### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 7

This	cover page	must be	completed	by the	report	preparer.
Join	t reports re	quire only	y one cove	r page.		

SPDES ID

N Y R 2 0 A 2 5 0

#### Choose one:

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

Fill in SPDES ID in upper right hand corner.

•	Vai	ne o	of N	1S4																		 	
	V	i	1	1	a	g	е	0	f	I	s	1	a	n	d	i	a						

#### **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

## O 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 C	oali	tion															
									<u> </u>	<u> </u>								
																		ĺ
	_	<del></del>		I			 	I	I	I						 		
																		ĺ

L		ــــــــــــــــــــــــــــــــــــــ	<u> </u>		<u> </u>	<u></u>	L	<u> </u>			L				
SPI	DES	ID								S	PΕ	ES	ID		
N	Y	R	2	0	А						N	Y	R	2	
SPI	DES	ID					•			S	PL	ES	ID		_
N	Y	R	2	0	A						И	Y	R	2	
SPI	DES	ID	S	PΓ	ES	ID									
N	Y	R	2	0	А					:	N	Y	R	2	1
SPI	DES	ID								S	PΓ	ES	ID		
N	Y	R	2	0	A						N	Y	R	2	Ĺ
SPI	DES	ID					,			S	PL	DES	ID		_
N	Y	R	2	0	А						N	Y	R	2	
SPI	DES	ID			,	*******				S	PL	ES	ID		_

N Y R 2

0 A

N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	ES	ID				 	
N	Y	R	2	0	Α		
SPL	ES	ID					
N	Y	R	2	0	Α		
SPI	DES	ID					
N	Y	R	2	0	A		

SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID			,	 ,	
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID				 	
N	Y	R	2	0	A		
SPI	DES	ID				 	
N	Y	R	2	0	Α		

# MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 6

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

SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 0 A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A

MCC form for period ending March 9, 2 0 1 7

	SI	DE,	SID						
Name of MS4 Village of Islandia	J	1 A	R	2	0	A	2	5	0
Each MS4 must submit an MCC form.									
Section 1 - MCC Identification Page									
Section 1 - MCC Identification 1 age									
Indicate whether this MCC form is being submitted to certify endorseme	nt or acce	epta	nce o	of:					
● An Annual Report for a single MS4									
O A Single Entity (Per Part II.E of GP-0-10-002)									
○ A Joint Report									
Joint reports may be submitted by permittees with legally l	oinding a	ıgre	eme	nts.					
If Joint Report, enter coalition name:									

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 

		SPI	DES	ID						
Name of MS4	Village of Islandia	N	Y	R	2	0	A	2	5	0
				1		_				

### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

First Name	MI Last Name
A   1   1   a   n	M Dorman
Title	
Mayor	
Address	
1 1 0 0 0 1 d N i c h o 1	s Road
City	State Zip
I s l a n d i a	N Y 1 1 7 7 9 -
eMail	
a d o r m a n @ n e w v i 1 1	a g e o f i s l a n d i a . c o m
Phone	County
( 6 3 1 ) 3 4 8 - 1 1 3 3	Suffolk

MCC form for period ending March 9, 2 0 1 7

	SPI	DES	ID						
Name of MS4 Village of Islandia	N	Y	R	2	0	Α	2	5	0

### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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:

- O Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

Firs	t Na	Name a t r i c i a														MI	_	Las	t Na	ame	;											
Р	а	t	r	i	С	i	a											D	0	r	m	а	n									
Title	е																															
V	i	1	1	a	g	0		С	1	е	r	k																				
Ado	lres:	S					,							,																		
1	1	0	0		0	1	đ			N	i	С	h	0	1	s		R	0	а	d											
City	,																			S	tate		Zip	)								
City	, ន	1	а	n	đ	i	а															Y	Zir 1	1	7	7	9	] -				
	ន	1	а	n	đ	i	a																$\overline{}$	T	7	7	9	] -				
I	ន	1	a r	n	d	i	a @	n	е	w	v	i	1	1	a	g	е	0	f				$\overline{}$	T	7 d	7 i	9 a	] <b>-</b>	С	0	m	
I	s iil d			L			I	n	е	W	v	i	1	1	a	g			f	i	1 .		1	1	<u> </u>	<u> </u>		]	С	0	m	

MCC form for period ending March 9, 2 0 1 7

	SPI	DES	ID						
Name of MS4 Village of Islandia	N	Y	R	2	0	A	2	5	0

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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:

- O Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

Firs	t Na	ıme														MI	_	Las	t Na	ime											
N	a	n	С	У														L	е	n	z										
Title	e																														
А	s	s	t		v	₽	/	R	L	А	-	С	а	ន	h	i	n		A	s	s	0	C	i	а	t	е	ន	,	Р	C
Add	lres	5																													
1	2	0	0		V	е	t	е	r	a	n	ន		М	е	m	0	r	i	а	1		Н	w	У						
City	/																			S	tate		Zip								
Н	a	u	р	p	a	u	g	е												1	1 ;	Y	1	1	7	8	8	_			
eМa	ail																														
n	1	е	n	z	@	С	а	_	р	С	•	С	0	m																	
Pho	ne						,											Cou	inty												

	,	

MCC form for period ending March 9, 2 0 1 7

Name of MS4 Village of Islandia	N Y R 2 0 A 2 5 0													
Section 3 - Partner Information														
If Yes, complete information below.  Submit a separate sheet for each partner. Information provided in other formats will not be														
O 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														
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/CoalitionName  Partner/CoalitionName (con't.)  SPDES Partner ID - If applicable														
Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable														
Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable  N Y R 2 0														
Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable  N Y R 2 0														
City	ate Zip													
eMail														
	y Binding Agreement in accordance													
with G	P-0-08-002 Part IV.G.? • Yes • No													
What tasks/responsibilities are shared with this partner (e.g. MM)	School Programs or Multiple Tasks)?													
O MM1														
O MINIT														
O MM2														
O MM3														
O MM4														
O MM5														
O MM6														
Additional tasks/responsibilities														
O Watershed Improvement Strategy Best Management Practice.	s required for MS4s in impaired													
watersheds included in GP-0-08-002 Part IX.														

MCC form for period ending March 9,  $2 \mid 0 \mid 1 \mid 7$ 

	SPI	DES	ID						
Name of MS4 Village of Islandia	N	Y	R	2	0	A	2	5	0

### **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 1 1 a n	MI M	Last Name  Dorman
Title (Clearly print title of individual signing report)  M a y o r		
Signature		Date 0 6 / 0 3 / 2 0 1 7

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

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  7

Name of M	water Quality Trends  information in this section is being reported (check one):																N	Y	-	2	0	А	2	5	0		
	Water Quality Trends The information in this section is being reported (check one):															<u>s</u>											
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?																											
On be	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																										
rela	related to stormwater? If not, answer No and proceed to Minimum Control Measure  One.  O Yes  If Yes, choose one of the following															No											
related to stormwater? If not, answer No and proceed to Minimum Control Measure																											
O Repor	One.  O Yes ● N  If Yes, choose one of the following																										
○ Web F	related to stormwater? If not, answer No and proceed to Minimum Control Measure One.  Yes  Yes  Report(s) attached to the annual report																										
	related to stormwater? If not, answer No and proceed to Minimum Control Measure One.  Yes  If Yes, choose one of the following  Report(s) attached to the annual report  Web Page(s) where report(s) is/are provided below																										
	URL	- <del>1</del> -	1					1	1	1	1														<del></del>		
	URL																								<del>-</del>		
														:													
								T																			
	URL																										

This report is being submitted for the reporting period ending March 9, 2 0 1 7

Name of MS4/Coalition Village of Islandia	SPDES ID  N Y R 2 0 A 2 5 0
Name of MS4/Coantion	
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>	
1. Targeted Public Education and Outreach Best Managem	ent Practices
Check all topics that were included in Education and Outreach of	luring this reporting period:
Construction Sites	O Pesticide and Fertilizer Application
General Stormwater Management Information	O Pet Waste Management
O Household Hazardous Waste Disposal	O Recycling
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	O Trash Management
○ Smart Growth	O Vehicle Washing
O Storm Drain Marking	O Water Conservation
$\bigcirc \ Green \ Infrastructure/Better \ Site \ Design/Low \ Impact \ Development$	O Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period:	
● Public Employees ○ Contractors	
<ul><li>Residential</li><li>Developers</li></ul>	
○ Businesses ○ General Public	
○ Restaurants ○ Industries	
Other: Agricultural	
Other	

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

SPDES ID

Name	of N																		N	Y	R	2	0	A	2	5	0				
	What strategies did your MS4/Coalition use to achieve educthis reporting period? Check all that apply: onstruction Site Operators Trained														uca	tio	n a:	nd	ou	tre	ach	go	als	du	rin	ıg					
O Co	nstr	ucti	on S	Site	Op	oera	itors	Tı	ain	ed													ì	# Tr	ain	ed					
O Di	rect	Ma	ilin	gs																			#	Ma	ilin	gs					
• Ki	osks																			#]	Loca	atio	ns					1			
O Li	st-Se																				# I	n Li	ist								
O M	ailing List ewspaper Ads or Articles																			# I	n Li	ist									
$\circ$ Ne	ewspaper Ads or Articles  ublic Events/Presentations																		#]	Day	s Rı	ın									
● Pu																			# /	Atte	nde	es				1	0				
○ Sc	hool	Pro	ogra	ım																			# /	Atte	nde	es					
O TV	/ Sp	ot/P	rog	ran	1																		# ]	Day	s Rı	ın					
• Pr							4			1_1_	-1>										To	tal	# D	istri	but	ed				1	0
	V	ation i	s (e	.g. I	a	g g	e		H	, K10 a	sks)	1		T																	
														Ť																	
				ĺ																											
O Ot	her:			Т			1				T							ı													
● W		age		Pro nee			peci	fic	wel	b ad	ldre	sse	s - 1	10t	hon	ne p	oage	e. C	Con	tinu	ie o	n ne	ext	pag	e if	ado	ditio	onal	spa	ace	is
W		w		n	е	w	v	i	1	1	a	g	е	0	f	i	ន	1	a	n	d	i	a		С	0	m	/			
F	а	a	е	ន	/	r	e	1	е	a	ş	е	s	/	s	t	0	r	m	w	a	t	е	r		р	h	р			
UF	RL		1		1	1			I	1		·			I	Τ.	I									·		. 1			
W	$\pm$	1	<u> </u>	n	e		v	i	1	1	a	g	e _	0	f	i	5	1	a	n	d	i	a	•	С	0	m	/			
	P	D	F	S	/	A	n	n	u	a	1	-	R	е	р	0	r	t	_	2	0	1	7	•	р	d	f				
			<u></u>																												

This report is being submitted for the reporting period ending March 9, 2 0 1 7

																					_			SPI	ES	ID						
Nai	ne c	fΜ	S4/	Coa	litic	n \	/illag	e of	Islan	dia														N	Y	R	2	0	A	2	5	0
3.	W		Pag	ge o	con	't.:		Pro	ovio	de s	peo	cifi	c w	eb	adc	lres	ses	- n	ot l	hon	ne j	pag	e.									
	W	w	w	•	е	С	0	d	е	3	6	0		С	0	m	/	I	S	1	1	2	2	?	n	е	е	d	H	a	s	h
	=	t	r	u	e																											
	URL	,																			,											
	W	W	W	•	n	е	W	v	i	1	1.	a	g	е	0	£	i	ន	1	a	n	d	i	a	•	C	0	m	/			
	/	р	a	g	е	ន	/	v	i	1	1	a	g	е	h	a	1	1	/	Ç	0	d	е	i	n	v	е	s	t	i	g	а
	t	i	0	n	s		р	h	р																							
	URL	,								·········																						
	W	W	W	•	n	е	W	v	i	1	1	a	g	е	0	f	i	ន	1	a	n	đ	i	a	•	С	0	m	/			
	/	s	t	0	r	m	w	a	t	e	r	/			•	•	•															
	а	f	t	е	r	t	h	е	s	t	0	r	m	b	r	0	С	h	u	r	е		р	d	£							
	URL	,				,	,	,					,						1									·	·		ı	
	w	w	W	•	n	е	W	v	i	1	1	a	g	е	0	f	i	s	1	а	n	d	i	а		С	0	m	/		İ	
	/	ន	t	0	r	m	W	a	t	е	r	/									<u> </u>											<u></u>
	С	0	n	ន	t	r	u	С	t	i	0	n	I	n	đ	u	ន	t	r	У		р	d	f								
	URL	,												,		,			·		,							1			J	ŗ·
	w	w	W	•	n	е	w	v	i	1	1	а	g	е	0	f	i	s	1	a	n	đ	i	a		С	0	m	/			
	/	s	t	0	r	m	w	a	t	е	r	/	M	u	n	i	С	i	р	а	1	E	m	р	1	0	У	е	е		р	d
	URL				г—		1												ſ									T			<b></b>	T
	W	W	W	•	n	е	W	v	i	1	1	а	g	е	0	f	i	s	1	a	n	đ	i	а	•	С	0	m	/			
	/	ន	t	0	r	m	W	а	t	е	r	/																				
	G	u	i	d	е	t	0	s	t	0	r	m	w	a	t	е	r		р	d	£										:	
	URL							1				ı																				r
	s	t	0	r	m	D	r	a	i	n	P	0	ន	t	е	r	f	0	r	n	е	w	ន	•	р	đ	f					
	S	t	0	r	m	D	r	а	i	n	Р	0	s	t	е	r	f	0	r	n	е	W	ន	2	•	р	d	f				
	P	0	ន	t	е	r	2	0	1		p	đ	f			;		P	0	ន	t	е	r	2	0	2	•	р	đ	f		

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 7$ 

Name of MS4/Coalition Village of Islandia SPDES ID $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Name of M34/Coantion
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 Village provides stormwater educational materials available at Village events for interested community members, provides materials at the Village kiosk, updates Village educational materials and web pages as new materials become available, and alert residents of availability of annual report. The Village website pages also contains links to USEPA, NYS Suffolk County websites and the Stormwater Managers Resource Center. Based on a question at last years public meeting postings on
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
The Village replenishes educational materials at Village Hall, at Village events and updates the Village website. Educational materials web pages are noted, stormwater will be discussed at the public meeting to be held in June 2016.
C. How many times was this observation measured or evaluated in this reporting period?
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 Village will posts new new educational materials and information on the Village website and/or has pamphlets available at Village Hall and Village events.

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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 Islandia				N	YR	2	0	A	2	5	0
Minimum Control Measure 2.	Public Inv	volve	men	t/P	artic	eipa	<u>atic</u>	<u>on</u>			
The information in this section is being reported (check	one):										
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this re</li> </ul>	port?										
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	f the Storm	wate	r Mai	nag				ran	n		
O Cleanup Events					# Eve	nts					
Comments on SWMP Received				# C	omme	nts					0
Community Hotlines	Phone#	(6	3 1	)	4 8	1		6	2	9	0
Phone # ( )	Phone#	(		)							
Phone # ( )	Phone#			)			_				
Phone # ( )	Phone#	(		)			] -			-	
Phone # ( )	Phone#	(		)			<b> </b> - 1				
Phone # ( )	Phone#	(		)			-				
O Community Meetings				# 1	Attend	ees					
O Plantings					Sq.	Ft.					
O Storm Drain Markings					# Dra	ins					
O Stakeholder Meetings				# /	Attend	ees					
O Volunteer Monitoring					# Eve	nts					
Other:											
2. Was public notice of availability of this annu Program (SWMP) Plan provided?	al report a	nd St	ormv	vate	er Ma	nag	-	ien Ye		0	No
○ List-Serve					# In L	ist					
O Newspaper Advertising				# 1	Days R	un					
○ TV/Radio Notices				#]	Days R	un					
• Other: n o t i c e p o s t a t V i	1 1 a g	g e	H a	1	1						

• Web Page URL: Enter URL(s) on the following two pages.

This report is being submitted for the reporting period ending March 9, 2 0 1 7

me	of M	S4/0	Coa	litic	n V	'illag	e of	Islan	dia											j			N	Y	R	2	0	A	2	5	0
	eas	(s) e p				eci	ific	ad	dre	ess(	es)	wł	ier	e ne	otic	:e(s	) ca	an l	be :	acc	ess	ed ·	- no	ot k	on	1e j	oag	e.			
URI W	w	w		n	е	w	v	i	1	1	a	g	е	0	f	i	ន	1	a	n	d	i	a		С	0	m	/			
7	p	đ	f	s	/	2	0	1	7	p	u	b	<del> </del>	i	С	n	0	t	i	С	е	0	f								
a	v	a	i	1	i	b	i	1	i	t	У		р	d	f	<del> </del>															
URI	J	·····	L	I	1	1		ł	1	ł	·	1	!	ł	1	1	1	1	l	1			l		l	!	I	E		1	
w	w	w		n	е	w	v	i	1	1	a	g	е	0	f	ì	s	1	a	n	d	i	a		С	0	m	/		·	
/	p	d	£	s	7	М	S	4	Y	е	a	r	1	4	А	n	n	u	а	1											
R	e	р	0	r	t	2	0	1	7	s	i	g	n	е	d		p	d	f												
URI																															
																<u></u>															
																	•														
URI	<b></b>	·······				·			·	·····	·	·	···		,	·				•							,		·		
URI	<del></del>					1							1			1		r									Y			··	
									*****																						
URI	<del></del>						Γ	F		Γ	Ι	I	I	I		Γ	Γ	·								1		·	T T		
																												<u> </u>			
<u></u>							ı																								
URL	<u>,                                     </u>						l	<u> </u>				<u> </u>	<u> </u>			ļ															
	[										<u> </u>		<u> </u>			<u> </u>								-							
							<u> </u>						<u></u>														-				
															Ì																

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

SPDES ID

me o	fΜ	S4/0	Coal	litio	n V	illag	e of	Islan	dia														N	Y	R	2	0	A	2	5	0
UI	RL( eas	(s) (	con	't.:					dre	ess(	es)	wh	ier	e no	otic	es	can	be	ac	ces	sed	l – 1	not	ho	me	pa	ge.				
URL		1				I	<u> </u>	I	1	1	I	!	<u> </u>	<u> </u>					<u> </u>	l	L		<u> </u>			L					
						<u> </u>																									
URL						1	1	I	.l	1	I	I	I	I									L	1	<u> </u>	<u> </u>				L	
OKL																															
						<u> </u>		İ																							
		-				<u>                                     </u>						<u> </u>														<u> </u>					
	l					<u> </u>	I	<u> </u>	<u> </u>	1	<u> </u>	<u> </u>	L	L	L		L						l	l	<u> </u>	<u> </u>					·
URL								Ī						Γ												····					
									<u> </u>	<u> </u>	<u> </u>		<u> </u>	l 																	
							<u> </u>				<u> </u>	<u> </u>	<u>                                     </u>	<u> </u>							<u> </u>			<u> </u>	<u> </u>						L
IDI						L		<u> </u>		L	<u> </u>	L	<u> </u>	ļ			<u> </u>		L	<u> </u>					<u> </u>	<u> </u>					Ĺ
URL																															
						!		<u> </u>		<u> </u>		<u> </u>																			
						<u> </u>								<u> </u>																	
URL		1			L	<u></u>								<u> </u>	1	<u>,</u>								l	<u> </u>	<u> </u>					<u> </u>
UKL							ļ																			<u> </u>					
						<u> </u>	<u> </u>					<u>                                      </u>												<u> </u>	!						
												<u> </u>													<u>                                     </u>						<u> </u>
							<u> </u>	<u> </u>	<u> </u>	l	<u> </u>	<u> </u>	<u> </u>	L										<u>                                     </u>	<u> </u>	<u></u>					L
URL										Ţ																					
							<u> </u>			<u>                                       </u>	<u> </u>	<u> </u>	<u> </u>											L	<u>                                     </u>						
						<u> </u>				<u> </u>		<u> </u>	<u> </u>											<u> </u>							

This report is being submitted for the reporting period ending March 9, 2 0 1 7

Name	of M	S4/	Coa	litio	on[]	/illag	ge of	Islar	ıdia														N	Y	R	2	0	A	2	5	0
3. W	Vhe rog																							M	ana	ige:	me	nt			
E	nter	ad	dre	ss/	con	itac	t in	ıfo	and	lse	lec	t ra	dio	bu	ttor	ı to	ino	dica	ite '	wh	ich	do	cun	nen	t is	ava	aila	ble	an	d	
W	het	her	co	nn	ien	ts n	nay	be	sul	omi	itte	d at	t th	at l	oca	tio	1. 5	Sub	mi	t ac	ldit	ion	al p	oag	es a	as n	eec	led			
MS	4/C	oali	itio	ı C	ffic	e										•	A	nnu	al I	Rep	ort		S	WN	1P ]	Plar	ì	• (	Con	ımè	nts
	Dep		***************************************			Ι	T	Τ	I		ı	T	Γ								Ι				1						
	V	i	1	1	a	g	е		С	1	е	r	k																		
	Add			_		Γ_	Ι_	Γ,	<u> </u>				,		-			_		F					I						
	1	1	0	0		0	1	d		N	i	С	h	0	1	ន		R	0	a	đ	7:									
	City	ន	1	— а	n	d	i	_										Г	N .	Y		Zip 1	1	7	7	9					$\neg$
	Pho				11	L		a											.V	1		т.		,	<u>'</u>	3		L			
	1110	6	3	1	١	3	4	8	]_	1	1	3	3																		
	(				,				_			ر ا	7																		
O Lib	rary	Iracı														C	) <b>A</b> :	nnu	al F	₹ер	ort		) S	ŴΝ	1P 1	Plar	1	$\circ$	Con	ıme	nts
	Auc	11 03.	•						<u> </u>						·····																
	City					<u> </u>	ļ														L	Zip	L								
								1														<u>21</u> p					_				
	Pho	ne				<u></u>	<u> </u>	<u></u>																							
	7	110			١			l	_																						
	1				,	<u></u>					L		L																		
O Oth																	A	nnu	al F	₹ер	ort		S	WN	1P I	Plan	1	$\circ$	Con	ıme	nts
	Add	lres	5			Γ		I															I			ΓΤ					
	City					T		Ι											_	_		Zip									
	Щ																										-				
	Pho	ne			`																										
					)				-																						
♠ Wal	L D.	. ~ ~	מוז	т.												_	) <b>A</b> :	nmıı	al F	) an	ort	c	) S1	X/N/	I DI	Dlan	,	<b>a</b> (	Con	ma	nte
• We				L.		-		Γ		_											·				11 1			<b>.</b>	, 100	11110	1115
	W	W	W	•	n	е	W	v	i.	1	1	a	g	е	0	f	i	S	1	a	n	đ	i	a	•	C	0	m			
						1	1				٠	n	t	0	u	С	h	/	0	n	1	i	n	e	С	0	n	t	a	С	t
	q	а	g	е	ន	/	k	е	е	р	1	7.7																			
	•	p	h	р		/		-			,,																				
	p •	p	h	р		spe		-			,,							can	ı be	ac		sed	l - n	ot	hor	ne	pag				
• eMa	Ple	p	h	р		spe		-			,,							can	ı be	ac		sed	l - n	ot	hor	ne	_	e.	Con	nme	ents
• eMa	Ple	p	h	р		- I		-			,,							can	ı be	e ac		sed	- n	ot	hor	ne j	_	e.		nme	ents

This report is being submitted for the reporting period ending March 9, 2 0 1 7

			SPI	DES I	D				
Name of MS4/Coalition Village of Isalndia			N	Y	2	0 7	2	5	0
4.a. If this report was made available on th	•	late wa <u>s</u> i	t po	osted	?				
Leave blank if this report was not posted	on the internet.	0	6	/	5	]	2 0	1	7
4.b. For how many days was/will this repor	rt be posted?						3	6	5
If submitting a report for single MS4, ans	wer 5.a If submi	tting a joi	nt r	eport	i, ans	swer	5.b		
5.a. Was an Annual Report public meeting	•	rting peri	od?	•		0.		•	No
If Yes, what was the date of the meeting	1g?	0	6	/ [2	2 7	] / [:	2 0	1	7
If No, is one planned?						• '	Yes	0	No
5.b. Was an Annual Report public meeting	held for all MS4s	s contribi	ıtin	g to	this	repo	rt d	urin	ıg
this reporting period?						0 '	Yes	9	No
If No, is one planned for each?						• `	Y es	0	No
6. Were comments received during this re						0	Y es	•	No
If Yes, attach comments, responses and ch SWMP in response to comments to this re	_								

This report is being submitted for the reporting period ending March 9, 2 0 1 7

	SPDES ID
Name of MS4/Coalition Village of Islandia	N Y R 2 0 A 2 5 0
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.	<b>-</b>
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
The Village designates a public contact, encourages participation receives questions year round, promotes availability of education access to the SWMP Plan and annual reports and promotes trash	al materials and web sites, provides
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
The Village continues to distribute stormwater information on the of refuse and reducing pollution into surface waters.	ne importance of propoer disposal
C. How many times was this observation measured or evaluat	ted in this reporting period?
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/events during this reporting period?  ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	
Village continues to make stormwater educational materials avail Village website. The Village will hold their annual stormwater di meeting and include any comments received in the next years annual stormwater di meeting and include any comments received in the next years annual stormwater di meeting and include any comments received in the next years annual stormwater di meeting and include any comments received in the next years annual stormwater di meeting and include any comments received in the next years annual stormwater di meeting and include any comments received in the next years annual stormwater di meeting and include any comments received in the next years annual stormwater di meeting and include any comments received in the next years annual stormwater di meeting and include any comments received in the next years annual stormwater di meeting and include any comments received in the next years annual stormwater di meeting and include any comments received in the next years annual stormwater di meeting and include any comments received in the next years annual stormwater di meeting and include any comments received in the next years and years and years and years and years and years and years and ye	scussion at the June 7, 2016 public

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 7$ 

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 Islandia	N Y R 2 0 A 2 5 0
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination
The information in this section is being reported (	(check one):
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to t</li> </ul>	his report?
1. Enter the number and approx. percent	of outfalls mapped: 1 0 0 %
2. How many of these outfalls have been so reporting period (outfall reconnaissance	creened for dry weather discharges during this e inventory)?
3.a. What types of generating sites/sewershe reporting period?	eds were targeted for inspection during this
O Auto Recyclers	○ Landscaping (Irrigation)
O Building Maintenance	O Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	○ Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	○ None
DRUGDISPOSAL	
○ Sewersheds:	

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 7$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID NYR2 0 A 2 5 0 Village of Islandia Name of MS4/Coalition 3.b. What types of illicit discharges have been found during this reporting period? O Broken Lines From Sanitary Sewer O Industrial Connections O Cross Connections ○ Inflow/Infiltration O Failing Septic Systems O Pump Station Failure O Floor Drains Connected To Storm Sewers O Sanitary Sewer Overflows O Illegal Dumping O Straight Pipe Sewer Discharges Other: None 4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 0 0 5. How many illicit discharges have been confirmed during this reporting period? 6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 0 O No 7. Has the storm sewershed mapping been completed in this reporting period? Yes If No, approximately what percent was completed in this reporting period? 왕 8. Is the above information available in GIS? O Yes No Is this information available on the web? O Yes No If Yes, provide URL(s): Please provide specific address of page where map(s) can be accessed - not home page. URL URL

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 

														٦		Ė	SPD	E9	1D	,			T	
ne of MS4	/Coalitic	on Villa	age of	Island	dia												N	Y	R	2	0	A	2	5
URL(s	) con't.	.:																						
Please	provid	e spe	cific	ad	dre	ss of	pa	ge v	vhe	ere	map	(s)	can	be	acc	ess	ed -	- n	ot l	ıon	ne j	pag	ţе	
URL		·		,																······		·	,	
							1						Ī	Ī										
		<u> </u>					<del></del>		<u> </u>		$\dashv$		1	<u></u>	1									
URL																								
												$\top$												
			+						<u> </u>	<u> </u>			1	<del>                                     </del>	<u> </u>								<u> </u>	
								<u> </u>	<u></u>				<u> </u>	<u></u>										
									İ															
		E							1	<u> </u>					1		L			!	L			
URL			Т					T	Γ-														T	
		<u> </u>	<u> </u>	<u> </u>				<u></u>	<u> </u>				<u> </u>	<u> </u>			<u></u>			<u> </u>			<u> </u>	
																	Ì							
												T		T										
				<u> </u>				J	l	li				<u> </u>	l						<u> </u>	<u> </u>	<u> </u>	<u> </u>
URL		<del></del>	<del></del>	1				T					<del></del>	1	T	Г	Т				Γ	Γ	T	
				ļ																				
							<del></del>	1	1		_	$\top$	-									! 		<u> </u>
		<u> </u>							<u> </u>					<u></u>										
								Υ	т	<del></del>				_						I			Т	Γ
URL		T		T				1	1	3	1											1	ŧ	
URL																							<u> </u>	
URL									<u> </u>		<u> </u>													
URL																								

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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 Islandia		И	YR	2 0 7	A 2	5 0
12. Evaluating Pro	gress Toward Measurable Goals MC	CM 3					
identified in your St	oort on your progress and project plans tormwater Management Program Plan (itional pages as needed.						Part
A. Briefly summa	rize the Measurable Goal identified i	n the SWMPP	in th	is rep	orting	peri	od.
enforcement persor storm sewer mappi drainage infrastruct anywhere within th		pected illicit dis onsultant, regula s illegal dumpin	schargarly in great to s	ges, m nspect surface	naintain is the or e water	is upo utfall s and	l and d
B. Briefly summa: Goal.	rize the observations that indicated t	he overall effec	etiver	iess of	f this N	leasi	urable
road draining towar	discharges were report in this period. Very the outfall in a mostly unpopulated tall. The Village also watches for illictivation systems and requires	area, identificati it discharges to	ion o Villa	f illici ge roa	t disch ds pub	arge lic	

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

g period?

1

 $\bigcirc$  No

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

Yes

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

The Village will continue to identify education opportunities for staff and code enforcement will follow up on any reports of illicit discharges. Village continues to maintain on-call professional services to aid the Village is assessing and addressing any question regarding the stormwater program and illicit discharges.

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

SPDES ID

0

Name of MS4/Coalition Village of Islandia	NY	R 2	0 A	2 5	5 0
Minimum Control Measures 4 Construction Site and Post-Constru		<u>ol</u>			
The information in this section is being reported (check one):					
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>					
1a. Has each MS4 contributing to this report adopted a law, or mechanism that provides equivalent protection to the NYS Stormwater Discharges from Construction Activities?		_		r	⊃ <b>No</b>
1b. Has each Town, City and/or Village contributing to this repequivalent to a NYSDEC Sample Local Law for Stormwater Sediment Control through either an attorney cerfification of Analysis Workbook?	er Managemen or using the N	it and l	Erosio C Gap	on a	
If Yes, Towns, Cities and Villages provide date of equivalent N	NYS Sample L		w. 3/2006	; (	TNC
2. Does your MS4/Coalition have a SWPPP review procedure	in place?		• Yes	s (	⊃ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been

comments related to construction SWPPPs?

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

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

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

O Notices of Violation	#	0	O No Authority
O Stop Work Orders	#	0	O No Authority
O Criminal Actions	#	0	O No Authority
O Termination of Contracts	#	0	O No Authority
O Administrative Fines	#	0	O No Authority
O Civil Penalties	#	0	<ul><li>No Authority</li></ul>
O Administrative Orders	#	0	No Authority
O Enforcement Actions or Sanctions	#	0	
Other	#	0	O No Authority

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 7$ 

	SPDES ID	
Nar	me of MS4/Coalition Village of Islandia N Y R 2 0 A 2 5	0
	Minimum Control Measure 4. Construction Site Stormwater Runoff Control	<u>) l</u>
The	e 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 moduring this reporting period?	0
2.	How many construction projects disturbing at least one acre were active in your jurisdict during this reporting period?	ion 0
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?	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 • Coalition Provide Plans (SWPPPs) of Coalition Provide Plans (SWPPPs) of Coalition Provide Plans (SWPPPs) of Coalition Provide Plans (SWPPPs) of Coalition Provide Plans (SWPPPs) of Coalition Provide Plans (SWPPPs) of Coalition Provide Plans (SWPPPs) of Coalition Provide Plans (SWPPPs) of Coalition Provide Plans (SWPPPs) of Coalition Provide Plans (SWPPPs) of Coalition Provide Plans (SWPPPs) of Coalition Provide Plans (SWPPPs) of Coalition Provide Plans (SWPPPs) of Coalition Provide Plans (SWPPPs) of Coalition Plans (SWPPPs) of Coalition Plans (SWPPPs) of Coalition Plans (SWPPPs) (SWPPPs) of Coalition Plans (SWPPPs) (SWPPs) (SWPPPs) (SWPPs) (SWPPs) (SWPPs) (SWPPs) (SWPPs) (SWPPs)	NT
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for	No No
	If War was the fallowing was to identify landing (a) whom CWDDD and be accorded	

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$  1  $\begin{vmatrix} 7 & 1 \end{vmatrix}$ 

Name of MS4/Coalition      N   Y   R   2   0   A	2 5 0 e s
Submit additional pages as needed.   MS4/Coalition Office  Department  V i 1 1 a g e H a 1 1 - B 1 d g D e p t F i 1  Address  1 1 0 0 0 0 1 d N i c h o 1 s R o a d	e s
● MS4/Coalition Office  Department  V i 1 1 a g e H a 1 1 - B 1 d g D e p t F i 1  Address  1 1 0 0 0 0 1 d N i c h o 1 s R o a d	e s
Department         V i l l a g e H a l l - B l d g D e p t F i l         Address         1 l 0 0 0 O l d N i c h o l s R o a d	e s
V     i     l     l     a     g     e     H     a     l     l     -     B     l     d     g     D     e     p     t     F     i     l       Address       1     l     0     0     0     l     d     N     i     c     h     o     l     s     R     o     a     d     u	e s
Address  1 1 0 0 0 1 d N i c h o l s R o a d	e s
1 1 0 0 0 1 d N i c h o l s R o a d	
City 2ip	
Islandia NY 11779-	
Phone	
(631)348-1133	
○ Library	
Address	
City Zip	
Phone	
O Other	
A 3.d.	
Address	
Address  City  Zip	
City         Zip	
City Zip	
City         Zip	
City         Zip	age.
City Zip  Phone (	age.
City Zip Phone (	age.
City Zip Phone (	age.
City Zip Phone (	age.
City Zip Phone (	age.
City Zip  Phone (	age.
City Zip  Phone (	age.

This report is being submitted for the reporting period ending March 9, 2 0 1 7

If submit	ting this form as part of a joint report o	on behalf of a coalitio	n leave SPDES ID blank.
		<del></del>	SPDES ID
Name of MS4/Coalitie	on Village of Islandia		N Y R 2 0 A 2 5 0
		•	
7. Evaluating Pr	ogress Toward Measurable Goals	s MCM 4	
identified in your	eport on your progress and project p Stormwater Management Program I ditional pages as needed.		
A. Briefly summ	arize the Measurable Goal identif	fied in the SWMPI	P in this reporting period.
continues to discu	tains the SWMP Plan on file along iss E&SC and SWPP with review so SC and SWPP training and certificates.	taff and has on-call	a stormwater consultant
B. Briefly summ Goal.	arize the observations that indica	ted the overall effe	ectiveness of this Measurable
stormwater consu	are of the E&SC and SWPPP requilitant if the Village is unsure of the lershed have exceeded the one-acre	level of impact. To	
. –	ces their own requirements for E&S	SC for the smaller s	site disturbances to prevent
C. How many tir	nes was this observation measure	d or evaluated in t	this reporting period?
J			
			(ex.: samples/participants/ev
D. Has your MS	4 made progress toward this meas	surable goal during	g this reporting period?  ● Yes ○ No
E. Is your MS4 o	on schedule to meet the deadline s	et forth in the SW	MPP?
			● Yes ○ No
	arize the stormwater activities pla ting cycle (including an impleme		goals of this MCM during
on-call stormwate Village will conti	nue to determine if construction pro er consultant services if SWPPP rev nue to enforce their E&SC requiren watershed as well.	riew and construction	on inspection is required. The

Other:

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 7

				SPDES	SID			
Name of MS4/Coalition	Village of Islandia			N Y	R 2	0 A 2	5	0
<u>Minimum</u>	Control Meas	sure 5. Post	-Constructio	on Stormwate	er Mai	nagem	<u>ent</u>	
The information in th	is section is being	g reported (chec	ck one):					
<ul><li>On behalf of an inc</li><li>On behalf of a coa</li><li>How m</li></ul>		ibuted to this r	eport?					
1. How many and was MS4/Coalition in				•		your		
		# Inventoried	# Inspections	# Times Maintained				
O Alternative Practic	es							
O Filter Systems								
$\bigcirc \ Infiltration \ Basins$								
Open Channels		0	1	1				
○ Ponds								
O Wetlands								
Other								
2. Do you use an o BMPs, inspecti	,	•	base, spreads	heet) to track p	ost-con	structio		No
3. What types of a Development/B	-			•	v Impa	et		
O Building Codes	O Municipal Co	omprehensive P	lans					
Overlay Districts	Open Space F	Preservation Pro	gram					
Zoning	O Local Law or	Ordinance						
○ None	Land Use Re	gulation/Zoning	,					
O Watershed Plans	Other Compre	ehensive Plan						

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 7$ 

	SPDES ID				
Nai	me of MS4/Coalition Village of Islandia N Y R 2	0 7	A 2	5	0
4a	a. Are the MS4s contributing to this report involved in a regional/watershed wide planni	-	effort Yes		No
4b	o. Does the MS4 have a banking and credit system for stormwater management practice	-	103		110
		0	Yes		No
4c.	. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evand approval of banking and credit of alternative siting of a stormwater management				
		~			Nο
4d	l. How many stormwater management practices have been implemented as part of this s	`O `	Yes	•	No is
4d		`O `	Yes	•	
	l. How many stormwater management practices have been implemented as part of this s	syste	Yes em ir	thi	

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 7$ 

if submitting this form as part of a joint report on benai	
	SPDES ID
Name of MS4/Coalition Village of Islandia	N Y R 2 0 A 2 5 0
6. Evaluating Progress Toward Measurable Goals MCM	15
Use this page to report on your progress and project plans to identified in your Stormwater Management Program Plan (S'III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in	the SWMPP in this reporting period.
The Village conducts regular street sweeping and drainage s continues inspection for potential non-compliance issues, co SWPPP and stormwater requirements, retains a professional requirements and provide SWPPP review and inspection if	ontinues to work with staff regarding l consultant to discuss stormwater
B. Briefly summarize the observations that indicated the Goal.	overall effectiveness of this Measurable
No SWPPP within the watershed area were required during is aware of the potential and continues to confirm requirement. The Highway department continues it road sweeping progratically Village provided street sweeping services of all Village road has found this reduces the number of reports of silted catch in the street sweeping services.	ents with their stormwater consultant.  Im and cleaning of storm drains The  If five times in this reporting period and
C. How many times was this observation measured or ev	valuated in this reporting period?
D. Has your MS4 made progress toward this measurable	e goal during this reporting period?  Yes O No
E. Is your MS4 on schedule to meet the deadline set forth	h in the SWMPP?  • Yes • No
F. Briefly summarize the stormwater activities planned t the next reporting cycle (including an implementation	to meet the goals of this MCM during
The Village will continue to assess whether new developmes SWPPP or Village approved E&SC plan. The Village continuand drainage structure cleaning based on field inspections are reported.	nues to provide regular street sweeping

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 7$ 

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

SI DES ID				
Name of MS4/Coalition Village of Islandia N Y R 2 0	O A	2	5	0

### Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>	
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

			beriormen within the past s
Operation/Activity/Facility	Addressed in	n SWMP?	<u>vears?</u>
Street Maintenance	• Yes	○ No	○ Yes • No
Bridge Maintenance	O Yes	● No	○ Yes • No
Winter Road Maintenance	● Yes	○ No	○ Yes • No
Salt Storage	○ Yes	No	○ Yes • No
Solid Waste Management	• Yes	○ No	○ Yes • No
New Municipal Construction and Land Disturba	ince O Yes	● No	○ Yes • No
Right of Way Maintenance	• Yes	○ No	🔾 Yes 🔎 No
Marine Operations		• No	○ Yes • No
Hydrologic Habitat Modification		● No	○ Yes • No
Parks and Open Space			○ Yes • No
Municipal Building			○ Yes • No
Stormwater System Maintenance		○ No	○ Yes • No
Vehicle and Fleet Maintenance		○ No	○ Yes • No
Other	~	• No	○ Yes • No

This report is being submitted for the reporting period ending March 9, 2 0 1 7

	SPI	DES ID					
Name of MS4/Coalition Village of Islandia	N	YR	2	0 .	A 2	5	0
2. Provide the following information about municipal operations	good h	ousek	eep	ing	prog	ran	18:
<ul> <li>Parking Lots Swept (Number of acres X Number of times swept)</li> </ul>		# Acr	es				5
• Streets Swept (Number of miles X Number of times swept)		# Mil	es			7	5
<ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>			#			1	0
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>			#		:		1
O Phosphorus Applied In Chemical Fertilizer		# Lt	S.				0
O Nitrogen Applied In Chemical Fertilizer		# Lt	s.				0
<ul> <li>Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)</li> </ul>	per of	# Acres	; <u> </u>			0].[	
3. How many stormwater management trainings have been prov during this reporting period?	ided to	munic	ipa	l en	ploy	'ees	0
4. What was the date of the last training?	0 9	/ 2	5	/[	2 0	0	8
5. How many municipal employees have been trained in this repo	orting p	eriod	?				0
6. What percent of municipal employees in relevant positions and stormwater management training?	d depar	tment	s re	ceiv	<b>e</b> 5	0	%

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 

	SPDES ID
Name of MS4/Coalition Village of Islandia	N Y R 2 0 A 2 5 0
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
The Village has identified a program of Standard Operation Proc including road maintenance, educational training, good housekee keeping, inspection records, IPM practices, vehicle maintenance for materials storage.	ping documentation, record
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
The Village continues to provide a regular program of street sweet out. The Village does not use fertilizer or pesticide products on V ROWs.	· •
C. How many times was this observation measured or evalua-	ted in this reporting period?
C. How many times was this observation measured or evalua-	1
	(ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal	
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	eet the goals of this MCM during
The Village will continue to operate a program of standard opera discharges to surface waters and to infiltration structures and will seminars through the highway and/or building departments.	

Non-Traditional

Non-Traditional

Non-Traditional

Traditional Land Use

Traditional Land Use

Traditional Non-Land Use

Traditional Non-Land Use

Oscawana Lake Watershed

LI 27 Embayments

### **MS4 Annual Report Form**

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

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

SPDES ID

Pathogens and Nitrogen Pathogens and Nitrogen

Phosphorus

Phosphorus

Phosphorus

Pathogens

Pathogens

Pathogens

ume of MS4/Coalition Village of	Islandia		N Y R 2 0 A 2
Additional Wate	ershed Improvemen	nt Strategy Best Ma	nagement Practices
ne information in this sectio	n is being reported (checl	k one):	
On behalf of an individual On behalf of a coalition			
How many MS	4s contributed to this re	eport?	
S4s must answer the qu	iestions or check NA a	s indicated in the table	helow
•			
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed Traditional Land Use	1224562-40-050	10.13.13	, n
Traditional Non-Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Non-Traditional	1,2,3,4,7a-d,8a,8b,9 1,2,77a-d,8a,8b,9	5,10,11,12 3,4,5,10,11,12	Phosphorus
	1,2,77a-0,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed Traditional Land Use	1,6,7a-d,8a,9	2 2 4 5 95 10 11 12	Dhaataas
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	Phosphorus Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,86,10,11,12	Phosphorus
Greenwood Lake Watershed	1,0,7a*u,0a,7	2,3,4,3,80,10,11,12	rnosphorus
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 2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
Oyster Bay	1,7,0,72-0,00,9	2,3,3,60,10,11,12	1 Hospitorus
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,9,10,11,12	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	1,4,74-4,7	2,3,4,3,00,00,10,11,12	ramogens
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

1.	Does your MS4/Coalition have an education program addressing impacts of				
	phosphorus/nitrogen/pathogens on waterbodies?	O No	● N/A		
2.	Has 100% of the MS4/Coalition conveyance system been mapped in GIS?				
		○ 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.		%		

5,6,8a,8b

5,6,8a,8b

2,3,4,5,8b,10,11,12

2,3,5,8b,10,11,12

2,3,5,8b,10,11,12

2,3,5,8b,10,11,12

5,6,8a,8b,10,11,12

1,2,3,4,7a-d,9,10,11,12

1,2,3,4,7a-d,9,10,11,12

1,4,7a-d,8a,9

1,4,6,7a-d,8a,9

1,4,6,7a-d,8a,9

1,4,6,7a-d,8a,9

1,2,3,4,7a-d,9

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 7$ 

		SPDES ID		
Naı	me of MS4/Coalition Village of Islandia	N Y R 2	0 A 2	2 5 0
3.	Does your MS4/Coalition have a Stormwater Conveyance and Maintenance Plan Program?	System (infrastructu ○ Yes	re) Insp O No	ection N/A
4.	Estimate the percentage of on-site wastewater treatment sy and maintained or rehabilitated as necessary in this report		ı inspec	o %
5.	Has your MS4/Coalition developed a program that provide NYSDEC SPDES General Permit for Stormwater Dischar (GP-0-08-001) to reduce pollutants in stormwater runoff for disturb five thousand square feet or more?	ges from Construction	n Activ	ities
6.	Has your MS4/Coalition developed a program to address prunoff from new development and redevelopment projects equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Actithe New York State Stormwater Design Manual Enhanced Standards?	that disturb greater e NYS DEC SPDES ( ivities (GP-0-08-001)	than or General , includ	<b>r</b> I
7a.	Does your MS4/Coalition have a retrofitting program to rephosphorus/nitrogen/pathogen loading?	educe erosion or • Yes	O No	• N/A
7b	.How many projects have been sited in this reporting perio	d?		0
7c.	What percent of the projects included in 7b have been com	pleted in this report	ing peri	iod?
7d	.What percent of projects planned in previous years have b	een completed?		0 %
		○ No	Projects	Planned
8a.	Has your MS4/Coalition developed and implemented a tur procedures policy that addresses proper fertilizer applicat lands?		wned	l ● N/A
8b	.Has your MS4/Coalition developed and implemented a tur procedures policy that addresses proper disposal of grass of municipally owned lands?	<del></del>		I ● N/A

This report is being submitted for the reporting period ending March 9, 2 0 1 7

Name of MS4/Coalition Village of Islamdia	NYR2	0 A 2	2 5 0
Name of Mo4/ Coantion	<u> </u>	<u> </u>	
9. Has your MS4/Coalition developed and implemented a program of	of native plan	ting?	
	○ Yes	O No	• N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste	e on municipa	l prope	rties 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

	•