

**MAYOR**  
Robert Liffland

**TRUSTEES**  
Tracy Durkin  
Wayne Osborn  
Robert Murphy  
Steven Walsh

Office of  
Board of Trustees  
**Village of Pawling**  
9 Memorial Avenue  
Pawling, New York  
12564

Incorporated Feb. 9, 1893

**CLERK**  
Jennifer Osborn

**TREASURER**  
Elizabeth Shedd

Tel: (845) 855-1122  
Fax: (845) 855-9317

May 30, 2012

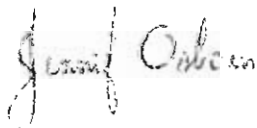
MS4 Permit Coordinator  
Division of Water  
4<sup>th</sup> Floor  
625 Broadway  
Albany, New York 12233-3505

To Whom It May Concern:

Enclosed please find the Village of Pawling's MS4 Annual Report Form for the period ending March 9, 2012.

Please contact me at (845) 855-1122 with any questions or concerns. Thank you.

Sincerely,



Jennifer Osborn  
Village Clerk

Enc.

### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2012

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 4 7 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

V i l l a g e o f P a w l i n g

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

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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### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2012

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

SPDES ID  
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### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2012

Name of MS4 Village of Pawling

SPDES ID  
N Y R 2 0 A 4 7 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 MI Last Name  
R o b e r t      L i f f l a n d

Title  
M a y o r

Address  
9 M e m o r i a l A v e n u e

City State Zip  
P a w l i n g N Y 1 2 5 6 4 -

eMail  
j o s b o r n @ v i l l a g e o f p a w l i n g . o r g

Phone County  
( 8 4 5 ) 8 5 5 - 1 1 2 2 D u t c h e s s

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

MCC form for period ending March 9, 2012

Name of MS4: Village of Pawling

SPDES ID  
N Y R 2 0 A 4 7 7

**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 y n e      MI:      Last Name: O s b o r n

Title: T r u s t e e

Address: 9 M e m o r i a l A v e n u e

City: P a w l i n g      State: N Y      Zip: 1 2 5 6 4 -

eMail: j o s b o r n @ v i l l a g e o f p a w l i n g . o r g

Phone: ( 8 4 5 ) 8 5 5 - 1 1 2 2      County: D u t c h e s s

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2012

Name of MS4

SPDES ID  
N Y R 2 0 A 4 7 7

#### 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, 2012

Name of MS4

SPDES ID  
N Y R 2 0 A 4 7 7

**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

D u t c h e s s C o u n t y M S 4 C o o r d i n a t i o n

Partner/Coalition Name (con't.)

C o m m i t t e e

SPDES Partner ID - If applicable

N Y R 2 0

Address

2 7 1 5 R o u t e 4 4

City

M i l b r o o k

State

N Y

Zip

1 2 5 4 5 -

eMail

e d . h o x i e @ n y . n a c d n e t . n e t

Phone

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

Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.?  Yes  No

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

- MM1 M u l t i p l e t a s k s
- MM2 M u l t i p l e t a s k s
- MM3 M a p p i n g a n d L a w D e v e l o p m e n t
- MM4 M u l t i p l e T a s k s
- MM5 R e t r o f i t P l a n n i n g
- MM6 M u l t i p l e t a s k s

Additional tasks/responsibilities

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

Retrofit Planning and Applications for grants for mapping, retrofits, On-site system inspection, etc



### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2012

Name of MS4 Village of Pawling

SPDES ID

NYR 20A 477

#### 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

R o b e r t

MI


Last Name

L i f f l a n d

Title (Clearly print title of individual signing report)

M a y o r

Signature



Date

05 / 29 / 2012

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.

SPDES ID

Name of MS4/Coalition 

Village of Pawling																													
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N	Y	R	2	0	A	4	7	7
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### 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? 

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**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     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.

URL


URL


URL


URL




### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Village of Pawling
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SPDES ID  

N	Y	R	2	0	A	4	7	7
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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

- |  |                     |  |   |   |   |   |   |
|--|---------------------|--|---|---|---|---|---|
| <input checked="" type="checkbox"/> Construction Site Operators Trained     Done through DCSWCD  | # Trained           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>9</td><td>0</td></tr></table>     |   |   |   | 9 | 0 |
|  |                     |  | 9 | 0 |   |   |   |
| <input checked="" type="checkbox"/> Direct Mailings  | # Mailings          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>1</td><td> </td></tr></table>     |   |   |   | 1 |   |
|  |                     |  | 1 |   |   |   |   |
| <input checked="" type="checkbox"/> Kiosks or Other Displays   | # Locations         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>2</td><td> </td></tr></table>     |   |   |   | 2 |   |
|  |                     |  | 2 |   |   |   |   |
| <input checked="" type="checkbox"/> List-Serves     MS4 Committee List Serve   | # In List           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>5</td><td>8</td></tr></table>     |   |   |   | 5 | 8 |
|  |                     |  | 5 | 8 |   |   |   |
| <input type="checkbox"/> Mailing List  | # In List           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>     |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input type="checkbox"/> Newspaper Ads or Articles     Dutchess County Fair, Beacon Stormwater   | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>     |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="checkbox"/> Public Events/Presentations     Conference, Adams Farm Show, Watershed Awareness Month, Watershed Round Table, | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td>1</td><td>1</td><td>0</td><td>0</td></tr></table> (1) |   | 1 | 1 | 0 | 0 |
|  | 1                   | 1  | 0 | 0 |   |   |   |
| <input checked="" type="checkbox"/> School Program     Envirothon, etc   | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>1</td><td>8</td><td>0</td></tr></table>     |   |   | 1 | 8 | 0 |
|  |                     | 1  | 8 | 0 |   |   |   |
| <input checked="" type="checkbox"/> TV Spot/Program     DCS&W, WAM coverage  | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>1</td><td>0</td></tr></table>     |   |   |   | 1 | 0 |
|  |                     |  | 1 | 0 |   |   |   |
| <input checked="" type="checkbox"/> Printed Materials:   | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td> </td><td>3</td><td>0</td><td>0</td><td>0</td></tr></table> (1) |   | 3 | 0 | 0 | 0 |
|  | 3                   | 0  | 0 | 0 |   |   |   |

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

V	i	l	l	a	g	e		C	l	e	r	k		o	f	f	i	c	
V	i	l	l	a	g	e		m	e	e	t	i	n	g		R	o	o	m
U	t	t	e	r		B	r	o	t	h	e	r	s		F	e	e	d	
P	a	r	i	n	o	s		G	r	e	e	n	h	o	u	s	e		

Other:

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

URL

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URL

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(1) - These are County wide numbers due to participation in County wide events.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 4 7 7

3. Web Page cont.: Provide specific web addresses - not home page.

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o n m e n t e n e r g y / o u r - w a t e r - r e s o u r c e s

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URL

URL

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URL

### MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID  

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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.

The goal is to continue to make printed education materials available. The number of Kiosks increase to two in the Village Hall. The following pamphlets are available and the number distributed follows: Green Laws, Blue waters (10); Commercial landscaping (23); Help keep our waterways clean (2); It's a toilet not a trashcan (30); There are few more important...(0); Clean water bookmark (15); Clean water in future? (0); Hometown Clean water tour (0);

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

Moderate interest continues in all the pamphlets.

##### 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).

Two new efforts will be in place. first, a new pamphlet on lawn care and nutrients will be introduced. Second, effort will be put into an educational program concerning on-site wastewater system maintenance.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition: Village of Pawling

SPDES ID  
N Y R 2 0 A 4 7 7

**Minimum Control Measure 2. Public Involvement/Participation**

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. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:**

- Cleanup Events Bulky waste, Household Hazardous waste, E-waste # Events     3
- Comments on SWMP Received # Comments
- Community Hotlines Phone # (    )   -      
 Phone # (    )   -      
 Phone # (    )   -      
 Phone # (    )   -      
 Phone # (    )   -
- Community Meetings 604b Grant meetings, Village Board mtgs w/MS4 # Attendees   2 6
- Plantings DCSWCD seedling sale Sq. Ft.       2 0 0 0 0
- Storm Drain Markings # Drains
- Stakeholder Meetings # Attendees
- Volunteer Monitoring Frogs is performing Biodiversity Monitoring # Events
- Other: W A M P a r t n e r s h i p e v e n t s

**2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?**

Yes  No

- List-Serve # In List
- Newspaper Advertising # Days Run
- TV/Radio Notices # Days Run
- Other: M e e t i n g A g e n d a s
- Web Page URL: Enter URL(s) on the following two pages.

## MS4 Annual Report Form

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

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

Name of MS4/Coalition: 

Village of Pawling
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SPDES ID  

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

Please provide specific address(es) where notice(s) 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,      
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

**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, 2012

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

Name of MS4/Coalition: Village of Pawling

SPDES ID  
N Y R 2 0 A 4 7 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  
V i l l a g e   C l e r k

Address  
9   M e m o r i a l   A v e

City  
P a w l i n g

Zip  
N Y    1 2 5 6 4 -

Phone  
( 8 4 5 ) 8 5 5 - 1 1 2 2

- Library       Annual Report     SWMP Plan     Comments

Address  
1 0   B r o a d   S t

City  
P a w l i n g

Zip  
N Y    1 2 5 6 4 -

Phone  
(   )   -

- Other       Annual Report     SWMP Plan     Comments

Address

City

Zip

Phone  
(   )   -

- Web Page URL:       Annual Report     SWMP Plan     Comments

w w w . v i l l a g e o f p a w l i n g . o r g / m s 4 . c f

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

- eMail       Comments

j o s b o r n @ v i l l a g e o f p a w l i n g . o r g

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Village of Pawling
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SPDES ID  

N	Y	R	2	0	A	4	7	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
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 / 

0	1
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 / 

2	0	1	1
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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?**

Yes  No

If Yes, what was the date of the meeting?

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 / 

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 / 

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If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

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

Yes  No

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

### MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	4	7	7
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (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.

Continue efforts to encourage participation in bulky waste, e-waste and household hazardous waste collection events. Several Volunteers have participated in the 604b green infrastructure study.  
  
Continue working with local environmental groups to facilitate their educational, water quality monitoring and clean up programs.

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

The Village is continuing supporting WAM and watershed groups. The number of events are increasing and the number of events that mention MS4 issues is increasing. The number of participants is generally increasing.

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

The varied type of measures for participation don't allow use of a single number. 

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(ex.: samples/participants/events)

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

Yes    No

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

Yes    No

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

The Waste pick-up events, Watershed Awareness Month will continue to be supported.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition Village of Pawling

SPDES ID  
NYR20A477

### 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?    

1. Enter the number and approx. percent of outfalls mapped:       # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?  75

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

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

Sewersheds:



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 4 7 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

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  NT

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

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Village of Pawling
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SPDES ID  

N	Y	R	2	0	A	4	7	7
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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.**

Outfall surveillance. Encourage compliance with the onsite wastewater treatment system management program.

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

Outfall Surveillance occurs for 100% of outfalls annually. The Onsite System Management Law and implementation program has been implemented and has had limited participation. 9 out of 67 residences submitted inspection reports. The Street Foreman and his assistant attended IDDE Training.

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

The type of varied activities here do not allow reporting in a single number.

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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).**

Continue enforcement of the Onsite wastewater Treatment system management law. A letter is being sent to all properties that have not complied with the inspection requirements. Continue with outfall monitoring. Establish Hotline for Reporting possible Illicit Discharges.



### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Village of Pawling
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SPDES ID  

N	Y	R	2	0	A	4	7	7
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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? 2 projects occurred under threshold. 

		0
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?  Yes  No  NT

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

		0
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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?  Yes  No

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

- |  |   |   |  |  |  |  |  |   |                                    |
|--|---|---|--|--|--|--|--|---|------------------------------------|
| <input type="radio"/> Notices of Violation             | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | 0 | <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> |  |  |  |  |  | 0 | <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> |  |  |  |  |  | 0 | <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> |  |  |  |  |  | 0 | <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> |  |  |  |  |  | 0 | <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> |  |  |  |  |  | 0 | <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> |  |  |  |  |  | 0 | <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> |  |  |  |  |  | 0 | <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, 2012

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	4	7	7
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### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
  3. What percent of active construction sites were inspected during this reporting period?  NT  %
  4. What percent of active construction sites were inspected more than once?  NT  %
  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, 2012

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

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

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

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

Name of MS4/Coalition: 

Village of Pawling
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SPDES ID  

N	Y	R	2	0	A	4	7	7
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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.

Provide training for local contractors to meet 4 hour training requirement through DCSWCD.  
Provide Training to Planning Board Members.

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

The Dutchess County Soil and Water District provided training for local contractors: 3 training events and 90 attendees in Dutchess County. The Dutchess County Planning Federation conducted a seminar on "Stormwater Regulation." Two members of the Planning Board attended.

##### 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).

Establish information sheet on compliance with the Stormwater Law. Educate staff on procedures and requirements in the local law. Set up project inspection procedures for staff.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition: Village of Pawling

SPDES ID  
N Y R 2 0 A 4 7 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 checked="" type="radio"/> Alternative Practices	<input type="text"/> <input type="text"/> 4	<input type="text"/> <input type="text"/> 4	<input type="text"/> <input type="text"/> 0 Dry wells on Fairway and Circle Dr
<input type="radio"/> Filter Systems	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="radio"/> Infiltration Basins	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="radio"/> Open Channels	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="radio"/> Ponds	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="radio"/> Wetlands	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="radio"/> Other	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**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

The Master Plan is currently under review as of 5/2012 and is expected to include more on this issue.

Stormwater Law refers to State Design Manual

Other:

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Village of Pawling
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SPDES ID  

N	Y	R	2	0	A	4	7	7
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

The Village joined the East of Hudson Corporation and East of Hudson Stormwater Coalition.  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
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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?

	1	0
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 %

1 Planning Board member attended Pace Law Schools presentation on "Sustainable Development" in 12/2011.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Village of Pawling
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SPDES ID  

N	Y	R	2	0	A	4	7	7
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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.

Implement the Dutchess County East of Hudson Retrofit Plan by planning for year 2 and 3 projects including the Gristmill Retrofit.
--

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

The Village will apply for a grant to construct a downspout disconnection project at the Village Hall using stormwater planters. The Grant is for the GIGP. Additional work will be done on oakshadow Lane to retrofit road side ditches.
---

##### 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).

Year 3 of the Retrofit Plan needs to be put into place. Start planning for year 4. The Village is supporting efforts in the East of Hudson watershed through its participation in the East of Hudson Corporation and East of Hudson Coalition.
--



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012

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

**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.

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	4	7	7
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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
- Streets Swept (Number of miles X Number of times swept) # Miles
- Catch Basins Inspected and Cleaned Where Necessary #
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #
- Phosphorus Applied In Chemical Fertilizer # Lbs.
- Nitrogen Applied In Chemical Fertilizer # Lbs.
- Pesticide/Herbicide Applied # Acres
- (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?**

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

**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?**    %

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Village of Pawling
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SPDES ID  

N	Y	R	2	0	A	4	7	7
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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.

Training for Street Crew. Inspection of Drainage system and outfall condition.

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

The Street Crew received informal training on outfall and structure inspection. 75% inlet structures and outfalls were inspected.

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

The Variety of goals does not allow reduction of the activities into a single number. 

			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).

Train Street Crew in BMP implementation and maintenance. Continue Conveyance system inspections.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 2  
 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Pawling

SPDES ID  
N Y R 2 0 A 4 7 7

### 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)
<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. The system has been mapped with the exception of open channels. Not in GIS.

If No, estimate what percentage of the conveyance system has been mapped so far.   9 0 %

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, 

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

Name of MS4/Coalition

Village of Pawling

SPDES ID

N	Y	R	2	0	A	4	7	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? 

		9
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 %

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
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Retrofits are being done through East of Hudson Corp. No Retrofits were performed in the Village.

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

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 %

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

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 %  
 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, 

2	0	1	2
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Name of MS4/Coalition 

Village of Pawling
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SPDES ID

N	Y	R	2	0	A	4	7	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