#### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 3

| This cover pag  | e must be completed   | by the report preparer |
|-----------------|-----------------------|------------------------|
| Joint reports r | equire only one cover | page.                  |

| SPI | DES | 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.

| Na | ne o | of M | IS4 |   |   |   |   |   |   |   |   |   |   |   |   |   | <br> | <br> | <br> |  |  |  |
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#### OR

## ○ This report is being submitted on behalf of a Single Entity

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

Name of Coalition

NYR2

0 A

| ]   | Nar | ne c | f Si | ngle | e En | itity | •   |   |   |   |     |               |   |   |     |   |   |   |   |      |      |   | <br> |     |   |   |
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#### OR

## ○ This is a joint report being submitted on behalf of a coalition.

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

| SPDES ID    | SPDES ID    | SPDES ID    |
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| N Y R 2 0 A | N Y R 2 0 A | N Y R 2 0 A |
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## MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 3

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

| SPDES ID  | SPDES ID  | SPDES ID   |
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MCC form for period ending March 9, 2 0 1 3

|  | SPDES ID             |
|--|----------------------|
| Name of MS4 Village of Islandia  | N Y R 2 0 A 2 5 0    |
|  |                      |
| Each MS4 must submit an MCC form.  |                      |
| Section 1 - MCC Identification Page                                      |                      |
| Indicate whether this MCC form is being submitted to certify endorsement | nt or acceptance 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 b              | oinding agreements.  |
| If Joint Report, enter coalition name:                                   |                      |
|  |                      |
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MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  3

| S                               | PDES | עוו |   |   |   |   |   |   |
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| 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:

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

| Firs     | t Na          | Name |   |   |          |   |        |   |   |   |   |   |   |         | MI |   | Las | t Na     | ame | ;        |             |   |          |   |          |        |        |     |   |   |   |  |
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MCC form for period ending March 9, 2 0 1 3

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| Name of MS4 Village of Islandia | N   | Y  | R  | 2 | 0 | Α | 2 | 5 | 0 |

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- O Duly Authorized Representative
- Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

| First Name                | II Last Name  |       |
|---------------------------|---|-------|
| Patricia                  | D o r m a n   |       |
| Title                     |   |       |
| V i l l a g e   C l e r k |   |       |
| Address                   |   |       |
| 1 1 0 0 0 1 d Nichol      | R o a d   |       |
|                           |   |       |
| City                      | State Zip   |       |
| City  I s l a n d i a     | State         Zip           N Y         1 1 7 7 9 - |       |
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MCC form for period ending March 9, 2 0 1 3

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- O Duly Authorized Representative
- O Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

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MCC form for period ending March 9, 2 0 1 3

|  | SPDES ID                               |
|--|--|
| Name of MS4 Village of Islandia  | N Y R 2 0 A 2 5 0                      |
| Section 3 - Partner Information  |  |
| Did your MS4 work with partners/coalition to complete some or all pern   | nit requirements during this reporting |
| period?  | ○ Yes ● No                             |
| If Yes, complete information below.  |  |
| Submit a separate sheet for each partner. Information provided accepted. If your MS4 cooperated with a coalition, submit one |  |
| coalition. It is not necessary to include a separate sheet for each  |  |
| If No, proceed to Section 4 - Certification Statement.   |  |
| Partner/CoalitionName  |  |
|  |  |
| Partner/Coalition Name (con't.)  | SPDES Partner ID - If applicable       |
|  | N Y R 2 0                              |
| Address  |  |
| City Stor  | to Zin                                 |
| City Stat  | te Zip                                 |
| Mail   |  |
|  |  |
| Phone Legally  | Binding Agreement in accordance        |
|  | -0-08-002 Part IV.G.? • Yes • No       |
| What tasks/responsibilities are shared with this partner (e.g. MM1   | School Programs or Multiple Tasks)     |
|  | ,                                      |
| O MM1  |  |
| O MM2  |  |
| O MM3  |  |
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| O MM6  |  |
| > IVIIVIO  |  |
| Additional tasks/responsibilities  |  |
| Watershed Improvement Strategy Best Management Practices   | required for MS4s in impaired          |
| watersheds included in GP-0-08-002 Part IX.  |  |
|  |  |
|  |  |

MCC form for period ending March 9, 2 0 1 3

|             |                     | SPI | DES | ID |   |   |   |   |   |   |
|-------------|---------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Village of Islandia | N   | Y   | R  | 2 | 0 | А | 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<br>M | Last Name  Dorman        |
|---|---------|--------------------------|
| Title (Clearly print title of individual signing report)  M a y o r |         |                          |
| Signature   |         | Date 0 5 / 2 2 / 2 0 1 3 |

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,  $\begin{bmatrix} 2 & 0 \end{bmatrix}$  1  $\begin{bmatrix} 3 & 1 \end{bmatrix}$ 

| Name of MS4/Coalition   | Village Of Island | ia                |                                      | N Y R               | 2 0 A 2 5 0   |
|---|-------------------|-------------------|--------------------------------------|---------------------|---------------|
|   |                   | Water             | Quality Trend                        | <u>s</u>            |               |
| The information in thi  | is section is b   | oeing reported (o | check one):                          |                     |               |
| On behalf of an independent of a coalidate of the How many Many Many Many Many Many Many Many M | ition             | ributed to this   | report?                              |                     |               |
| 1. Has this MS4/C related to storm One.   | _                 | •                 | ports documentin<br>and proceed to N |                     |               |
| If Yes, choose one of   | the following     | ţ                 |                                      |                     |               |
| O Report(s) attached t  | to the annual     | report            |                                      |                     |               |
| O Web Page(s) where<br>Please prov  |                   | -                 | ow<br>ge where report(s) c           | an be accessed - ne | ot home page. |
| URL   |                   |                   |                                      |                     |               |
|   |                   |                   |                                      |                     |               |
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition Village of Islandia   | SPDES ID  N Y R 2 0 A 2 5 0                |
|---|--|
| 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         How many MS4s contributed to this report?     </li> </ul> |  |
| 1. Targeted Public Education and Outreach Best Manageme   | ent Practices                              |
| Check all topics that were included in Education and Outreach d   | uring this reporting period:               |
|   |  |
| • Construction Sites  | O Pesticide and Fertilizer Application     |
| General Stormwater Management Information   | Pet Waste Management                       |
| O Household Hazardous Waste Disposal  | • 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                       |
| O 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  |  |
| ● Residential ○ Developers  |  |
| ○ Businesses  |  |
| ○ Restaurants ○ Industries  |  |
| Other: O Agricultural   | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1    |
| Other   |  |

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

| Name  | of N         | IS4/      | 'Coa     | litio      | on             | Villag            | ge of    | Islat | ıdia       |          |          |          |         |          |          |          |          |          |          |      |          |      | N   | Y<br>Y | R    | 2      | 0        | A    | 2   | 5   | 0  |
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| 3. V  | Vha<br>his 1 |           |          |            |                |                   |          |       |            |          |          |          |         |          | e to     | o ac     | chie     | eve      | ed       | uca  | tio      | n a  | nd  | out    | tre  | ach    | ı go     | als  | du  | rin | g  |
| O Co  | nstr         | ucti      | on l     | Site       | O <sub>j</sub> | pera              | tor      | s Ti  | rain       | ed       |          |          |         |          |          |          |          |          |          |      |          |      | i   | # Tr   | ain  | ed     |          |      |     |     |    |
| O Dir | ect          | Ma        | ilin     | gs         |                |                   |          |       |            |          |          |          |         |          |          |          |          |          |          |      |          |      | #   | Ma     | ilin | gs     |          |      |     |     |    |
| • Kio | sks          | or        | Oth      | er ]       | Dis            | play              | /S       |       |            |          |          |          |         |          |          |          |          |          |          |      |          |      | #]  | Loca   | atio | ns     |          |      |     |     | 1  |
| O Lis | t-Se         | rve       | s        |            |                |                   |          |       |            |          |          |          |         |          |          |          |          |          |          |      |          |      |     | # I    | n Li | ist    |          |      |     |     |    |
| O Ma  | ilinį        | g L       | ist      |            |                |                   |          |       |            |          |          |          |         |          |          |          |          |          |          |      |          |      |     | # I    | n L  | ist    |          |      |     |     |    |
| O Ne  | wsp          | ape       | r A      | ds c       | or A           | Artic             | eles     |       |            |          |          |          |         |          |          |          |          |          |          |      |          |      | #]  | Day    | s Rı | ın     |          |      |     |     |    |
| • Pul | olic         | Ev        | ents     | /Pr        | esei           | ntat              | ions     | 3     |            |          |          |          |         |          |          |          |          |          |          |      |          |      | # 1 | Atte   | nde  | es     |          |      |     | 1   | 0  |
| O Sch | ıool         | Pro       | ogra     | m          |                |                   |          |       |            |          |          |          |         |          |          |          |          |          |          |      |          |      | # 1 | Atte   | nde  | es     |          |      |     |     |    |
| O TV  | Spe          | ot/P      | rog      | ran        | 1              |                   |          |       |            |          |          |          |         |          |          |          |          |          |          |      |          |      | #]  | Day    | s Rı | ın     |          |      |     |     |    |
| • Pri |              |           |          |            |                |                   |          |       |            |          |          |          |         |          |          |          |          |          |          |      | Т        | otal | # D | istri  | but  | ed     |          |      |     | 1   | 8  |
|       | Loca<br>V    | tion<br>i | s (e.    | g. li<br>1 | ibrai<br>a     | ries,             | tow      | n ofi | fices<br>H | , kic    | sks)     | 1        |         |          |          |          |          |          |          | _    |          |      |     |        |      |        |          |      |     |     |    |
|       | V            | i         | 1        | 1          | a              | a<br>2            | e        |       | _          | p        |          | n        | s       | e        | r        | e        | d        |          |          |      |          |      |     |        |      |        |          |      |     |     |    |
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| Oth   | er:          |           |          |            |                |                   |          |       |            |          |          | !        |         |          |          |          |          |          | !        |      |          |      |     |        |      |        |          |      |     |     |    |
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| • We  | b P          | age       | :        | Pro        | vić            | le s <sub>l</sub> | pec      | fic   | wel        | b ac     | ldre     | esse     | S - 1   | not      | hor      | ne j     | page     | e. (     | Con      | tinı | ie o     | n ne | ext | pag    | e if | ad     | ditio    | onal | spa | ice | is |
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| р     | a            | g         | е        | s          | /              | r                 | е        | 1     | е          | а        | s        | е        | S       | /        | s        | t        | 0        | r        | m        | W    | а        | t    | е   | r      | •    | h      | t        | m    | 1   |     |    |
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| F     | u            | <u> </u>  |          |            | <u></u>        |                   | <u> </u> |       |            | <u> </u> | **       | **       | u       | <u> </u> |          |          | <u>L</u> |          | <u> </u> |      |          |      | •   | צ      | 4    | -      |          |      |     |     |    |
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  3

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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 3 & 0 \end{vmatrix}$ 

| Name of MS4/Coalition Village of Islandia  | N Y R 2 0 A 2 5 0                    |
|--|--------------------------------------|
|  |                                      |
| 4. Evaluating Progress Toward Measurable Goals MCM 1   |                                      |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.                                      |                                      |
| A. Briefly summarize the Measurable Goal identified in the S   | WMPP in this reporting period.       |
| The Village continues to have stormwater educational materials a interested community members, provides materials at the Village materials and web pages as new materials become available, and annual report. | kiosk, updates Village educational   |
| B. Briefly summarize the observations that indicated the over Goal.  | all effectiveness of this Measurable |
| The Village continues to offer educational materials at Village He Village website. Educational materials web pages are noted, stor 2011 public meeting where approximately 10 Village residents websites.     | mwater was discussed at the June     |
| C. How many times was this observation measured or evaluate  |                                      |
|  | (ex.: samples/participants/events,   |
| D. Has your MS4 made progress toward this Measurable Goa   |                                      |
|  | ● Yes ○ No                           |
| E. Is your MS4 on schedule to meet the deadline set forth in t   | he SWMPP? • Yes O No                 |
| F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche  |                                      |
| The Village will post new new educational materials and information have them available at Village Hall and Village events.  | tion on the Village website and/or   |
|  |                                      |

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SPDES ID

| Name of MS4/Coalition Village of Islandia  |                       |     |      |      | N        | Y     | R .    | 2   | 0          | Α         | 2 | 5 | 0  |
|--|-----------------------|-----|------|------|----------|-------|--------|-----|------------|-----------|---|---|----|
| Minimum Control Measure 2. I   | Public I              | nvo | lve  | emei | ıt/I     | art   | icij   | oai | <u>tio</u> | n         |   |   |    |
| 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> | port?                 | T   |      |      |          |       |        |     |            |           |   |   |    |
| 1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?    | particips<br>the Stor | mw  | ate  | r Ma | nag      |       |        | -   | ogr        | ran       | 1 |   |    |
| ○ Cleanup Events   |                       |     |      |      |          | #E    | ents   | s [ |            |           |   |   |    |
| <ul> <li>Comments on SWMP Received</li> </ul>  |                       |     |      |      | # C      | omn   | ents   | ; [ |            |           |   |   | 0  |
| <ul> <li>Community Hotlines</li> </ul>   | Phone#                | (   | 6    | 3 1  | ])       | 4     | 8      | 1   | -[         | 6         | 2 | 9 | 0  |
| Phone # ( )  | Phone#                | (   |      |      | ])       |       |        |     | -          |           |   |   |    |
| Phone # ( ) -  | Phone#                | (   |      |      | )        |       |        |     | -          |           |   |   |    |
| Phone # ( )  | Phone#                | (   |      |      | )        |       |        |     | - [        |           |   |   |    |
| Phone # ( ) -  | Phone#                |     |      |      | <b>1</b> |       |        |     | _ [        |           |   |   |    |
| Phone # ( ) -  | Phone#                | (   |      |      | <b>1</b> |       |        |     | - [        |           |   |   |    |
| • Community Meetings   |                       | • • |      | ,    | #.       | Atten | dees   |     | ĺ          |           | j | 1 | o  |
| ○ Plantings  |                       |     |      |      |          | So    | ı. Ft. | . [ |            |           |   |   |    |
| O Storm Drain Markings   |                       |     |      |      |          | # D:  | ains   | ;   |            |           |   |   |    |
| O Stakeholder Meetings   |                       |     |      |      | # .      | Atten | dees   | ; [ |            |           |   |   |    |
| O Volunteer Monitoring   |                       |     |      |      |          | #Ev   | ents   | ; [ | 1          |           |   |   |    |
| Other: community even  | t s                   |     |      |      |          |       |        | Ť   |            |           |   |   |    |
| 2. Was public notice of availability of this annua Program (SWMP) Plan provided?   | al report             | and | l St | orm  | vate     | er M  | ana    | age |            | ent<br>Ye |   | 0 | No |
| ○ List-Serve   |                       |     |      |      |          | # In  | List   | t [ |            |           |   |   |    |
| Newspaper Advertising  |                       |     |      |      | # ]      | Days  | Run    | ı [ |            |           |   |   | 1  |
| ○ TV/Radio Notices   |                       |     |      |      | # ]      | Days  | Run    |     |            |           |   |   |    |
| Other: M t g n o t i c e p o s   | t a                   | t   |      | V i  | 1        | 1     | a ç    | 3 . | e          |           | н | a | 1  |

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| ame      | of:      | MS            | 54/0 | Coa | litic    | n V      | /illag                                       | ge of   | Islan    | idia   |  |          |          |          |          |  |          |          |  |          |  |              |          | И        | Y        | R  | 2        | 0  | A   | 2        | 5  | 0        |
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| r        | . 6      | e             | 1    | e   | a        | <u> </u> | е  | $\vdash$  | 1        | s  | t  | 1        | r        | ╁        | 1        | a  | _        | ┾━       | -  | <u> </u> | h  | t            | m        | 1        |          | <u>I</u>                                       |          | <u>                                     </u>   | Ë   |          | <u> </u>                                     | <u> </u> |
|          | +        | +             | _    |     |          |          |  | -   | <u>'</u> |  |  |          |          |          | ''       |  |          |          |  | <u>'</u> |  |              | ···      |          |          |  |          |  | $\vdash$                                      |          | <u> </u>                                     |          |
| L        |          | l             |      |     | <u> </u> | <u></u>  | <u> </u>                                     | 1   |          | <u></u>  | <u></u>                                      |          | I        | <u></u>  | <u>i</u> | L  |          | l        |  | ļ        | ļ  | l            | Ĺ        | l        | <u> </u> | L  | ļ        | l  | L   |          | L  | L        |
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 3 & 1 \end{vmatrix}$ 

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Name of MS4/Coalition Village of Islandia

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  3

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

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

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

N Y R 2 0 A 2 5 0

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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 3 & 1 \end{vmatrix}$ 

|   |            | SPU    | 52 ID      |       |      |       |      |    |
|---|------------|--------|------------|-------|------|-------|------|----|
| Name of MS4/Coalition Village of Isalndia   |            | N .    | YR         | 2     | 0    | A 2   | 5    | 0  |
| 4.a. If this report was made available on the internet, what da                                     | ite was it | pos    | sted?      |       | -    |       |      |    |
| Leave blank if this report was not posted on the internet.  | 0          | 6      | <b>/</b> 0 | 4     | /    | 2 0   | 1    | 3  |
| 4.b. For how many days was/will this report be posted?  |            |        |            |       |      | 3     | 6    | 5  |
| If submitting a report for single MS4, answer 5.a If submitti                                       | ing a join | ıt rej | port,      | ans   | wer  | 5.b   |      |    |
| 5.a. Was an Annual Report public meeting held in this report  | ing perio  | od?    |            |       | 0    | Yes   |      | No |
| If Yes, what was the date of the meeting?   | 0          | 6      | <b>/</b> 0 | 4     | , [  | 2 0   | T 1  | 3  |
| If No, is one planned?  |            |        |            |       | •    | Yes   | 0    | No |
| 5.b. Was an Annual Report public meeting held for all MS4s  | contribu   | ting   | ; to tl    | his 1 | repe | ort d | urir | ıg |
| this reporting period?  |            |        |            |       | 0    | Yes   | •    | No |
| If No, is one planned for each?   |            |        |            |       | •    | Yes   | 0    | No |
| 6. Were comments received during this reporting period?   |            |        |            |       | 0    | Yes   | •    | No |
| If Yes, attach comments, responses and changes made to SWMP in response to comments to this report. |            |        |            |       |      |       |      |    |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  3

|   | 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 aclidentified in your Stormwater Management Program Plan (SWMPP) III.C.1. Submit additional pages as needed.  | _  |
| A. Briefly summarize the Measurable Goal identified in the SW   | MPP in this reporting period.  |
| The Village designates a public contact, promotes availability of eduprovides access to the SWMP Plan and annual reports and continues recycling and pollutant disposal programs.   |  |
| B. Briefly summarize the observations that indicated the overall Goal.  | effectiveness of this Measurable   |
| The Village continues to use local events to make available stormw importance of maintaining area facilities and reducing pollution into  |  |
| C. How many times was this observation measured or evaluated  | in this reporting period?  |
| D. Has your MS4 made progress toward this measurable goal de  | <pre>(ex.: samples/participants/event uring this reporting period?</pre> |
|   | ● 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 next reporting cycle (including an implementation schedu   | · ·  |
| Village continues to promote stormwater during events in the Village educational materials available at public events. The Village will ho discussion at the June 4, 2013 public meeting and include any commannual report. | ld their annual stormwater   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  3

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   | on and Elimination  |
| The information in this section is being reported  | l (check one):                |                     |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to</li> </ul> |                               |                     |
| 1. Enter the number and approx. percen   | t of outfalls mapped:         | 1 4 1 0 0 %         |
| 2. How many of these outfalls have been reporting period (outfall reconnaissan   | <u>-</u>                      | charges during this |
| 3.a. What types of generating sites/sewers reporting period?   | neds were targeted for inspec | tion during this    |
| O Auto Recyclers   | O 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  | O Printing                    |                     |
| ○ Cross-Connections  | O Residential Carwashing      |                     |
| O Distribution Centers   | O 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 Shop  | ps                  |
| Other:   | • None                        |                     |
|  |                               |                     |
| O Sewersheds:  |                               |                     |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 3$ 

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                             |
|---|-------------------------------|-----------------------|-------------|---------------------------------|
| 3.b. What types of illicit discharges have  | been found during t           | his reporting period  | ?           |                                 |
| O Broken Lines From Sanitary Sewer  | O Industrial Connection       | ons                   |             |                                 |
| O Cross Connections   | O Inflow/Infiltration         |                       |             |                                 |
| O Failing Septic Systems  | O Pump Station Failur         | re                    |             |                                 |
| O Floor Drains Connected To Storm Sewers  | O Sanitary Sewer Ove          | erflows               |             |                                 |
| O Illegal Dumping   | O Straight Pipe Sewer         | Discharges            |             |                                 |
| Other:  | None     Illegal connections. | have been detected d  | luning this |                                 |
| reporting period?   | n megai connections i         | nave been detected d  | uring this  | 0                               |
| 3.b. What types of illicit discharges have been found during this reporting period?  Broken Lines From Sanitary Sewer  Inflow/Infiltration  Failing Septic Systems  Pump Station Failure  Floor Drains Connected To Storm Sewers  Sanitary Sewer Overflows  Illegal Dumping  Straight Pipe Sewer Discharges  Other:  None  None  4. How many illicit discharges/potential illegal connections have been detected during this reporting period?  None  6. How many illicit discharges/illegal connections have been eliminated during this reporting period?  7. Has the storm sewershed mapping been completed in this reporting period?  Pyes No If No, approximately what percent was completed in this reporting period? |                               |                       |             |                                 |
| 5. How many illicit discharges have be  | en confirmed during           | this reporting period | 1?          | 0                               |
| <ul><li>period?</li><li>7. Has the storm sewershed mapping b</li></ul>  | een completed in this         | reporting period?     |             | ing<br>0                        |
| If No, approximately what percent was   | completed in this repo        | orting period?        |             | 용                               |
| Is this information available on the v  |                               |                       |             | <ul><li>No</li><li>No</li></ul> |
| Please provide specific address of page   | where map(s) can be a         | accessed - not home p | age.        |                                 |
|   |                               |                       |             |                                 |
|   |                               |                       |             |                                 |
|   |                               |                       |             |                                 |
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This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$  3

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| ne of MS4/Coalition              | Village of Is | slandia<br>  |           |          |             |        |             |             | J     | IX           | R         | 2     | 0 A                 | 2           | 5 |
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This report is being submitted for the reporting period ending March 9, 2 0 1 3

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|  | SPDES ID   |
| Name of MS4/Coalition Village of Islandia  | N Y R 2 0 A 2 5 0  |
|  |  |
| 12. Evaluating Progress Toward Measurable Goals MCM 3  |  |
| Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.  |  |
| A. Briefly summarize the Measurable Goal identified in the S   | WMPP in this reporting period.   |
| Village encourages staff and community members to report poter updated storm sewer mapping in AutoCad thru their stormwater coutfall and drainage infrastructure, adopted IDDE local law, probates and anywhere within the Village.  | onsultant, regularly inspected the   |
| B. Briefly summarize the observations that indicated the overa Goal.   | all effectiveness of this Measurable   |
| No potential illicit discharges were report in this period. With a si road draining toward the outfall in a mostly unpopulated area, ide should be rare if at all. The Village also watches for illicit dischargroundwater infiltration systems and requires mitigation. Staff is discharges and if observed, reports unusual flows in their daily fie | entification of illicit discharge rges to Village roads and aware of the potential for these |
| C. How many times was this observation measured or evaluat   | ed in this reporting period?   |
|  |  |
|  | (ex.: samples/participants/even  |
| 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   | ne SWMPP?  |
| ·  | ● Yes ○ No   |
| F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation scheen  | · ·  |
| The Village will continue to identify education programs for staff illicit discharges. Village continues to maintain on-call profession assessing and addressing any question regarding the stormwater p   | nal services to aid the Village is   |

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

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

SPDES ID

Yes

 $\bigcirc$  No

O NT

○ Yes • No

| Name of MS4/Coalition Village of Islandia  |         | A A             | R         | 2    | 0 A         | 2   | 5 0        |
|--|---------|-----------------|-----------|------|-------------|-----|------------|
| Minimum Control Measures 4 a Construction Site and Post-Constructi   |         | ontr            | <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         How many MS4s contributed to this report?     </li> </ul>  |         |                 |           |      |             |     |            |
| 1a. Has each MS4 contributing to this report adopted a law, ordin mechanism that provides equivalent protection to the NYS SP Stormwater Discharges from Construction Activities?  |         |                 |           | Peri |             | 01  | ○ No       |
| 1b. Has each Town, City and/or Village contributing to this report equivalent to a NYSDEC Sample Local Law for Stormwater I Sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either an attorney certification or the sediment Control through either attorney certification or the sediment certification or through either | Manag   | geme            | nt ai     | nd ] | Eros        | ion |            |
| Analysis Workbook?   | Ū       | (               | ₽ Ye      | es   | $\circ$ N   | 0   | $\circ$ NT |
| If Yes, Towns, Cities and Villages provide date of equivalent NY   |         | ple L<br>9/2004 |           |      | w.<br>3/200 | 6   | O NT       |
| 2. Does your MS4/Coalition have a SWPPP review procedure in  | ı place | ?               |           |      | • Ye        | es  | ○ No       |
| 3. How many Construction Stormwater Pollution Prevention Plareviewed in this reporting period?   | ans (S  | WPP             | Ps)       | hav  | e be        | en  | 0          |

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public

5. Does your MS4/Coalition provide education and training for contractors about the local

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

comments related to construction SWPPPs?

**SWPPP** process?

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:

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

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

|  |                               | SPDES ID                         |                |
|--|-------------------------------|----------------------------------|----------------|
| Name of MS4/Coalition Village of Islandia  |                               | N Y R 2                          | 0 A 2 5 0      |
| Minimum Control Measu  | re 4. Construction Site       | Stormwater Runo                  | off Control    |
| The information in this section is being   | g reported (check one):       |                                  |                |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contri</li> </ul> | buted to this report?         |                                  |                |
| 1. How many construction project during this reporting period?   | ets have been authorized for  | r disturbances of one            | acre or more   |
| 2. How many construction project during this reporting period?   | ets disturbing at least one a | cre were active in you           | r jurisdiction |
| 3. What percent of active constru  | iction sites were inspected d | luring this reporting            | period? ONT    |
| 4. What percent of active constru  | action sites were inspected n | nore than once?                  | O NT           |
| 5. Do all inspectors working on be Construction Stormwater Insp  |                               | ting to this report use<br>O Yes |                |
| 6. Does your MS4/Coalition prov<br>(SWPPPs) of construction pro  |                               |                                  |                |
| If your MS4 is Non-Traditiona public review?   | ıl, are SWPPPs of construct   |                                  |                |
| If Yes, use the following page to  | identify location(s) where S  | WPPPs can be accessed            | d.             |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  3

|                      |                               |            |          |     |     |               |        |      |       |     |          |         |     |     |          |      | OLT  | 713 | · ID  |     |     |      |     |            |   |
|----------------------|-------------------------------|------------|----------|-----|-----|---------------|--------|------|-------|-----|----------|---------|-----|-----|----------|------|------|-----|-------|-----|-----|------|-----|------------|---|
| ame of MS4/Coalition | Villag                        | ge of Isla | andia    |     |     |               |        |      |       | •   |          |         |     |     |          |      | N    | Y   |       | 2   | 0   | Α    | 2   | 5          | 0 |
| ó. con't.:           |                               |            |          |     |     |               |        |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
| Submit addition      | al pa                         | iges a     | s ne     | ede | d.  |               |        |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
| MS4/Coalition Off    | īce                           |            |          |     |     |               |        |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
| Department           |                               |            |          |     |     |               |        |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
| V i 1 1 a            | ιg                            | е          | Н        | a   | 1   | 1             |        | -    |       | В   | 1        | đ       | g   |     | D        | е    | q    | t   |       | F   | i   | 1    | е   | s          |   |
| Address              |                               |            |          |     |     |               |        |      |       |     | ·······  |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
| 1 1 0 0              | 0                             | l d        |          | N   | i   | C             | h      | 0    | 1     | ន   |          | R       | 0   | a   | d        |      |      |     |       |     |     |      |     |            |   |
| City                 |                               |            | T        |     | I   | T             |        |      |       |     |          | <u></u> |     |     |          | Zip  |      |     | I I   |     |     |      |     | -          |   |
| I s l a r            | ιd                            | i a        | <u> </u> |     |     |               |        |      |       |     |          | N       | Y   |     |          | 1    | 1    | 7   | 7     | 9   | -   |      |     |            |   |
| Phone                |                               |            | 1        |     |     |               | _      |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
| (631)                | 3                             | 4 8        |          | 1   | 1   | 3             | 3      |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
| Library              |                               |            |          |     |     |               |        |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
| Address              | 7                             |            | 1        |     | T   |               |        |      |       |     | I        |         | -   |     |          |      |      |     |       |     |     |      |     |            |   |
|                      |                               |            |          |     |     |               |        |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
| City                 | T                             | <u> </u>   | T        | F   | Т   | ٠             |        |      |       |     |          |         |     | ٦   |          | Zip  |      |     |       |     |     |      |     |            |   |
| Di                   | <u> </u>                      |            | <u> </u> |     |     |               |        |      |       |     |          |         |     |     |          |      |      |     |       |     | -   |      |     |            |   |
| Phone                |                               |            | 7        |     |     |               |        |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
| (                    |                               |            |          |     |     |               |        |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
| Other                |                               |            |          |     |     |               |        |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
| Address              | 1 1                           | 1          |          |     | _   | <del></del> 1 |        |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      | T   | T          |   |
|                      |                               |            |          |     |     |               |        |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
| City                 |                               |            | 1        |     |     |               | ī      |      |       |     |          |         | Т-  | ٦   |          | Zip  |      |     |       |     |     |      | ī   |            | _ |
|                      |                               |            | <u> </u> |     |     |               | ]      |      | ļ     |     |          |         |     |     |          |      |      |     |       |     | -   |      |     |            |   |
| Phone                |                               |            | 7        |     |     |               | $\neg$ |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
| (                    |                               |            |          |     |     |               |        |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
| Web Page URL(s):     | Pl                            | ease p     | prov     | ide | spe | cific         | c ac   | ldre | ess 1 | whe | ere S    | SW.     | PPF | s c | an l     | be a | icce | sse | d - 1 | not | hor | ne j | age | <b>:</b> . |   |
| URL                  | <del></del>                   |            | 1        |     |     | ·             |        | ···· |       |     | 1        | T       |     |     |          |      | -    | - 1 | - 1   |     |     | - 1  |     |            | _ |
|                      |                               |            |          |     |     |               |        |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
|                      |                               |            |          | -   |     |               |        |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
|                      |                               |            |          |     |     | _             |        | I    |       |     | <u>i</u> |         |     |     | <u> </u> |      |      |     |       |     |     |      | 1   | <u>-</u> _ | 퓍 |
|                      |                               |            |          |     |     |               | -      |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
| URL                  | 1 1                           |            | T 1      | П   |     | $\neg$        |        |      |       |     | I        | Т       |     |     |          |      | 1    | -   | J     | -   |     |      | -   |            |   |
|                      | $\frac{\parallel}{\parallel}$ |            |          |     |     |               |        |      |       |     |          | 4       |     |     | _        |      |      |     | _     | _   |     |      | _   |            | ᆜ |
|                      |                               |            |          |     |     |               |        |      |       |     |          |         |     |     |          |      |      |     |       |     |     |      |     |            |   |
|                      | T                             |            |          |     | T   |               |        | Ī    |       |     |          |         |     |     |          |      | Ī    |     | Ī     |     |     | Ī    |     |            |   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 3 \end{vmatrix}$ 

| if submitting this form as part of a joint report on behalf of a   | coantion leave of DES 1D blank.         |
|--|---|
|  | 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 4   |   |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.  |   |
| A. Briefly summarize the Measurable Goal identified in the S   | WMPP in this reporting period.          |
| The Village maintains the SWMP Plan on file along with NYS me continues to discuss E&SC and SWPP with review staff and has with required E&SC and SWPP training and certification to discustif required.                             | on-call a stormwater consultant         |
| B. Briefly summarize the observations that indicated the over Goal.  | rall effectiveness of this Measurable   |
| The Village is aware of the E&SC and SWPPP requirements and stormwater consultant if the Village is unsure of the level of impasurface water watershed have exceeded the one-acre disturbance  | act. To date, no projects within the    |
| The Village enforces their own requirements for E&SC for the sr  | naller disturbances to prevent          |
| C. How many times was this observation measured or evaluation  | ted in this reporting period?           |
| C. How many times was this observation measured of evalua-   |   |
|  |   |
| TD TT  | (ex.: samples/participants/ev           |
| D. Has your MS4 made progress toward this measurable goal  | during this reporting period?  Yes O No |
|  |   |
| E. Is your MS4 on schedule to meet the deadline set forth in t   |   |
| E. Duisfly symmetrize the starmy star estimities planned to me   | • Yes • No                              |
| F. Briefly summarize the stormwater activities planned to me<br>the next reporting cycle (including an implementation sche   | •                                       |
|  |   |
| Village will continue to determine if construction projects disturbed on-call stormwater consultant services if SWPPP review and conwill continue to enforce their E&SC requirements for smaller prosurface water watershed as well. | struction is required. The Village      |

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

|  |                     |                           |                  | SPDES II                            | D                 |
|--|---------------------|---------------------------|------------------|-------------------------------------|-------------------|
| Name of MS4/Coalition  | Village of Islandia |                           |                  | N Y F                               | R 2 0 A 2 5 0     |
| <u>Minimum</u>   | Control Mea         | sure 5. Post              | :-Construction   | on Stormwater                       | <u>Management</u> |
| The information in th  | is section is bein  | g reported (che           | ck one):         |                                     |                   |
| <ul><li>On behalf of an inc</li><li>On behalf of a coa</li><li>How m</li></ul> |                     | ributed to this           | report?          |                                     |                   |
| 1. How many and was MS4/Coalition in   |                     |                           |                  | anagement practice eporting period? | es has your       |
|  |                     | #<br>Inventoried          | #<br>Inspections | # Times<br>Maintained               |                   |
| O Alternative Practic  | es                  |                           |                  |                                     |                   |
| O Filter Systems   |                     |                           |                  |                                     |                   |
| $\bigcirc \ In filtration \ Basins$  |                     |                           |                  |                                     |                   |
| Open Channels  |                     | 0                         | 1                | 1                                   |                   |
| ○ Ponds  |                     |                           |                  |                                     |                   |
| O Wetlands   |                     |                           |                  |                                     |                   |
| O Other  |                     |                           |                  |                                     |                   |
| 2. Do you use an o<br>BMPs, inspecti   | ons and mainta      | anance?                   | · •              | •                                   | ○ Yes • No        |
| 3. What types of a Development/B   |                     | _                         |                  | -                                   | [mpact            |
| O Building Codes   | O Municipal Co      | omprehensive P            | lans             |                                     |                   |
| Overlay Districts  | Open Space          | Preservation Preservation | ogram            |                                     |                   |
| <ul><li>Zoning</li></ul>   | O Local Law or      | r Ordinance               |                  |                                     |                   |
| ○ None   | Land Use Re         | egulation/Zoning          | g                |                                     |                   |
| O Watershed Plans  | Other Compr         | rehensive Plan            |                  |                                     |                   |
| Other:   |                     |                           |                  |                                     |                   |

This report is being submitted for the reporting period ending March 9, 2 0 1 3

|     | SPDES ID  |            |      |     |    |
|-----|---|------------|------|-----|----|
| Nai | me of MS4/Coalition Village of Islandia N Y R 2   | 0 A        | 2    | 5   | 0  |
| 4a  | . Are the MS4s contributing to this report involved in a regional/watershed wide plant  | ning eff   | ort? | ,   |    |
|     |   | ○ Ye       | S    |     | No |
| 4b  | . Does the MS4 have a banking and credit system for stormwater management practic   | es?        |      |     |    |
|     |   | $\circ$ Ye | s    | •   | No |
| 4c. | . Do the SWMP Plans for each MS4 contributing to this report include a protocol for and approval of banking and credit of alternative siting of a stormwater management |            | ice? |     | No |
| 4d  | l. How many stormwater management practices have been implemented as part of this reporting period?   | system     | in 1 | thi | S  |
|     |   |            |      |     |    |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$  1  $\begin{vmatrix} 3 & 1 \end{vmatrix}$ 

| if submitting this form as part of a joint report on behalf of a   | Coantion leave St DES ID blank.                                     |
|--|---|
|  | 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 5   |   |
| Use this page to report on your progress and project plans toward  | achieving measurable goals  |
| identified in your Stormwater Management Program Plan (SWMI  |   |
| III.C.1. Submit additional pages as needed.  | 1), morading requirements in ruit                                   |
| And the substitution of pages at the substitution of the substitut |   |
| A. Briefly summarize the Measurable Goal identified in the S   | WMPP in this reporting period.                                      |
| The William and dusts regular street assessing and dusing a struct   | are alaming and anformer  |
| The Village conducts regular street sweeping and drainage struction continues inspection for potential non-compliance issues, continues  |   |
| SWPPP and stormwater requirements, retains a professional cons   |   |
| requirements and provide SWPPP review and inspection if necess   |   |
|  |   |
|  |   |
| B. Briefly summarize the observations that indicated the over  | all effectiveness of this Measurable                                |
| Goal.  |   |
| No SWPPP within the watershed area were required during this p is aware of the potential and continues to confirm requirements w. The Highway department continues it annual road sweeping prog. The Village provided street sweeping services of all Village road.  | vith their stormwater consultant. gram and cleaning of storm drains |
| C. How many times was this observation massaged or evaluation  | tod in this vanauting naviad?                                       |
| C. How many times was this observation measured or evaluat   |   |
|  |   |
|  | (ex.: samples/participants/e  |
| 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 the   | he SWMPP?   |
|  | ● Yes ○ No  |
| F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche  |   |
|  |   |
| The Village will continue to assess whether new development pro  |   |
| SWPPP, Village SWPPP or E&SC plan. The Village continues to<br>and drainage structure cleaning based on field inspections and on   |   |
| reported.  | complaints received or problems                                     |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 3$ 

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

|                       |                     | SPL | <u>)ES</u> | ID |   |   |   |   |   |   |
|-----------------------|---------------------|-----|------------|----|---|---|---|---|---|---|
| Name of MS4/Coalition | Village of Islandia | N   | Y          | R  | 2 | 0 | А | 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> <li>How many MS4s contributed to this report?</li> </ul> |  |

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** 

No

● No ..... ○ Yes

Operation/Activity/Facility performed within the past 3 Operation/Activity/Facility Addressed in SWMP? vears? Street Maintenance..... • Yes ○ No ...... ○ Yes No ● No ...... ○ Yes Bridge Maintenance.... O Yes No Winter Road Maintenance..... • Yes ○ No ...... ○ Yes No Salt Storage.... O Yes ● No ..... ○ Yes No Solid Waste Management..... • Yes ○ No ...... ○ Yes No New Municipal Construction and Land Disturbance.. O Yes ● No O Yes No ○ No ...... ○ Yes No. Right of Way Maintenance..... 

Yes • No ..... • Yes No Marine Operations..... O Yes ● No ..... ○ Yes Hydrologic Habitat Modification..... O Yes No ● No ..... ○ Yes No Parks and Open Space..... O Yes • No OYes No. Municipal Building..... O Yes ○ No ...... ○ Yes Stormwater System Maintenance..... 

Yes No ○ No ..... ○ Yes No Vehicle and Fleet Maintenance..... 

Yes

Other. O Yes

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

|   | SPDES ID           |        |       |     |     |
|---|--------------------|--------|-------|-----|-----|
| Name of MS4/Coalition Village of Islandia   | N Y R 2            | 0 A    | 2     | 5   | 0   |
| 2. Provide the following information about municipal operations   | good housekee      | ping p | rogr  | am  | ıs: |
| <ul> <li>Parking Lots Swept (Number of acres X Number of times swept)</li> </ul>  | # Acres            |        |       |     | 5   |
| • Streets Swept (Number of miles X Number of times swept)   | # Miles            |        |       | 7   | 5   |
| <ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>  | #                  |        |       |     | 9   |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>   | #                  |        |       |     | 1   |
| Phosphorus Applied In Chemical Fertilizer   | # Lbs.             |        |       |     | 0   |
| ● Nitrogen Applied In Chemical Fertilizer   | # Lbs.             |        |       |     | 0   |
| <ul> <li>Pesticide/Herbicide Applied<br/>(Number of acres to which pesticide/herbicide was applied X Number<br/>times applied to the nearest tenth.)</li> </ul> | # Acres [<br>er of |        | 0     | ].[ |     |
| 3. How many stormwater management trainings have been provide   | ded to municip     | al emp | oloye | ees |     |
| during this reporting period?   |                    |        |       |     | 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 report  | rting period?      |        |       |     | 0   |
| 6. What percent of municipal employees in relevant positions and stormwater management training?  | departments r      | eceive | T     | 0   | %   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  3

|   | 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 achie identified in your Stormwater Management Program Plan (SWMPP), in III.C.1. Submit additional pages as needed.   | -                                  |
| A. Briefly summarize the Measurable Goal identified in the SWM  | PP in this reporting period.       |
| The Village has identified a program of Standard Operation Procedure including road maintenance, educational training, good housekeeping keeping, inspection records, IPM practices, vehicle maintenance proce for materials storage. | documentation, record              |
| B. Briefly summarize the observations that indicated the overall ef Goal.   | fectiveness of this Measurable     |
| The Village continues to provide a regular program of street sweeping out. The Village does not use fertilizer or pesticide products on Village   |                                    |
| C. How many times was this observation measured or evaluated in   |                                    |
|   | (ex.: samples/participants/events) |
| D. Has your MS4 made progress toward this measurable goal duri  |                                    |
|   | ● Yes ○ No                         |
| E. Is your MS4 on schedule to meet the deadline set forth in the SV   | WMPP?<br>● Yes ○ No                |
| F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule)  | e goals of this MCM during         |
| The Village will continue to operate a program of standard operating p discharges to surface waters and to infiltration structures and will ident seminars through the highway and/or building departments.                           |                                    |

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| e information in this section                            | n is being reported (chec                        | k one):                                |                          |
|--|--|--|--------------------------|
|  |  | /-                                     |                          |
| On behalf of an individual I<br>On behalf of a coalition | MS4  |  |                          |
|  | 40 00-tailented to this -                        |  |                          |
| How many MS  | 4s contributed to this re                        | eport?                                 |                          |
|  |  |  |                          |
| IS4s must answer the qu                                  | estions or check NA a                            | s indicated in the table               | e helow.                 |
| 15 is mast answer the qu                                 |  | o maiomod m mo mor                     | , DOI:0111               |
| MS4 Description  | Answer   | Check NA                               | (POC)                    |
| NYC EOH Watershed  | 1224562- 49-910                                  | - 10 11 12                             |                          |
| Traditional Land Use Traditional Non-Land Use            | 1,2,3,4,5,6,7a-d,8a,8b,9<br>1,2,3,4,7a-d,8a,8b,9 | 10,11,12<br>5,10,11,12                 | Phosphorus<br>Phosphorus |
| Non-Traditional  | 1,2,77a-d,8a,8b,9                                | 3,4,5,10,11,12                         | Phosphorus               |
| Onondaga Lake Watershed                                  | -  | =                                      | -                        |
| Traditional Land Use                                     | 1,6,7a-d,8a,9                                    | 2,3,4,5,8b,10,11,12                    | Phosphorus               |
| Traditional Non-Land Use                                 | 1,6,7a-d,8a,9                                    | 2,3,4,5,8b,10,11,12                    | Phosphorus               |
| Non-Traditional  | 1,6,7a-d,8a,9                                    | 2,3,4,5,8b,10,11,12                    | Phosphorus               |
| Greenwood Lake Watershed 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<br>2,3,5,8b,10,11,12 | Phosphorus               |
| Non-Traditional  | 1,4,6,7a-d,8a,9                                  | 2,3,5,8b,10,11,12                      | Phosphorus               |
| Oyster Bay   | -  | -                                      | -                        |
| 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 Peconic Estuary                          | 1,4,7a-d,9                                       | 2,3,4,5,8a,8b,10,11,12                 | Pathogens                |
| Traditional Land Use                                     | 1,4,7a-d,8a,9,10,11,12                           | 2,3,5,6,8b                             | Pathogens and Nitrogen   |
| Traditional Non-Land Use                                 | 1,4,7a-d,8a,9,10,11,12                           | 2,3,5,6,8b                             | Pathogens and Nitrogen   |
| Non-Traditional  | 1,4,7a-d,8a,9                                    | 2,3,4,5,8b,10,11,12                    | Pathogens and Nitrogen   |
| Oscawana Lake Watershed                                  |  | -                                      | -                        |
| Traditional Land Use                                     | 1,4,6,7a-d,8a,9                                  | 2,3,5,8b,10,11,12                      | Phosphorus               |
| Traditional Non-Land Use Non-Traditional                 | 1,4,6,7a-d,8a,9<br>1,4,6,7a-d,8a,9               | 2,3,5,8b,10,11,12<br>2,3,5,8b,10,11,12 | Phosphorus Phosphorus    |
| LI 27 Embayments   | 1,4,6,7a-0,8a,9                                  | 2,3,3,80,10,11,12                      | rnospnorus<br>-          |
| Traditional Land Use                                     | 1,2,3,4,7a-d,9,10,11,12                          | 5,6,8a,8b                              | Pathogens                |
| Traditional Non-Land Use                                 | 1,2,3,4,7a-d,9,10,11,12                          | 5,6,8a,8b                              | Pathogens                |
| Non-Traditional  | 1.2.3.4.7a-d.9                                   | 5,6,8a,8b,10,11,12                     | Pathogens                |

This report is being submitted for the reporting period ending March 9, 2 0 1 3

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   |
| 3. Does your MS4/Coalition have a Stormwater Conveyance and Maintenance Plan Program?   | e System (infrastructure) Inspection  ○ Yes ○ No ● N/A                                      |
| 4. Estimate the percentage of on-site wastewater treatment and maintained or rehabilitated as necessary in this repo  |   |
| 5. Has your MS4/Coalition developed a program that proving NYSDEC SPDES General Permit for Stormwater Discha (GP-0-08-001) to reduce pollutants in stormwater runoff disturb five thousand square feet or more?   | rges from Construction Activities   |
| 6. Has your MS4/Coalition developed a program to address runoff from new development and redevelopment project equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Act the New York State Stormwater Design Manual Enhance Standards? | ts that disturb greater than or he NYS DEC SPDES General ctivities (GP-0-08-001), including |
| 7a. Does your MS4/Coalition have a retrofitting program to phosphorus/nitrogen/pathogen loading?  | reduce erosion or<br>○ Yes ○ No ● N/A   |
| 7b. How many projects have been sited in this reporting peri  | od?   |
| 7c. What percent of the projects included in 7b have been confidence. The second of the projects planned in previous years have   | 0%  |
|   | O No Projects Planned   |
| 8a. Has your MS4/Coalition developed and implemented a tu procedures policy that addresses proper fertilizer applica lands?   | rf management practices and   |
| 8b. Has your MS4/Coalition developed and implemented a tu<br>procedures policy that addresses proper disposal of grass<br>municipally owned lands?  |   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  3

|   | SPDES ID             |                |
|---|----------------------|----------------|
| Name of MS4/Coalition Village of Islamdia                               | N Y R 2              | 0 A 2 5 0      |
|   |                      |                |
| 9. Has your MS4/Coalition developed and implemented a prog              | gram of native plant | ing?           |
|   | -                    | ○ No • N/A     |
| 10. Has your MS4/Coalition enacted a local law prohibiting pet          | waste on municipal   | properties and |
| prohibiting goose feeding?  | -                    | ○ No • N/A     |
|   |                      |                |
| 11. Does your MS4/Coalition have a pet waste bag program?               | ○ Yes                | ○ No • N/A     |
| 12 P  |                      |                |
| 12. Does your MS4/Coalition have a program to manage goose populations? | ○ Yes                | ○ No • N/A     |