

**MS4 Annual Report Cover Page**

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

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

SPDES ID  
 N Y R 2 0 A 3 9 7

**Choose one:**

- This report is being submitted on behalf of an individual MS4.**

Fill in SPDES ID in upper right hand corner.

Name of MS4

T	o	w	n	o	f	M	a	r	l	b	o	r	o	u	g	h																	
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**OR**

- This report is being submitted on behalf of a Single Entity**

(Per Part II.E of GP-0-10-002)

Name of Single Entity

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**OR**

- This is a joint report being submitted on behalf of a coalition.**

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition


SPDES ID

N	Y	R	2	0	A			
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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

N	Y	R	2	0	A			
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**MS4 Annual Report Cover Page****MCC form for period ending March 9,**

2 0 1 8

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

SPDES ID

N Y R 2 0 A

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

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

### SPDES ID

Name of MS4 Town of Marlborough

N	Y	R	2	0	A	3	9	7
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Each MS4 must submit an MCC form.

## Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
  - A Single Entity (Per Part II.E of GP-0-10-002)
  - A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

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

MCC form for period ending March 9,

2 0 1 8

SPDES ID

Name of MS4

Town of Marlborough

N Y R 2 0 A 3 9 7

**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

A l p h o n s o

MI

Last Name

L a n z e t t a

Title

S u p e r v i s o r

Address

2 1 M i l t o n T u r n p i k e

City

M i l t o n

State

N Y

Zip

1 2 5 4 7 -

eMail

County

O r a n g e

Phone

( 8 4 5 ) 7 9 5 - 2 2 2 0

**MS4 Municipal Compliance Certification(MCC) Form****MCC form for period ending March 9,**

2 0 1 8

SPDES ID

Name of MS4 **Town of Marlborough**

N Y R 2 0 A 3 9 7

**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

B r e t t

MI

Last Name

S h e r m a n

Title

S t a f f D e s i g n e r

Address

3 3 A i r p o r t C e n t e r D r i v e

City

C o r n w a l l

State

N Y

Zip

1 2 5 5 3 -

eMail

Phone

( 8 4 5 ) 5 6 7 - 3 1 0 0

County

O r a n g e



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

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

SPDES ID

Name of MS4 Town of Marlborough

N Y R 2 0 A 3 9 7

**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

A l p h o n s o

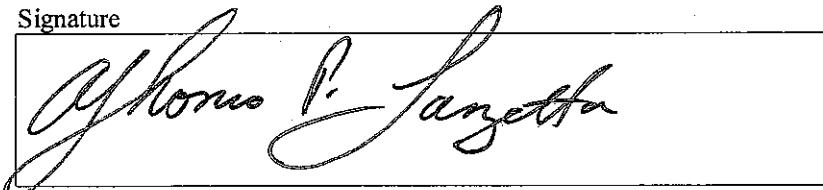
MI

L a n z e t t a

Title (Clearly print title of individual signing report)

S u p e r v i s o r

Signature



Date

05 / 30 / 2018

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, 2018

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 Marlborough

**SPDES ID**

N Y R 2 0 A 3 9 7

## Water Quality Trends

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

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

How many MS4s are contributed to this report?

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.  Yes

Yes  No

If Yes, choose one of the following

- Report(s) attached to the annual report

- Web Page(s) where report(s) is/are provided below

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

1 URL

## URL

## URL

## URL

**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

Town of Marlborough

SPDES ID

N Y R 2 0 A 3 9 7

**Minimum Control Measure 1. Public Education and Outreach**

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. Targeted Public Education and Outreach Best Management Practices**

Check all topics that were included in Education and Outreach during this reporting period:

- |  |  |
|--|--|
| <input checked="" type="radio"/> Construction Sites                                  | <input type="radio"/> Pesticide and Fertilizer Application     |
| <input checked="" type="radio"/> General Stormwater Management Information           | <input type="radio"/> Pet Waste Management                     |
| <input type="radio"/> Household Hazardous Waste Disposal                             | <input type="radio"/> Recycling                                |
| <input type="radio"/> Illicit Discharge Detection and Elimination                    | <input type="radio"/> Riparian Corridor Protection/Restoration |
| <input type="radio"/> Infrastructure Maintenance                                     | <input type="radio"/> Trash Management                         |
| <input type="radio"/> Smart Growth   | <input type="radio"/> Vehicle Washing                          |
| <input type="radio"/> Storm Drain Marking  | <input checked="" type="radio"/> Water Conservation            |
| <input type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development | <input type="radio"/> Wetland Protection                       |
| <input type="radio"/> Other:   | <input type="radio"/> None                                     |

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Other

**2. Specific audiences targeted during this reporting period:**

- |   |   |
|---|---|
| <input checked="" type="radio"/> Public Employees | <input checked="" type="radio"/> Contractors    |
| <input checked="" type="radio"/> Residential      | <input type="radio"/> Developers                |
| <input type="radio"/> Businesses                  | <input checked="" type="radio"/> General Public |
| <input type="radio"/> Restaurants                 | <input type="radio"/> Industries                |
| <input type="radio"/> Other:                      | <input type="radio"/> Agricultural              |

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Other

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Marlborough

SPDES ID

N Y R 2 0 A 3 9 7

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
  - Direct Mailings
  - Kiosks or Other Displays
  - List-Serves
  - Mailing List
  - Newspaper Ads or Articles
  - Public Events/Presentations
  - School Program
  - TV Spot/Program
  - Printed Materials:

# Trained

# Mailings

# Locations

# In List

# In List

# Days Run

# Attendees

Attendees

# Days Run

Total # Distributed

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

T o w n H a l l

- Other:

\_\_\_\_\_

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

## URL

## URL

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Marlborough

**SPDES ID**

N Y R 2 0 A 3 9 7

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

## URL

URL

URL

URL

118

JBL

URI.

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 1 8**

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	9	7
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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.**

1. Continue support of Ulster environmental group stormwater training.
2. Continue to provide brochure and information at Town Hall
3. Advertise cleanup events in county.

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

1. Continue coordination with county sponsored environmental group to provide stromwater info art Town Hall.
2. Advertise any cleanup events, river sweep and household cleanup events.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	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).**

1. Coordination and advertisement of Ulster environmental group.
2. Provide educational information at Town Hall.
3. Advertise county stormwater hotline at 845-334-8510.



## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Marlborough

### SPDES ID

N Y R 2 0 A 3 9 7

## 2. URL(s) con't.:

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

URL

https://www.townofmarlboroughny.org/2194/Town-Management-Operations

URI,

http://www.coltsster.ny.us/resources/environment.html

## URL

URL

## URL

### URL

## URL

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2018.

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Name of MS4/Coalition | Town of Marlborough

SPDES ID

N Y R 2 0 A 3 9 7

## 2. URL(s) con't.:

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

URL

URL

## URL

URL

## URL

## URL

## URL

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2018**

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

SPDES ID

Name of MS4/Coalition

Town of Marlborough

N Y R 2 0 A 3 9 7

**3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?**

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

 MS4/Coalition Office Annual Report SWMP Plan Comments

Department

T o w n C l e r k

Address

1 6 5 0 R o u t e 9 W

City

M a r l b o r o u g h

N Y

1 2 5 4 7

- 

Phone

( 8 4 5 ) 7 9 5 - 2 2 2 0

 Library Annual Report SWMP Plan Comments

Address

City

 Zip 

Zip

Phone

(  )  -  Other Annual Report SWMP Plan Comments

Address

City

 Zip 

Zip

Phone

(  )  -  Web Page URL: Annual Report SWMP Plan Commentsh t t p : / / w w w . t o w n o f m a r l b o r o u g h n y .  
o r g / 2 1 9 4 / T o w n - M a n a g e m e n t - O p e r a t  
i o n - D o c u m e n t s

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

 eMail Comments

**MS4 Annual Report Form**

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

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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 Marlborough			
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SPDES ID

N	Y	R	2	0	A	3	9	7
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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	6	/	0	3	/	2	0	1	7
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**4.b. For how many days was/will this report be posted?**

3	6	5
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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?**

If Yes, what was the date of the meeting?

		/			/				
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Yes  No

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**

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 Marlborough**

SPDES ID								
N	Y	R	2	0	A	3	9	7

**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.**

1. Provide access to Annual Report on Town website.
2. Provide link to Supervisor's office for comments and complaints.
3. Provide MS4 update at Town Board meetings annually.

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

No comments on Annual Report.

**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).**

1. Post report on website with link to Supervisor's office.
2. Advertise or provide link to county environmental department.

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Marlborough

SPDES ID  
N Y R 2 0 A 3 9 7

### **Minimum Control Measure 3. Illicit Discharge Detection and Elimination**

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?

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

**3.a.What types of generating sites/sewersheds were targeted for inspection during this reporting period?**

- Auto Recyclers
  - Building Maintenance
  - Churches
  - Commercial Carwashes
  - Commercial Laundry/Dry Cleaners
  - Construction Vehicle Washouts
  - Cross-Connections
  - Distribution Centers
  - Food Processing Facilities
  - Garbage Truck Washouts
  - Hospitals
  - Improper RV Waste Disposal
  - Industrial Process Water
  - Other:
  - Landscaping (Irrigation)
  - Marinas
  - Metal Plateing Operations
  - Outdoor Fluid Storage
  - Parking Lot Maintenance
  - Printing
  - Residential Carwashing
  - Restaurants
  - Schools and Universities
  - Septic Maintenance
  - Swimming Pools
  - Vehicle Fueling
  - Vehicle Maint./Repair Shop
  - None

## ● Sewersheds:

## Residential Areas

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Marlborough

SPDES ID

**3.b. What types of illicit discharges have been found during this reporting period?**

- Broken Lines From Sanitary Sewer
  - Industrial Connections
  - Cross Connections
  - Inflow/Infiltration
  - Failing Septic Systems
  - Pump Station Failure
  - Floor Drains Connected To Storm Sewers
  - Sanitary Sewer Overflows
  - Illegal Dumping
  - Straight Pipe Sewer Discharges
  - Other: \_\_\_\_\_
  - None

Other: \_\_\_\_\_

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		0
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**5 How many illicit discharges have been confirmed during this reporting period?**

		0
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		0
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?  
If No, approximately what percent was completed in this reporting period?

Yes  No

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

 %

## 8 Is the above information available in GIS?

Yes  No

Is this information available on the web?

Yes  No

If Yes, provide URI(s):

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

If Yes, provide URL(s):

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

URL [www.ijerph.com](http://www.ijerph.com)

1

## URL

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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Name of MS4/Coalition: Town of Marlborough

## Town of Marlborough

### SPDES ID

N Y R 2 0 A 3 9 7

### 8. URL(s) con't.:

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

## URL

## URL

## URL

## URL

## URL

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

● Yes    ○ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?  Yes  No

Yes  No  NT

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

	1	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

Town of Marlborough

SPDES ID

N Y R 2 0 A 3 9 7

**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.**

1. 100% of MS4 storm systems mapped with tributary catch basins, update as necessary.
2. Town personnel trained in IDDE.

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

1. Mapping complete.
2. System re-evaluations began this period to review 20% of outfalls during routine maintenance.

**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).**

1. Update stormsheds tributary area mapping as necessary.
2. Continue 20% dry weather outfall inspections.
3. Provide public notice of complaint mechanism to Building Inspector and supervisor's office.

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Name of MS4/Coalition

Town of Marlborough

SPDES ID

N Y R 2 0 A 3 9 7

**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?**  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?  0

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

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

- |  |   |   |  |  |  |  |  |                                    |
|--|---|---|--|--|--|--|--|------------------------------------|
| <input type="radio"/> Notices of Violation             | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Stop Work Orders                 | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Criminal Actions                 | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Termination of Contracts         | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Administrative Fines             | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Civil Penalties                  | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Administrative Orders            | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Other                            | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 1 8**

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 Marlborough**

SPDES ID

**N Y R 2 0 A 3 9 7****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**

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? **1**
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? **1**
  3. What percent of active construction sites were inspected during this reporting period?  NT  
**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.

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 1 8**

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SPDES ID

Name of MS4/Coalition

Town of Marlborough

N Y R 2 0 A 3 9 7

**6. con't.:**

Submit additional pages as needed.

**● MS4/Coalition Office**

Department

P l a n n i n g   B o a r d

Address

P O   B o x   3 0 5   R o u t e   9 W

City

M i l t o n

Zip

N Y

1 2 5 4 7

-

Phone

( 8 4 5 ) 7 9 5 - 2 2 2 0

**○ Library**

Address

[REDACTED]

City

[REDACTED]

Zip

[REDACTED]

-      [REDACTED]

Phone

( [REDACTED] ) [REDACTED] - [REDACTED]

**○ Other**

Address

[REDACTED]

City

[REDACTED]

Zip

[REDACTED]

-      [REDACTED]

Phone

( [REDACTED] ) [REDACTED] - [REDACTED]

**○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.**

URL

[REDACTED]

[REDACTED]

[REDACTED]

URL

[REDACTED]

[REDACTED]

[REDACTED]

**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 **Town of Marlborough**

SPDES ID								
N	Y	R	2	0	A	3	9	7

**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.**

1. 100% SWPPP review.
2. Town ordinances are more stringent than NYSDEC requirement.
3. Disturbance require review 20,000/sq ft.

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

1. 1 new project underway.
2. No enforcement actions taken this permit term.

**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).**

1. Continue 100% review in compliance with local law.
2. Additional training for Building Inspector and stormwater compliance officials.

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2018.

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 Marlborough

### SPDES ID

N Y R 2 0 A 3 9 7

## **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			
<input checked="" type="radio"/> Filter Systems	1	1	0
<input type="radio"/> Infiltration Basins			
<input checked="" type="radio"/> Open Channels	2	2	0
<input checked="" type="radio"/> Ponds	6	6	2
<input type="radio"/> Wetlands			
<input type="radio"/> Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?  Yes  No

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
  - Overlay Districts
  - Zoning
  - None
  - Watershed Plans
  - Other:
  - Municipal Comprehensive Plans
  - Open Space Preservation Program
  - Local Law or Ordinance
  - Land Use Regulation/Zoning
  - Other Comprehensive Plan

**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 

Town of Marlborough
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SPDES ID  

N	Y	R	2	0	A	3	9	7
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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?**

1	5	%
---	---	---

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 1 8**

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 Marlborough**SPDES ID  
**N Y R 2 0 A 3 9 7****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.**

1. 100% review of post construction practices.
2. Requirement that enforceable notes for post construction maintenance of Best Management practices on all site plans.

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

- 1.1 new project this term.
2. Documented post construction practices 100% inspected this permit term.

**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).**

1. Continue 100% post construction practice review.
2. Continue working with new local law regarding post construction operations and maintenance requirements.

**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 **Town of Marlborough**

SPDES ID

**N Y R 2 0 A 3 9 7****Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

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

How many MS4s contributed to this report?   

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

**Self-Assessment**  
**Operation/Activity/Facility**  
**performed within the past 3**

<b><u>Operation/Activity/Facility</u></b>	<b><u>Addressed in SWMP?</u></b>	<b><u>years?</u></b>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input checked="" type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes <input checked="" 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 type="radio"/> Yes <input checked="" type="radio"/> No .....	<input type="radio"/> Yes <input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input type="radio"/> Yes <input checked="" type="radio"/> No .....	<input type="radio"/> Yes <input checked="" type="radio"/> No
Right of Way Maintenance.....	<input type="radio"/> Yes <input checked="" 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 type="radio"/> Yes <input checked="" 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 type="radio"/> Yes <input checked="" 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****This report is being submitted for the reporting period ending March 9, 2 0 1 8**

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Name of MS4/Coalition **Town of Marlborough**

SPDES ID

**N Y R 2 0 A 3 9 7****2. Provide the following information about municipal operations good housekeeping programs:** **Parking Lots Swept** (Number of acres X Number of times swept)# Acres **0** **Streets Swept** (Number of miles X Number of times swept)# Miles **1 5** **Catch Basins Inspected and Cleaned Where Necessary**# **5 7 7** **Post Construction Control Stormwater Management Practices  
Inspected and Cleaned Where Necessary**# **0** **Phosphorus Applied In Chemical Fertilizer**# Lbs. **0** **Nitrogen Applied In Chemical Fertilizer**# Lbs. **0** **Pesticide/Herbicide Applied**# Acres **0 . 0**

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

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?****1****4. What was the date of the last training?****0 2 / 2 8 / 2 0 1 8****5. How many municipal employees have been trained in this reporting period?****4****6. What percent of municipal employees in relevant positions and departments receive stormwater management training?****2 0 %**

**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 **Town of Marlborough**

SPDES ID								
N	Y	R	2	0	A	3	9	7

**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.**

1. All streets swept at least once in permit term.
2. Cleaned all municipal catch basins at least once.
3. Training provided to highway personnel for awareness and housekeeping practices.

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

1. All catch basins cleaned, street sweeping conducted.
2. Salt storage and cleanup evaluated.

**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).**

1. Continue to document housekeeping practices.
2. Track maintenance of streets and catch basins.
3. Continue training of highway personnel.

MS4 Annual Report FormThis report is being submitted for the reporting period ending March 9, 

2	0	1	8
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Name of MS4/Coalition 

Town of Marlborough			
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SPDES ID  

N	Y	R	2	0	A	3	9	7
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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)
<b>NYC EOH Watershed</b>			
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
<b>Onondaga Lake Watershed</b>			
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
<b>Greenwood Lake Watershed</b>			
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
<b>Oyster Bay</b>			
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
<b>Peconic Estuary</b>			
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
<b>Oscawana Lake Watershed</b>			
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
<b>LI 27 Embayments</b>			
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.

--	--	--

 %  

--	--	--

 %

**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 **Town of Marlborough**SPDES ID  

N	Y	R	2	0	A	3	9	7
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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?**

		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?**

		0
--	--	---
- 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**

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 Marlborough
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SPDES ID  

N	Y	R	2	0	A	3	9	7
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**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