

MS4 Annual Report Cover Page

MCC form for period ending March 9,

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

SPDES ID
N Y R 2 0 A

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

2	0	0	9
---	---	---	---

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,

2	0	0	9
---	---	---	---

Name of MS4

TOWN OF NORTH SALEM

SPDES ID

N	Y	R	2	0	A	0	5	6
---	---	---	---	---	---	---	---	---

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

W A R R E N

MI

J

Last Name

L U C A S

Title

T O W N S U P E R V I S O R

Address

2 6 6 T I T I C U S R O A D

City

N O R T H S A L E M

State

N Y

Zip

1 0 5 6 0 -

eMail

W J L U C A S @ U S . I B M . C O M

Phone

(9 1 4) 6 6 9 - 5 1 1 0

County

W E S T C H E S T E R

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 TOWN OF NORTH SALEM

SPDES ID
N Y R 2 0 A 0 5 6

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

B R U C E T H O M P S O N

Title

B U I L D I N G I N S P E C T O R

Address

2 7 4 T I T I C U S R O A D

City State Zip

N O R T H S A L E M N Y 1 0 5 6 0 -

eMail

B T H O M P S O N @ N O R T H S A L E M N Y . O R G

Phone County

(9 1 4) 6 6 9 - 5 9 5 2 W E S T C H E S T E R

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID

N	Y	R	2	0	A	0	5	6
---	---	---	---	---	---	---	---	---

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

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 TOWN OF NORTH SALEM

SPDES ID

N Y R 2 0 A 0 5 6

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

[Grid for Partner/Coalition Name]

Partner/Coalition Name (con't.)

[Grid for Partner/Coalition Name (con't.)]

SPDES Partner ID - If applicable

N Y R 2 0

Address

[Grid for Address]

City

[Grid for City]

State

[Grid for State]

Zip

[Grid for Zip]

[Grid for Zip continuation]

eMail

[Grid for eMail]

Phone

([Grid]) [Grid] - [Grid]

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 [Grid]

MM2 [Grid]

MM3 [Grid]

MM4 [Grid]

MM5 [Grid]

MM6 [Grid]

Additional tasks/responsibilities

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

[Grid for Additional tasks/responsibilities]

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID
N Y R 2 0 A 0 5 6

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, 2009

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

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

URL
N O R T H S A L E M N Y . O R G / S U P E R V I S O R / S T O R

M W A T E R . H T M L L A W N C A R E

URL
N O R T H S A L E M N Y . O R G / S U P E R V I S O R / S T O R

M W A T E R . H T M L M S 4 R E P O R T 1

URL
N O R T H S A L E M N Y . O R G / S U P E R V I S O R / S T O R

M W A T E R . H T M L M S 4 R E P O R T 2

URL
N O R T H S A L E M N Y . O R G / S U P E R V I S O R / S T O R

M W A T E R . H T M L M S 4 R E P O R T 3

URL
N O R T H S A L E M N Y . O R G / S U P E R V I S O R / S T O R

M W A T E R . H T M L M S 4 R E P O R T 4

URL
N O R T H S A L E M N Y . O R G / S U P E R V I S O R / S T O R

M W A T E R . H T M L M S 4 R E P O R T 5

URL

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

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

2	0	0	9
---	---	---	---

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 NORTH SALEM

SPDES ID

N	Y	R	2	0	A	0	5	6
---	---	---	---	---	---	---	---	---

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

*(year)***Frequency:**

Annual

(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:

OPEN HOUSE AND WEBSITE HITS

Began Tracking:

2009

*(year)***Frequency:**

YEARLY FOR OPEN HOUSE, WEBSITE WILL BE MONTHLY

(ex.: annual, monthly, biweekly)

#

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

This information will be available for the next annual report. We had our open house in February and over 100 people came and visited each department. We have not yet had our department meeting to access the information. We launched a new website in May of this year and will check hits for next year's report.

Submit additional pages as needed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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 NORTH SALEM

SPDES ID: NYR20A056

2. URL(s) con't.:

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

URL

N O R T H S A L E M N Y . O R G / S U P E R V I S O R / A G E N
D A . H T M L

URL

N O R T H S A L E M N Y . O R G / S U P E R V I S O R / V I E W
M E E T I N G S . H T M L

URL

[Empty URL grid]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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 NORTH SALEM

SPDES ID: NYR20A056

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: TOWN CLERK

Address: 266 TITICUS ROAD

City: NORTH SALEM NY Zip: 10560

Phone: (914) 669-5577

Library Annual Report SWMP Plan Comments

Address: 270 TITICUS ROAD

City: NORTH SALEM NY Zip: 10560

Phone: (914) 669-5161

Other Annual Report SWMP Plan Comments

Address: [Empty]

City: [Empty] Zip: [Empty]

Phone: ([Empty]) [Empty] - [Empty]

Web Page URL: Annual Report SWMP Plan Comments

NORTHSALEMNY.ORG/SUPERVISOR/STO
MWATER.HTMLMS4REPORT5

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

eMail Comments

VHOWLEY@NORTHSALEMNY.ORG

MS4 Annual Report Form

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

2	0	0	9
---	---	---	---

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

Name of MS4/Coalition

T	O	W	N	O	F	N	O	R	T	H	S	A	L	E	M
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	0	5	6
---	---	---	---	---	---	---	---	---

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?

0	5
---	---

 /

2	7
---	---

 /

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

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

MS4 Annual Report Form

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

2	0	0	9
---	---	---	---

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 NORTH SALEM

SPDES ID

N	Y	R	2	0	A	0	5	6
---	---	---	---	---	---	---	---	---

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 OF ATTENDEES AT PUBLIC MEETINGS AND PUBLIC EVENTS

Began Tracking:

2005

(year)

Frequency:

ANNUALLY

(ex.: annual, monthly, biweekly)

#

NO NOTICABLE INCREASE

(ex.: samples/participants/events)

Results:

THERE HAS NOT BEEN ANY NOTICABLE INCREASE IN THE NUMBER OF PEOPLE ATTENDING PUBLIC MEETINGS. PUBLIC MEETINGS ARE NOW BROADCAST "LIVE" AND WE WILL NOT BE ABLE TO TRACK NUMBER OF VIEWERS.

Submit additional pages as needed.