

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

Name of MS4

SPDES ID
N Y R 2 0 A 2 1 8

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

C o u n t y o f W e s t c h e s t e r P l a n D e p t

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0

Address

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

City

State

Zip

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

eMail

Phone

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

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 g e n e r a l s t o r m w a t e r i n f o r m a t i o n

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.

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Name of MS4:

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.

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

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, 2 0 1 1

Name of MS4

SPDES ID
N Y R 2 0 A 2 1 8

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 (Clearly print title of individual signing report)

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

Town of Bedford

SPDES ID

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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 (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.

Increase awareness of stormwater issues, particularly pollutants of concern, to the general public.

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

Distribution and discussion of public information items on stormwater issues through the list-serv, handouts, large mural displays, poster, magnets, stickers, bookmarks and dog litter bags. Observations are based on materials seen or picked up by the public and discussed with the public, including students, at presentations. The number in Item C below indicates total individuals receiving this information.

C. How many times was this observation measured or evaluated in this reporting period?

| | | | |
|---|---|---|---|
| 2 | 2 | 9 | 7 |
|---|---|---|---|

(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).

Continue to distribute stormwater materials throughout the Town at various venues and through discussions at public sessions and schools.

MS4 Annual Report Form

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Name of MS4/Coalition

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N Y R 2 0 A 2 1 8

2. URL(s) con't:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

h t t p : / / w w w . b e d f o r d n y . i n f o / h t m l /
p d f / a g e n d a . t o w n b o a r d . p d f

URL

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MS4 Annual Report Form

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

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Name of MS4/Coalition

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| Town of Bedford |
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SPDES ID

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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.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 5 | / | 1 | 1 | / | 2 | 0 | 1 | 1 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | |
|---|---|---|
| 3 | 6 | 5 |
|---|---|---|

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

Yes No

If Yes, what was the date of the meeting?

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

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,

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Name of MS4/Coalition

Town of Bedford

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N Y R 2 0 A 2 1 8

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Increase opportunities for public comment and participation on stormwater issues and measures.

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

Newly organized clean-up activities in Bedford Hills sponsored by the Bedford Hills Neighborhood Association. This program adds to similar, existing programs in Bedford Village and Katonah.

C. How many times was this observation measured or evaluated in this reporting period?

| | | | |
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| | | | 3 |
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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).

Coordinate clean-up activities in the Town's three hamlets with the townwide clean-up program.

MS4 Annual Report Form

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Name of MS4/Coalition

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| Town of Bedford |
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SPDES ID

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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.

Prompt response by the Town to observations and complaints of illicit discharges.

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

The Town's complaint review system is in place to record and administer other reported and discovered illicit discharges. Town employees observe stormwater characteristics when cleaning catch basins and performing other maintenance tasks. Concerns are reported and addressed.

C. How many times was this observation measured or evaluated in this reporting period?

| | | | |
|--|---|---|---|
| | 3 | 6 | 5 |
|--|---|---|---|

(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).

Implement required pumping and inspection of every septic system in the Town on a five year basis as required by Town of Bedford law adopted 4/5/11. Continue inspection of outfalls in accordance with the requirements of GP-0-10-002. Continue use of complaint review system.

MS4 Annual Report Form

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

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Name of MS4/Coalition

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| Town of Bedford |
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SPDES ID

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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.

Prompt response by the Town to observations and complaints of illicit discharges.

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

Records of inspection of the Town's stormwater outfalls are used to monitor and record illicit discharges. The Town's complaint review system is in place to record and administer other reported and discovered illicit discharges.

C. How many times was this observation measured or evaluated in this reporting period?

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

(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).

Implement required pumping and inspection of every septic system in the Town on a five year basis as required by Town of Bedford law adopted 4/5/11. Continue inspection of outfalls in accordance with the requirements of GP-0-10-002. Continue use of complaint review system.

MS4 Annual Report Form

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Name of MS4/Coalition

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SPDES ID

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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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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 | 2 |
|--|---|---|

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?

| | | |
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| | | 8 |
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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 #

| | | | | |
|--|--|--|--|---|
| | | | | 3 |
|--|--|--|--|---|

 No Authority
- Stop Work Orders #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Criminal Actions #

| | | | | |
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| | | | | |
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 No Authority
- Termination of Contracts #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Administrative Fines #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Civil Penalties #

| | | | | |
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 No Authority
- Administrative Orders #

| | | | | |
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 No Authority
- Enforcement Actions or Sanctions #

| | | | | |
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 No Authority
- Other #

| | | | | |
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| | | 1 | | 1 |
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 No Authority

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

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| Town of Bedford |
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SPDES ID

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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?

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

| | | |
|--|--|---|
| | | 8 |
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 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

| | | |
|--|--|---|
| | | 9 |
|--|--|---|
 3. What percent of active construction sites were inspected during this reporting period? NT

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

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

| | | |
|---|---|---|
| 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 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.

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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

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Name of MS4/Coalition

Town of Bedford

SPDES ID

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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.

Require, approve and inspects SWPPPs for all construction with disturbance greater than one acre.

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

All construction permits issued by the Town are reviewed for compliance with the one acre SWPPP standard and 5,000 square foot erosion control standard.

C. How many times was this observation measured or evaluated in this reporting period?

| | | | |
|--|---|---|---|
| | 3 | 3 | 0 |
|--|---|---|---|

(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).

Training to be completed for all staff to be familiar with the one acre and 5,000 square foot standards.

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SPDES ID

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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 type="radio"/> Alternative Practices | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td>1</td><td>0</td></tr></table> | | 1 | 0 | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
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| <input type="radio"/> Infiltration Basins | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
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| <input type="radio"/> Open Channels | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
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| <input type="radio"/> Ponds | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td>2</td></tr></table> | | | 2 | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
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| <input type="radio"/> Wetlands | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
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| <input type="radio"/> Other | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td>5</td><td>2</td></tr></table> | | 5 | 2 | <table border="1"><tr><td> </td><td>5</td><td>2</td></tr></table> | | 5 | 2 |
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| | 5 | 2 | | | | | | | | | | |

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:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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MS4 Annual Report Form

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Name of MS4/Coalition

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| Town of Bedford |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 2 | 1 | 8 |
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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?

| | | |
|--|--|---|
| | | 5 |
|--|--|---|

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

| | | |
|--|--|---|
| | | 2 |
|--|--|---|

 %

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

Town of Bedford

SPDES ID

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| N | Y | R | 2 | 0 | A | 2 | 1 | 8 |
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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.

Properly operate and maintain all post-construction BMPs in accordance with the requirements of GP 0-10-002.

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

Inspected 64 post-construction BMPs within the reporting period.

C. How many times was this observation measured or evaluated in this reporting period?

| | | | |
|--|--|---|---|
| | | 6 | 4 |
|--|--|---|---|

(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).

Remainder of post-construction BMPs to be inspected.

MS4 Annual Report Form

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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:

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| Town of Bedford/Croton Kensico Coalition (CKWIC) |
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SPDES ID

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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"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Bridge Maintenance..... | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Winter Road Maintenance..... | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Salt Storage..... | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Solid Waste Management..... | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| New Municipal Construction and Land Disturbance.. | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Right of Way Maintenance..... | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input 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 checked="" type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Parks and Open Space..... | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Municipal Building..... | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Stormwater System Maintenance..... | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input 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 type="radio"/> Yes | <input checked="" type="radio"/> No | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

MS4 Annual Report Form

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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

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| Town of Bedford |
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SPDES ID

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

| | | | | |
|--|--|---|---|---|
| | | 1 | 9 | 6 |
|--|--|---|---|---|
- Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|---|---|---|
| | | 3 | 9 | 0 |
|--|--|---|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|---|---|
| | | | 6 | 4 |
|--|--|--|---|---|
- Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|---|---|
| | | | 8 | 0 |
|--|--|--|---|---|
- Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|---|---|---|
| | | 2 | 0 | 0 |
|--|--|---|---|---|
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

| | | | | | |
|--|--|--|---|---|--|
| | | | 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?

| | |
|--|--|
| | |
|--|--|

 /

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| | | | |
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| | | | |
|--|--|--|--|

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

| | | |
|--|--|--|
| | | |
|--|--|--|

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,

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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

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| Town of Bedford/Croton Kensico Coalition (CKWIC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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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 (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 Croton Kensico Watershed Intermunicipal Coalition (CKWIC), consisting of the twelve Northern Westchester municipalities, has agreed to develop regional stormwater retrofit plan. CKWIC hired a consultant to develop a 5 year implementation plan to comply with Part III.C.1 The draft plan includes a listing of 203 stormwater retrofit projects, 81 of which have identified to comply with the phosphorous removal requirements during the five year capital plan.

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

Based on the plan, 10% of the measurable goal for phosphorus reduction has been met at this time.

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).

CKWIC has obtained approval of its five year plan and has begun implementation. Future progress is contingent upon obtaining funding from the East of Hudson Water Quality Improvement Fund (EOH Fund) from Westchester County. Funds for implementation will also be received from the New York City Department of Environmental Protection.

MS4 Annual Report Form

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

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Name of MS4/Coalition

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| Town of Bedford |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 2 | 1 | 8 |
|---|---|---|---|---|---|---|---|---|

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?

| | | |
|--|--|--|
| | | |
|--|--|--|

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 | 1,2,3,4,5,6,7a-d,8a,8b,9 | 10,11,12 | Phosphorus |
| Traditional Non-Land Use | 1,2,3,4,7a-d,8a,8b,9 | 5,10,11,12 | Phosphorus |
| Non-Traditional | 1,2,77a-d,8a,8b,9 | 3,4,5,10,11,12 | Phosphorus |
| Onondaga Lake Watershed | | | |
| Traditional Land Use | 1,6,7a-d,8a,9 | 2,3,4,5,8b,10,11,12 | Phosphorus |
| Traditional Non-Land Use | 1,6,7a-d,8a,9 | 2,3,4,5,8b,10,11,12 | Phosphorus |
| Non-Traditional | 1,6,7a-d,8a,9 | 2,3,4,5,8b,10,11,12 | Phosphorus |
| Greenwood Lake Watershed | | | |
| Traditional Land Use | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| Traditional Non-Land Use | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| Non-Traditional | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| Oyster Bay | | | |
| Traditional Land Use | 1,4,7a-d,9,10,11,12 | 2,3,5,6,8a,8b | Pathogens |
| Traditional Non-Land Use | 1,4,7a-d,9,10,11,12 | 2,3,5,6,8a,8b | Pathogens |
| Non-Traditional | 1,4,7a-d,9 | 2,3,4,5,8a,8b,10,11,12 | Pathogens |
| Peconic Estuary | | | |
| Traditional Land Use | 1,4,7a-d,8a,9,10,11,12 | 2,3,5,6,8b | Pathogens and Nitrogen |
| Traditional Non-Land Use | 1,4,7a-d,8a,9,10,11,12 | 2,3,5,6,8b | Pathogens and Nitrogen |
| Non-Traditional | 1,4,7a-d,8a,9 | 2,3,4,5,8b,10,11,12 | Pathogens and Nitrogen |
| Oscawana Lake Watershed | | | |
| Traditional Land Use | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| Traditional Non-Land Use | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| Non-Traditional | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| LI 27 Embayments | | | |
| Traditional Land Use | 1,2,3,4,7a-d,9,10,11,12 | 5,6,8a,8b | Pathogens |
| Traditional Non-Land Use | 1,2,3,4,7a-d,9,10,11,12 | 5,6,8a,8b | Pathogens |
| Non-Traditional | 1,2,3,4,7a-d,9 | 5,6,8a,8b,10,11,12 | Pathogens |

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.

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

 %

MS4 Annual Report Form

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

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Name of MS4/Coalition

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| Town of Bedford |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 2 | 1 | 8 |
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? Yes No N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) 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

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A

7b. How many projects have been sited in this reporting period?

| | | |
|--|---|---|
| | 8 | 1 |
|--|---|---|

7c. What percent of the projects included in 7b have been completed in this reporting period?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

 %

7d. What percent of projects planned in previous years have been completed?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

 %

No Projects Planned

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

MS4 Annual Report Form

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| 2 | 0 | 1 | 1 |
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Name of MS4/Coalition

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| Town of Bedford |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 1 | 8 |
|---|---|---|---|---|---|---|---|---|

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