4115356960

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2009

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

SPDES ID: NYR20A250

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: Village of Islandia

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	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A

9173356969

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2009

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

SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2009

Required Forms

> Municipal Compliance Certification
> Water Quality Trends
> Minimum Measure 1
> Minimum Measure 2
> Minimum Measure 3
> Minimum Measure 4
> Minimum Measure 4 and 5
> Minimum Measure 5
> Minimum Measure 6
> MS4s in impaired watersheds included in GP-0-08-002 Part IX must also complete the form *Additional Watershed Improvement Strategy Best Management Practices.*

Reporting Requirements

* **Permittees submitting an annual report for an individual MS4 must complete and submit all required forms.**

* **Joint reports may be submitted by permittees with legally binding agreements as follows:**

  > *Each* MS4 contributing to a joint report must submit a Municipal Compliance Certification (MCC) form with an original signature. The MCC forms must be attached to the report.

  > A coalition may submit information on behalf of its members as follows:

  1. Submit one form for each of the Minimum Measures (and if required, Additional Watershed Improvement Strategy Best Management Practices) on behalf of all the MS4s in the coalition, or

  2. Complete some of the required forms on behalf of all the MS4's in the coalition and for other Minimum Measures, attach completed forms from each of the MS4s.

For example, a joint report for a coalition including four permitted MS4s may contain one form for *each* of the Minimum Measures 1-5, representing the combined work of all four participating MS4s, and *in addition*, include four separate Minimum Measure 6 forms and four separate *Additional Watershed Improvement Strategy Best Management Practices* forms provided by each of the participating permittees.

The Department will *not* accept a report form from a participating MS4 *in addition to* a combined report form submitted for the same Minimum Measure.

Instructions for completing forms

These forms may be completed on a computer or by hand. If completing the forms by hand, fill in circles completely and print clearly.

7809648394

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2009

Name of MS4 Village of Islandia

SPDES ID NYR20A250

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

● An Annual Report for a single MS4

○ A Joint Report

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

If Joint Report, enter coalition name:

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2009

Name of MS4: Village of Islandia

SPDES ID: NYR20A250

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: Allan

MI: M

Last Name: Dorman

Title: Mayor

Address: 1100 Old Nichols Road

City: Islandia

State: NY

Zip: 11779 -

eMail: adorman@newvillageofislandia.com

Phone: (631) 348 - 1133

County: Suffolk

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2009

Name of MS4: Village of Islandia

SPDES ID: NYR20A

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: Patrica

MI:

Last Name: Dorman

Title: Village Clerk

Address: 1100 Old Nichols Road

City: Islandia

State: NY

Zip: 11779 -

eMail: pdorman@newvillageofislandia.com

Phone: (631) 348 - 1133

County: Suffolk

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2009

Name of MS4: Village of Islandia

SPDES ID: NYR20A

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: Nancy

MI:

Last Name: Lenz

Title: Assist.VP/RLA-Cashin Assoc. PC

Address: 1200 Veterans Memorial Hwy

City: Hauppauge

State: NY

Zip: 11788 -

eMail: nlenz@ca-pc.com

Phone: (631) 348-7600

County: Suffolk

0232538159

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2009

Name of MS4: Village of Islandia

SPDES ID: NYR20A250

Section 3 - Partner Information - Submit a separate sheet for each partner.

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.
If No, proceed to Section 4 - Certification Statement.

○ Yes ● No

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable: NYR20

Address

City

State

Zip -

eMail

Phone ( ) -

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ○ Yes ○ No

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

○ MM1

○ MM2

○ MM3

○ MM4

○ MM5

○ MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2009

Name of MS4: Village of Islandia

SPDES ID: NYR20A250

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: Allan

MI: M

Last Name: Dorman

Title: Mayor

Signature:

Date: / /

Send completed form and any attachments to the DEC Central Office at:

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

1488183148

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

Water Quality Trends

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s are contributed to this report?

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? ○ 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

URL

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

Minimum Control Measure 1. Public Education and Outreach

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

1. Targeted Public Education and Outreach Best Management Practices

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

○ Construction Sites
● General Stormwater Management Information
○ Household Hazardous Waste Disposal
○ Illicit Discharge Detection and Elimination
○ Infrastructure Maintenance
○ Smart Growth
○ Storm Drain Marking
○ Green Infrastructure/Better Site Design/Low Impact Development
○ Other:

○ Pesticide and Fertilizer Application
○ Pet Waste Management
● Recycling
○ Riparian Corridor Protection/Restoration
● Trash Management
○ Vehicle Washing
○ Water Conservation
○ Wetland Protection
○ None

2. Specific audiences targeted during this reporting period:

○ Agricultural
● Residential
○ Businesses
○ Restaurants
○ Contractors
○ Developers
● General Public
○ Industries
○ Other:

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

○ Construction Site Operators Trained	# Trained	
○ Direct Mailings	# Mailings	
● Kiosks or Other Displays	# Locations	1
○ List-Serves	# In List	
○ Mailing List	# In List	
○ Newspaper Ads or Articles	# Days Run	
● Public Events/Presentations	# Attendees	17
○ School Program	# Attendees	
○ TV Spot/Program	# Days Run	
● Printed Materials:	Total # Distributed	800

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

Village Hall

Distributed at Village events

○ Other:

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

URL: http://www.newvillageofislandia.com/pages/releases/stormwater.html

URL: http://www.newvillageofislandia.com/pdfs/2008-annual-report.pdf

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

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

URL: www.e-codes.com/?custId=IS1122

URL

URL

URL

URL

URL

URL

URL

URL

URL

URL

8510439673

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

4. Evaluating/Measuring Progress MCM 1

What indicators do you use to evaluate the overall effectiveness of your Education and Outreach Program, how long have you been tracking them and at what frequency?

Example*:

Indicator: Public phone survey

Began Tracking: 2005 *(year)* ***Frequency:*** Annual *(ex.: annual, monthly, biweekly)*

\# 1000 *(ex.: samples/participants/events)*

Results: Increased awareness of issues related to use of fertilizers

**** This indicator is provided as an example only.***

Indicator: Informational materials distributed, events where materials available, stormwater pages web hits

Began Tracking: 2008 *(year)* ***Frequency:*** annual summary *(ex.: annual, monthly, biweekly)*

\# 800 water bottles w/ "No dumping to Drains" logo on them *(ex.: samples/participants/events)*

Results: Village had materials available and held several Village events in 2008 where water bottles along with stormwater info were distributed. Village has not tracked actual number of brochures, web hits or participants receiving information to date but will begin for 2009.

Submit additional pages as needed.

9076071055

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

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 — # Events ___

● Comments on SWMP Received — # Comments 0

● Community Hotlines

Phone # (631) 481-6290
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -

● Community Meetings — # Attendees 17

○ Plantings — Sq. Ft. ___

○ Storm Drain Markings — # Drains ___

○ Stakeholder Meetings — # Attendees ___

○ Volunteer Monitoring — # Events ___

● Other: community fairs and events

2. Was public notice of availability of annual report and Stormwater Management Program (SWMP) Plan provided? ● Yes ○ No

○ List-Serve — # In List ___

● Newspaper Advertising — # Days Run 1

○ TV/Radio Notices — # Days Run ___

● Other: Mtg notice post at village hal

● 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, 2009

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

SPDES ID: NYR20A250

2. URL(s) con't.:

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

URL: Http://www.newvillageofislandia.com/pages/releases/stormwater.html

URL: Http://www.newvillageofislandia.com/pdfs/2008-annual-report.pdf

URL:

URL:

URL:

URL:

URL:

URL:

URL:

0515071054

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

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

URL

URL

URL

URL

0564003233

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

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

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

● MS4/Coalition Office ● Annual Report ● SWMP Plan ● Comments

Department: Village Clerk

Address: 1100 Old Nichols Road

City: Islandia NY Zip: 11779 -

Phone: (631) 348-1133

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

○ Other ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

http://www.newvillageofislandia.com/pdfs/2008-annual-report.pd

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

○ eMail ○ Comments

f

0564003233

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

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

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

○ MS4/Coalition Office ○ Annual Report ○ SWMP Plan ○ Comments

Department

Address

City Zip -

Phone ( ) -

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address

City Zip -

Phone ( ) -

○ Other ○ Annual Report ○ SWMP Plan ○ Comments

Address

City Zip -

Phone ( ) -

● Web Page URL: ○ Annual Report ○ SWMP Plan ● Comments

http://www.newvillageofislandia.com/pages/keep_in_touch/online

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

○ eMail ○ Comments

contact.php4

0564003233

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

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

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

○ MS4/Coalition Office ○ Annual Report ○ SWMP Plan ○ Comments

Department

Address

City Zip -

Phone ( ) -

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address

City Zip -

Phone ( ) -

○ Other ○ Annual Report ○ SWMP Plan ○ Comments

Address

City Zip -

Phone ( ) -

● Web Page URL: ○ Annual Report ● SWMP Plan ○ Comments

Http://www.newvillageofislandia.com/pages/releases/stormwater.

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

○ eMail ○ Comments

html

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

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

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

○ MS4/Coalition Office ○ Annual Report ○ SWMP Plan ○ Comments

Department

Address

City Zip -

Phone ( ) -

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address

City Zip -

Phone ( ) -

○ Other ○ Annual Report ○ SWMP Plan ○ Comments

Address

City Zip -

Phone ( ) -

○ Web Page URL: ○ Annual Report ○ SWMP Plan ○ Comments

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

● eMail ● Comments

pdorman@newvillageofislandia.com

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

4. Were comments received during this reporting period? ○ Yes ● No

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

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

5.a. Was an Annual Report public meeting held in this reporting period? ● Yes ○ No

If Yes, what was the date of the meeting? 05 / 06 / 2008

If No, is one planned? ○ Yes ○ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? ● Yes ○ No

If No, is one planned for each? ○ Yes ○ No

MS4 Annual Report Form

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

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

SPDES ID: NYR20A250

6. Evaluating/Measuring Progress MCM 2

What indicators do you use to evaluate the overall effectiveness of your Public Involvement/Participation Program, how long have you been tracking them and at what frequency?

Example*:

Indicator: Number of attendees at public events

Began Tracking: 2005 *(year)* ***Frequency:*** Annual *(ex.: annual, monthly, biweekly)*

1000 *(ex.: samples/participants/events)*

Results: Attendance at public events has increased 200% since 2005.

**** This indicator is provided as an example only.***

Indicator: attendance at public events and community meetings that provide stormwater related information

Began Tracking: 2009 *(year)* ***Frequency:*** annual summary *(ex.: annual, monthly, biweekly)*

three main events each attracting 300-400 community members plus several smaller events typically attracting under 20 community members *(ex.: samples/participants/events)*

Results: The Village sponsored several events last year including three seasonal festivals, community garden planting, and community meetings. The Village distributed 800 stormwater logoed water bottles over several of these festivals and community events. Educational brochures are displayed. The Village did not yet quantified the brochures and educational materials distributed at these events.

Submit additional pages as needed.

9340259080

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

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: 1 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 1

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

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

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

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

4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 0

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

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 0

7. Has the storm sewershed mapping been completed? ● Yes ○ No

If No, approximately what percent has been completed? %

8. Is the above information available in GIS? ○ Yes ● No

Is this information available on the web? ○ Yes ● No

If Yes, provide URL(s):

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

URL

URL

URL

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

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

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. Has an attorney certified law(s) adopted by traditional MS4s to be equivalent to the NYS Model IDDE law? ○ Yes ● No

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

100 %

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

12. Evaluating/Measuring Progress MCM 3

What indicators do you use to evaluate the overall effectiveness of your Illicit Discharge Elimination Program, how long have you been tracking them and at what frequency?

Example*:

Indicator: Number of illicit discharges identified/eliminated

Began Tracking: 2005 *(year)*

Frequency: Monthly inspections *(ex.: annual, monthly, biweekly)*

\# 25 illicit discharges identified/24 eliminated *(ex.: samples/participants/events)*

Results: Since 2005, the number of annual inspections has doubled. We have developed a tracking system and illicit discharges that have been identified are being eliminated, on average, within a week of discovery.

**** This indicator is provided as an example only.***

Indicator: Number of illicit discharges and citizens complaints pertaining to stormwater

Began Tracking: 2009 *(year)*

Frequency: annual summary *(ex.: annual, monthly, biweekly)*

\# of illicit discharges identified and number of citizen complaints *(ex.: samples/participants/events)*

Results: The Village will quantify the number illicit discharges identified and number of citizen complaints which pertains to stormwater related issues. Where applicable the resulting action will be noted. The Village will also post information on their website regarding IDDE education and identify a training session for CE staff.

Submit additional pages as needed.

4416634154

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

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? ___

1. **Has each Town, City and/or Village contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equal protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?** ● Yes ○ No

   If Yes, provide date of equivalent NYS Sample Local Law. ○ 09/2004 ● 03/2006

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?** 0

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

   If Yes, how many public comments were received during this reporting period? 0

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

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

● Notices of Violation	#	0	○ No Authority
● Stop Work Orders	#	0	○ No Authority
● Criminal Actions	#	0	○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Other	#		○ No Authority

3674357184

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

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?** 0

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 1

3. **What percent of active construction sites were inspected during this reporting period?** 100 %

4. **What percent of active construction sites were inspected more than once?** 100 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ● Yes ○ No

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

   If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

2674118032

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Village Hall - Building Depart

Address: 1100 Old Nichols Road

City: Islandia NY Zip: 11779-

Phone: (631) 348-1133

○ 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, 2009

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Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

7. Evaluating/Measuring Progress MCM 4

What indicators do you use to evaluate the overall effectiveness of your Construction Site Stormwater Management Program, how long have you been tracking them and at what frequency?

Example*:

Indicator: Percent SWPPPs reviewed

Began Tracking: 2005 *(year)* ***Frequency:*** Upon submission *(ex.: annual, monthly, biweekly)*

\# 50 SWPPPs *(ex.: samples/participants/events)*

Results: 100% of SWPPPs were reviewed. 50% of the SWPPPs reviewed were returned with comments. All of these were returned with modifications reflecting NYS Standards.

**** This indicator is provided as an example only.***

Indicator: Number of SWPPPs required, reviewed and approved

Began Tracking: 2008 *(year)* ***Frequency:*** annual summary *(ex.: annual, monthly, biweekly)*

\# 0 required *(ex.: samples/participants/events)*

Results: The one development currently under construction was approved prior to SWPPP requirements. The Village now requires all new development in excess of one-acre in area to submit SWPPP for review and approval including development that is not within the sewershed that drains to surface waters.

Submit additional pages as needed.

7992379781

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

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
○ Alternative Practices			
○ Filter Systems			
● Infiltration Basins	6	6	1
● Open Channels	1	1	0
○ Ponds			
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ 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

○ Comprehensive Planning

○ Overlay Districts

● Zoning

○ None

○ Other: ___

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

4. Evaluating/Measuring Progress MCM 5

What indicators do you use to evaluate the overall effectiveness of your Post-Construction Stormwater Management Program, how long have you been tracking them and at what frequency?

Example*:

Indicator: Number of reports of flooding during storm events from business district

Began Tracking: 2005 *(year)* ***Frequency:*** Annual Summary *(ex.: annual, monthly, biweekly)*

\# 18 *(ex.: samples/participants/events)*

Results: During this reporting period, we experienced average rainfall, but DPW records show that the number of incidences of flooding in the business district fell 25%. This is attributable to increased inspection and maintenance of post construction BMPs.

**** This indicator is provided as an example only.***

Indicator: Number of reports of flooding/number of CE inspections of private properties/municipal basin clean outs required

Began Tracking: 2008 *(year)* ***Frequency:*** annual summary *(ex.: annual, monthly, biweekly)*

\# 0 flooding reports, 0 CE actions, 1infiltration basin clean out *(ex.: samples/participants/events)*

Results: The Village will quantify the number of reports of flooding received and inspected, along with the actions required based on whether flooding was on private property (CEO inspection) or on a municipal road or property (basin clean-out).

Submit additional pages as needed.

3624001703

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	○ Yes	● No
Bridge Maintenance	○ 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 Disturbance	○ Yes	● No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	○ Yes	● No
Right of Way Maintenance	● Yes	○ No	○ Yes	● No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	● Yes	○ No	○ Yes	● No
Municipal Building	○ Yes	● No	○ Yes	● No
Stormwater System Maintenance	● Yes	○ No	○ Yes	● No
Vehicle and Fleet Maintenance	● Yes	○ No	○ Yes	● No
Other	○ Yes	○ No	○ Yes	● No

2276001705

MS4 Annual Report Form

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

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Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

2. Provide the following information about municipal operations good housekeeping programs:

● Parking Lots Swept	# Acres	1
● Streets Swept	# Miles	15
● Catch Basins Inspected and Cleaned Where Necessary	#	15
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	0
● Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
● Nitrogen Applied In Chemical Fertilizer	# Lbs.	0
○ Pesticide/Herbicide Applied As Pure Product	# Lbs.	0

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 1

4. What was the date of the last training? 09 / 25 / 2008

5. How many municipal employees have been trained in this reporting period? 2

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 50 %

2648230757

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

7. Evaluating/Measuring Progress MCM 6

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

Example*:

Indicator: Catch basins inspected and cleaned

Began Tracking: 2005 *(year)* ***Frequency:*** monthly *(ex.: annual, monthly, biweekly)*

\# 40 catch basins cleaned *(ex.: samples/participants/events)*

Results: In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.

**** This indicator is provided as an example only.***

Indicator: Amount of sediment and debris removed from Village roads and drainage systems, spills on roads that drain to surface waters

Began Tracking: 2009 *(year)* ***Frequency:*** annual summary *(ex.: annual, monthly, biweekly)*

\# cubic yards of materials collected from street sweeping and drainage structure clean out operations, spills on roads that drain to surface waters *(ex.: samples/participants/events)*

Results: The Village street sweeping and drainage infrastructure cleaning subcontractors collected and disposed of material from Village roads and basins in 2008. In 2009, the subcontractors will be required to provide the Village with the quantity of materials collected and disposed of from both street sweeping and infiltration basin and catch basin clean out. The Village will also track and report on spills on roads that drain to surface waters in accordance with SWMP Plan SOP's

Submit additional pages as needed.

6730413936

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

Additional Watershed Improvement Strategy Best Management Practices

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,7,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens
Traditional Non-Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens
Non-Traditional	1,4,7,8a,9	2,3,4,5,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen

1. **Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?** ○ Yes ○ No ● N/A

2. **Has 100% of the MS4/Coalition conveyance system been mapped in GIS?** ○ Yes ○ No ● N/A

   If N/A, go to question 3.

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

   Estimate what percentage was mapped in this reporting period. ___ %

3. **Does your MS4/Coalition have a Stormwater Conveyance System(infrastructure) Inspection and Maintenance Plan Program?** ○ Yes ○ No ● N/A

5339413930

MS4 Annual Report Form

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Name of MS4/Coalition: Village of Islandia

SPDES ID: NYR20A250

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

5. **Has your MS4/Coalition developed a program that provides protection equivalent to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP0-08-001) 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

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

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

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