

SWMAR

**STORMWATER MANAGEMENT PROGRAM
ANNUAL REPORT FOR
MS4 SPDES PERMIT NYR20A516**

PREPARED FOR:

**CHAPPAQUA CENTRAL SCHOOL DISTRICT
66 ROARING BROOK ROAD
CHAPPAQUA, NY 10514**

MAY 2020

**CFE CONSULTING SERVICES, LLC
638-2 DANBURY ROAD
RIDGEFIELD, CT 06877
203-431-2683, 203-438-5018**

MS4 Annual Report Cover Page

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

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

SPDES ID

N Y R 2 0 A 5 1 6

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

C H A P P A Q U A C E N T R A L S C H O O L D I S T

OR

This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

[Empty grid for Name of Single Entity]

OR

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

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

Name of Coalition

[Empty grid for Name of Coalition]

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2020

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

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	0
---	---	---	---

Name of MS4

CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID

N	Y	R	2	0	A	5	1	6
---	---	---	---	---	---	---	---	---

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name

C	H	R	I	S	T	I	N	E						
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

 MI

--

 Last Name

A	C	K	E	R	M	A	N							
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

Title

S	U	P	E	R	I	N	T	E	N	D	E	N	T		O	F		S	C	H	O	O	L	S					
---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--

Address

6	6			R	O	A	R	I	N	G		B	R	O	O	K		R	O	A	D									
---	---	--	--	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--

City

C	H	A	P	P	A	Q	U	A																						
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State

N	Y
---	---

 Zip

1	0	5	1	4	-				
---	---	---	---	---	---	--	--	--	--

eMail

c	h	A	c	k	e	r	m	a	n	@	c	c	s	d	.	w	s													
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

(9	1	4)		2	3	8	-	7	2	0	0
---	---	---	---	---	--	---	---	---	---	---	---	---	---

 County

W	E	S	T	C	H	E	S	T	E	R						
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2020

SPDES ID

Name of MS4 CHAPPAQUA CENTRAL SCHOOL DISTRICT

NYR 20A 516

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name JOSEPH MI Last Name GRAMANDO

Title DIRECTOR OF FACILITIES AND OPER

Address 438 BEDFORD ROAD

City CHAPPAQUA State NY Zip 10514

eMail jogramando@ccsd.ws

Phone (914) 238-7210 County WESTCHESTER

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	0
---	---	---	---

Name of MS4

CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID

N	Y	R	2	0	A	5	1	6
---	---	---	---	---	---	---	---	---

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name

W	E	L	L	I	N	G	T	O	N				
---	---	---	---	---	---	---	---	---	---	--	--	--	--

 MI

J

 Last Name

C	A	R	V	A	L	H	O	.	P	.	E	.
---	---	---	---	---	---	---	---	---	---	---	---	---

Title

P	R	E	S	I	D	E	N	T		C	F	E		C	O	N	S	U	L	T	I	N	G		S	E	R	V	I	C	E	S
---	---	---	---	---	---	---	---	---	--	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---

Address

6	3	8	-	2		D	A	N	B	U	R	Y		R	O	A	D																		
---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

R	I	D	G	E	F	I	E	L	D																									
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State

C	T
---	---

 Zip

0	6	8	7	7	-				
---	---	---	---	---	---	--	--	--	--

eMail

c	f	e	c	o	n	s	u	l	t	i	n	g	@	c	o	m	c	a	s	t	.	n	e	t											
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

Phone

(2	0	3)		4	3	1	-	2	6	8	3
---	---	---	---	---	--	---	---	---	---	---	---	---	---

 County

F	A	I	R	F	I	E	L	D											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2020

Name of MS4 CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID
N Y R 2 0 A 5 1 6

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? Yes No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.) SPDES Partner ID - If applicable

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.

Empty rectangular box for additional information.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	0
---	---	---	---

Name of MS4

CHAPPAQUA	CENTRAL	SCHOOL	DISTRICT
-----------	---------	--------	----------

SPDES ID

N	Y	R	2	0	A	5	1	6
---	---	---	---	---	---	---	---	---

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

C	H	R	I	S	T	I	N	E						
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

 MI

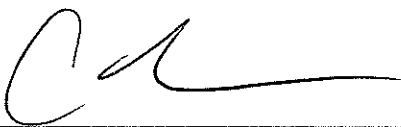
--

 Last Name

A	C	K	E	R	M	A	N	,		P	H	.	D
---	---	---	---	---	---	---	---	---	--	---	---	---	---

Title (Clearly print title of individual signing report)

S	U	P	E	R	I	N	T	E	N	D	E	N	T		O	F		S	C	H	O	O	L	S								
---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Signature


Date

0	7	1	1	5	1	2	0	2	0
---	---	---	---	---	---	---	---	---	---

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition: CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID: N Y R 2 0 A 5 1 6

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

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

Empty grid for additional information.

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 in this reporting period? Yes No
If No, approximately what percent was completed in this reporting period?

0 %

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

Empty grid for URL input.

URL

Empty grid for URL input.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID

N	Y	R	2	0	A	5	1	6
---	---	---	---	---	---	---	---	---

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

- | |
|---|
| 1. MONITORED DISTRICT OPERATIONS FOR ILLICIT DISCHARGES
2. CONDUCTED SCREENING OF OUTFALLS
3. PROVIDED O & M STAFF TRAINING ON ILLICIT DISCHARGES |
|---|

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

O & M STAFF MORE AWARE OF ILLICIT DISCHARGES TO STORMWATER
--

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

- | |
|--|
| 1. CONTINUE TO MONITOR DISTRICT OPERATIONS FOR ILLICIT DISCHARGES
2. CONTINUE TO PROVIDE O & M STAFF TRAINING ON ILLICIT DISCHARGES |
|--|

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID

N	Y	R	2	0	A	5	1	6
---	---	---	---	---	---	---	---	---

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

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

How many MS4s contributed to this report?

--	--	--

- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?** Yes No
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?** Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
 09/2004 03/2006 NT

- 2. Does your MS4/Coalition have a SWPPP review procedure in place?** Yes No
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		0
--	--	---
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?** Yes No NT
- If Yes, how many public comments were received during this reporting period?

--	--	--
- 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 #

--	--	--	--	--

 No Authority
- Stop Work Orders #

--	--	--	--	--

 No Authority
- Criminal Actions #

--	--	--	--	--

 No Authority
- Termination of Contracts #

--	--	--	--	--

 No Authority
- Administrative Fines #

--	--	--	--	--

 No Authority
- Civil Penalties #

--	--	--	--	--

 No Authority
- Administrative Orders #

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions #

--	--	--	--	--

 No Authority
- Other #

--	--	--	--	--

 No Authority

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CHAPPAQUA	CENTRAL	SCHOOL	DISTRICT
-----------	---------	--------	----------

SPDES ID

N	Y	R	2	0	A	5	1	6
---	---	---	---	---	---	---	---	---

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?

		0
--	--	---

 3. What percent of active construction sites were inspected during this reporting period? NT

--	--	--

 %

 4. What percent of active construction sites were inspected more than once? NT

--	--	--

 %

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

 6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? Yes No

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition: CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID: NYR20A516

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

CHAPPAQUA CENTRAL SCHOOL DISTRICT

Address

66 ROARING BROOK ROAD

City

CHAPPAQUA

NY

Zip

10514

Phone

(914) 238-7210

○ Library

Address

[Empty address field]

City

[Empty city field]

Zip

[Empty zip field]

Phone

[Empty phone field]

○ Other

Address

[Empty address field]

City

[Empty city field]

Zip

[Empty zip field]

Phone

[Empty phone field]

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

URL

[Empty URL field]

[Empty URL field]

[Empty URL field]

URL

[Empty URL field]

[Empty URL field]

[Empty URL field]

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID

N	Y	R	2	0	A	5	1	6
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. ISSUED NEWSLETTERS AND FACT SHEETS ON STORMWATER POLLUTION CONTROL

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

ADMINISTRATIVE AND O & M STAFF MORE AWARE OF STORMWATER PROGRAM

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

CONTINUE TO ISSUE NEWSLETTERS AND FACT SHEETS ON THE STORMWATER PROGRAM

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID

N	Y	R	2	0	A	5	1	6
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?
 Yes No

4b. Does the MS4 have a banking and credit system for stormwater management practices?
 Yes No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?
 Yes No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
--	--	---

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
--	--	---

 %

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID

N	Y	R	2	0	A	5	1	6
---	---	---	---	---	---	---	---	---

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

N/A

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

N/A

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

			0
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

IF APPLICABLE, THE DISTRICT WILL COMPLY WITH THE STORMWATER CONSTRUCTION PERMIT

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID

N	Y	R	2	0	A	5	1	6
---	---	---	---	---	---	---	---	---

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

--	--	--

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

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition: CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID
N Y R 2 0 A 5 1 6

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres [][][][][]
- Streets Swept (Number of miles X Number of times swept) # Miles [][][][][]
- Catch Basins Inspected and Cleaned Where Necessary # [][][][][]
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # [][][][][]
- Phosphorus Applied In Chemical Fertilizer # Lbs. [][][][][]
- Nitrogen Applied In Chemical Fertilizer # Lbs. [][][][][]
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres [][][][][] . []

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

4. What was the date of the last training? 0 3 / 2 4 / 2 0 2 0

5. How many municipal employees have been trained in this reporting period? [][][][] 7

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? [1][0][0] %

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID

N	Y	R	2	0	A	5	1	6
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. REVIEWED DISTRICT OPERATIONS FOR ILLICIT DISCHARGES 2. PROVIDED O & M STAFF TRAINING ON POLLUTION PREVENTION AND GOOD HOUSEKEEPING
--

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

O & M STAFF MORE AWARE OF THE STORMWATER PROGRAM
--

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

1. CONTINUE TO REVIEW DISTRICT OPERATIONS FOR ILLICIT DISCHARGES 2. CONTINUE TO PROVIDE O & M STAFF TRAINING ON ILLICIT DISCHARGES

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID

N	Y	R	2	0	A	5	1	6
---	---	---	---	---	---	---	---	---

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	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,7a-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	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	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary			
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	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments			
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

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

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

If N/A, go to question 3.

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

		0
--	--	---

 %

Estimate what percentage was mapped in this reporting period.

		0
--	--	---

 %

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID

N	Y	R	2	0	A	5	1	6
---	---	---	---	---	---	---	---	---

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

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

		0
--	--	---

 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? Yes No N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? Yes No N/A

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

7b. How many projects have been sited in this reporting period?

		0
--	--	---

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

		0
--	--	---

 %

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

		0
--	--	---

 %
 No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? Yes No N/A

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID

N	Y	R	2	0	A	5	1	6
---	---	---	---	---	---	---	---	---

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