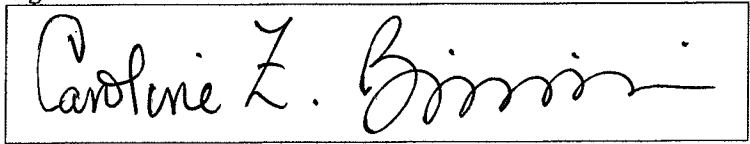
Section 4 - Certification Statement

"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 MI Last Name

Title

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,

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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

Village of Brookville (and the Nassau County Coalition)

SPDES ID

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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:

- | | | | | | | | |
|--|---------------------|--|---|---|---|---|---|
| <input type="radio"/> Construction Site Operators Trained | # Trained | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> Direct Mailings | # Mailings | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td>8</td><td>4</td></tr></table> | | | | 8 | 4 |
| | | | 8 | 4 | | | |
| <input type="radio"/> List-Serves | # In List | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> Mailing List | # In List | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> Newspaper Ads or Articles | # Days Run | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Public Events/Presentations | # Attendees | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td>1</td><td>4</td><td>6</td><td>0</td></tr></table> | | 1 | 4 | 6 | 0 |
| | 1 | 4 | 6 | 0 | | | |
| <input checked="" type="radio"/> School Program | # Attendees | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td>1</td><td>1</td><td>5</td></tr></table> | | | 1 | 1 | 5 |
| | | 1 | 1 | 5 | | | |
| <input type="radio"/> TV Spot/Program | # Days Run | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Printed Materials: | Total # Distributed | <table border="1" style="width: 100%; height: 20px;"><tr><td>1</td><td>3</td><td>1</td><td>6</td><td>6</td></tr></table> | 1 | 3 | 1 | 6 | 6 |
| 1 | 3 | 1 | 6 | 6 | | | |

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

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K	i	o	s	k	s															
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Other:

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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

Village of Brookville (and the Nassau County Coalition)
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SPDES ID

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4. Evaluating/Measuring Progress MCM 1

What indicators do you use to evaluate the overall effectiveness of your Education and Outreach Program, how long have you been tracking them and at what frequency?

Example:*

Indicator:

Public phone survey

Began Tracking:

2005

Frequency:

Annual

(year) *(ex.: annual, monthly, biweekly)*

1000

(ex.: samples/participants/events)

Results:

Increased awareness of issues related to use of fertilizers

** This indicator is provided as an example only.*

Indicator:

public information on the Village Website

Began Tracking:

2005

Frequency:

continuous

(year) *(ex.: annual, monthly, biweekly)*

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(ex.: samples/participants/events)

Results:

Increased awareness on the environmental impacts of: improper use of fertilizers and pesticides, failing septic systems, geese & waterfowl, pet waste, and solid waste
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Submit additional pages as needed.

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Name of MS4/Coalition Village of Brookville

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2. URL(s) con't.:

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3. Where can the public access copies of the 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
V i l l a g e H a l l

Address
1 8 H o r s e H i l l R o a d

City Zip
B r o o k v i l l e N Y -

Phone
(5 1 6) 6 2 6 - 0 9 7 3

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

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Village of Brookville

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4. 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.

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

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Village of Brookville (and the Nassau County Coalition)

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6. Evaluating/Measuring Progress MCM 2

What indicators do you use to evaluate the overall effectiveness of your Public Involvement/Participation Program, how long have you been tracking them and at what frequency?

Example:*

Indicator:

Number of attendees at public events

Began Tracking:

2005

(year) **Frequency:**

Annual

(ex.: annual, monthly, biweekly)
#

1000

(ex.: samples/participants/events)

Results:

Attendance at public events has increased 200% since 2005.
--

** This indicator is provided as an example only.*

Indicator:

Number attending the public hearing on the SWMPAR

Began Tracking:

2004

(year) **Frequency:**

annual

(ex.: annual, monthly, biweekly)
#

0

(ex.: samples/participants/events)

Results:

There has been no change and no public comments that the advertised public hearing for the Stormwater Management Program Annual Report. (also see the Nassau County evaluation for a more regional perspective)

Submit additional pages as needed.

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8. URL(s) con't.:

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

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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. Has an attorney certified law(s) adopted by traditional MS4s to be equivalent to the NYS Model IDDE law? Yes No

11. What percent of staff in relevant positions and departments has received IDDE training? 100%

MS4 Annual Report Form

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Name of MS4/Coalition

Village of Brookville

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N Y R 2 0 A 4 3 9

12. Evaluating/Measuring Progress MCM 3

What indicators do you use to evaluate the overall effectiveness of your Illicit Discharge Elimination Program, how long have you been tracking them and at what frequency?

Example:***Indicator:**

Number of illicit discharges identified/eliminated

Began Tracking:

2005

*(year)***Frequency:**

Monthly inspections

(ex.: annual, monthly, biweekly)

#

25 illicit discharges identified/24 eliminated

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

Since 2005, the number of annual inspections has doubled. We have developed a tracking system and illicit discharges that have been identified are being eliminated, on average, within a week of discovery.

* This indicator is provided as an example only.

Indicator:

number of Outfalls and Connections to other drainage systems

Began Tracking:

2008

*(year)***Frequency:**

one time mapping study

(ex.: annual, monthly, biweekly)

#

0

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

THE ENTIRE DRAINAGE SYSTEM IN PART OF THE VILLAGE THAT BY TOPOGRAPHY IS IN A WATERSHED HAS BEEN MAPPED AND THERE ARE NO OUTFALLS OR CONNECTIONS TO OTHER SYSTEMS. THERE ARE NO STREAMS, OR SHORELINES IN THE VILLAGE. THERE ARE NO DIRECT OR INDIRECT CONVEYANCES TO SURFACE WATERS. THERE ARE NO PLACES TO CHECK FOR DRY WEATHER FLOW

Submit additional pages as needed.

MS4 Annual Report Form

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

2	0	0	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

Village of Brookville

SPDES ID

N	Y	R	2	0	A	4	3	9
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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?

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- 1. Has each Town, City and/or Village contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equal protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?** Yes No

If Yes, provide date of equivalent NYS Sample Local Law. 09/2004 03/2006

- 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

If Yes, how many public comments were received during this reporting period?

--	--	--

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

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

- Notices of Violation #

--	--	--	--	--

 No Authority
- Stop Work Orders #

--	--	--	--	--

 No Authority
- Criminal Actions #

--	--	--	--	--

 No Authority
- Termination of Contracts #

--	--	--	--	--

 No Authority
- Administrative Fines #

--	--	--	--	--

 No Authority
- Civil Penalties #

--	--	--	--	--

 No Authority
- Administrative Orders #

--	--	--	--	--

 No Authority
- Other #

--	--	--	--	--

 No Authority

MS4 Annual Report Form

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

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Name of MS4/Coalition

Village of Brookville

SPDES ID

N	Y	R	2	0	A	4	3	9
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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?

		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?

1	0	0
---	---	---

 %

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

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No

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

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	0	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	4	3	9
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7. Evaluating/Measuring Progress MCM 4

What indicators do you use to evaluate the overall effectiveness of your Construction Site Stormwater Management Program, how long have you been tracking them and at what frequency?

Example:*

Indicator:

Began Tracking:

(year)

Frequency:

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

Results:

100% of SWPPPs were reviewed. 50% of the SWPPPs reviewed were returned with comments. All of these were returned with modifications reflecting NYS Standards.

** This indicator is provided as an example only.*

Indicator:

Began Tracking:

(year)

Frequency:

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

Results:

One SWPPP has been submitted, reviewed and approved during the past program year. Regular site inspections are conducted to assure compliance with the approved plan. The result silt and sediment is kept from reaching the drainage structures. Since there are no direct or indirect conveyances to surface waters, the SWPPP is protecting a system that is not regulated under the Phase II rule.

Submit additional pages as needed.

MS4 Annual Report Form

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

2	0	0	9
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Name of MS4/Coalition

Village of Brookville

SPDES ID

N	Y	R	2	0	A	4	3	9
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4. Evaluating/Measuring Progress MCM 5

What indicators do you use to evaluate the overall effectiveness of your Post-Construction Stormwater Management Program, how long have you been tracking them and at what frequency?

Example*:**Indicator:**

Number of reports of flooding during storm events from business district

Began Tracking:

2005

*(year)***Frequency:**

Annual Summary

(ex.: annual, monthly, biweekly)

#

18

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

During this reporting period, we experienced average rainfall, but DPW records show that the number of incidences of flooding in the business district fell 25%. This is attributable to increased inspection and maintenance of post construction BMPs.

* This indicator is provided as an example only.

Indicator:

Number of Post Construction BMPs approved that are regulated under the Phase II Rule

Began Tracking:

2008

*(year)***Frequency:**

As constructed

(ex.: annual, monthly, biweekly)

#

1

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

pollutants from the a 3" rain event will be retained on site. Since there are no direct or indirect conveyances to surface waters, the Post Construction BMP is preventing flooding on Village roads and abutting properties. runoff from this site is not an issue.

Submit additional pages as needed.

MS4 Annual Report Form

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

2	0	0	9
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Name of MS4/Coalition

Village of Brookville

SPDES ID

N	Y	R	2	0	A	4	3	9
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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>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Salt Storage.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks and Open Space.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Municipal Building.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MS4 Annual Report Form

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

2	0	0	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

Village of Brookvills

SPDES ID

N	Y	R	2	0	A	4	3	9
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2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept # Acres

--	--	--	--	--
- Streets Swept # Miles

			1	5
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

			1	8
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

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

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

--	--	--	--	--
- Pesticide/Herbicide Applied As Pure Product # Lbs.

--	--	--	--	--

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	5
---	---

 /

0	5
---	---

 /

2	0	0	8
---	---	---	---

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

		3
--	--	---

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

	7	5
--	---	---

 %

MS4 Annual Report Form

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

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Name of MS4/Coalition

Village of Brookville									
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SPDES ID

N	Y	R	2	0	A	4	3	9
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7. Evaluating/Measuring Progress MCM 6

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

Example:*

Indicator:

Catch basins inspected and cleaned

Began Tracking:

2005

(year)

Frequency:

monthly
(ex.: annual, monthly, biweekly)

#

40 catch basins cleaned
(ex.: samples/participants/events)

Results:

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.

** This indicator is provided as an example only.*

Indicator:

Miles of Streets Swept

Began Tracking:

--

(year)

Frequency:

semi-annual
(ex.: annual, monthly, biweekly)

#

15 miles twice each year
(ex.: samples/participants/events)

Results:

The Village approximately 6 miles of roads in a watershed and there are no conveyances for these Village roads to surface waters. The result is that no runoff from the Village facilities or infrastructure reaches surface waters. The Village sweeps all 15 miles of its roads to keep them clean the to prevent sediment from entering the infiltration based drainage system.

Submit additional pages as needed.

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

Village of Brookville

SPDES ID

N	Y	R	2	0	A	4	3	9
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Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

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MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed			
Traditional Land Use	1,2,3,4,5,6,7,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,7,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed			
Traditional Land Use	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed			
Traditional Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay			
Traditional Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens
Traditional Non-Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens
Non-Traditional	1,4,7,8a,9	2,3,4,5,8b,10,11,12	Pathogens
Peconic Estuary			
Traditional Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen

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

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

If N/A, go to question 3.

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

--	--	--

 %

Estimate what percentage was mapped in this reporting period.

--	--	--

 %

3. Does your MS4/Coalition have a Stormwater Conveyance System(infrastructure) Inspection and Maintenance Plan Program? Yes No N/A

MS4 Annual Report Form

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Name of MS4/Coalition

Village of Brookville

SPDES ID

N	Y	R	2	0	A	4	3	9
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4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

		0
--	--	---

 %
5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? Yes No N/A
6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? Yes No N/A
7. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A
- 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A
- 8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? Yes No N/A
9. Has your MS4/Coalition developed and implemented a program of native planting? Yes No N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding? Yes No N/A
11. Does your MS4/Coalition have a pet waste bag program? Yes No N/A
12. Does your MS4/Coalition have a program to manage goose populations? Yes No N/A