#### **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 2019** 

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 1 9

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

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#### Choose one:

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

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

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

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

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

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Cover Page 1 of 2

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# **MS4 Annual Report Cover Page**

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

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

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# MS4 Municipal Compliance Certification(MCC) Form

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

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Each MS4 must submit an MCC form.								
Section 1 - MCC Identification Page								
Indicate whether this MCC form is being submitted to certify endorsement of	r acc	cept	ance	of:				
<ul> <li>An Annual Report for a single MS4</li> </ul>								
○ A Single Entity (Per Part II.E of GP-0-10-002)								
○ A Joint Report								
Joint reports may be submitted by permittees with legally bind	ling	agr	eem	ents				
If Joint Report, enter coalition name:								
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# MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending Merch 9 3 0 1 9

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1. Principal Executive Officer, Chief Elected Official or other qualified GP-0-08-002 Part VI.J).	individual (per
2. Duly Authorized Representative (Information for this contact must or Authorized Representative is signing this form)	lly be submitted if a Duly
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part	t VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual coordination/implementation of SWMP).	dual responsible for
5. Report Preparer (Consultants may provide company name in the space	e provided).
A separate sheet must be submitted for each position listed above unl filled by the same individual. If one individual fills multiple roles, proonce and check all positions that apply to that individual.	
If a new Duly Authorized Representative is signing this report, their or provided and a signature authorization form, signed by the Principal Elected Official must be attached.	
For each contact, select all that apply:	
Principal Executive Officer/Chief Elected Official	
Duly Authorized Representative	
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O Report Preparer	
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# MS4 Municipal Compliance Certification(MCC) Form

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Elected Official must be attached.  For each contact, select all that apply:  O Principal Executive Officer/Chief Elected Official  O Duly Authorized Representative  O Local Stormwater Public Contact  O Stormwater Management Program (SWMP) Coordinator  Report Preparer  MI Last Name  W E L L I N G T O N J 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		· · · · · · · · · · · · · · · · · · ·
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O Principal Executive Officer/Chief Elected Official  O Duly Authorized Representative  O Local Stormwater Public Contact  O Stormwater Management Program (SWMP) Coordinator  ■ Report Preparer  MI Last Name  WELLINGTON JCARVALHO.PP.E.  Title  PRESIDENT CFECONSULTING SERVICES  Address  6 3 8 - 2 DANBURY ROAD  City  State  Zip  RIDGEFIELD CONSULTING CTO 6877 - EMAil  Cfector Common Sult in g@comcast.neet.		
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(203)431-2683 FAIRFIELD		IRFIELD

# MS4 Municipal Compliance Certification (MCC) Form

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

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Name of MS4 CHAPPAQUA CENTRAL SCHOOL DISTRICT		N	YR	2	0	A	5 1	6
Section 3 - Partner Information								
Did your MS4 work with partners/coalition to complete some or all perm period?	nit requ	ireme	ents di	ırinş	_	is rep Yes	•	ng 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 scoalition. It is not necessary to include a separate sheet for each If No, proceed to Section 4 - Certification Statement.	sheet v	vith t	he na	me (	of tl			
Partner/Coalition Name								
Partner/Coalition Name(con't.)		SPE	ES Pa	rtne	r ID	- If a	pplic	able
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Additional tasks/responsibilities  **Watershed Improvement Strategy Best Management Practices** watersheds included in GP-0-08-002 Part IX.**	require	ed fo	r MS4	1s ir	ı im	paiı	·ed	
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#### MS4 Municipal Compliance Certification(MCC) Form

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

SPDES ID

Name of MS4 CHAPPAQUA CENTRAL SCHOOL DISTRICT

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 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	OF	S C H O O L	S
Signature		Dat O	te 5 1 2 2 1 2 0 1 9

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

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

SPDES ID

N Y R 2 0 A 5 1 6

Name of N	MS4/	Coalit	ion_`	CHA	FFA	QUA	CEI	VIK	AL S	СПС		D13	IKIC	- 1				_			IN	Y	R	2	U	A	5	1	ь
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This report is being submitted for the reporting period ending March 9, 2 0 1 9

If submittin	g this form as part of a joint report on behalf of a	coalition	lea	ve S	SPD	ES	ID	bla	nk.	_	
		_	SPI	DES	ID						
Name of MS4/Coalition	CHAPPAQUA CENTRAL SCHOOL DISTRICT		N	Y	R	2	0	A	5	1	6

Minimum Control Measure 1. Public Edu	ucation	and Outreach
The information in this section is being reported (check one):		
● On behalf of an individual MS4 ○ On behalf of a coalition How many MS4s contributed to this report?		
1. Targeted Public Education and Outreach Best Manageme	ent Practi	ces
Check all topics that were included in Education and Outreach du	uring this	reporting period:
• Construction Sites	• Pestici	de and Fertilizer Application
● General Stormwater Management Information	O Pet Wa	aste Management
O Household Hazardous Waste Disposal	O Recycl	ing
● Illicit Discharge Detection and Elimination	O Riparia	n Corridor Protection/Restoration
O Infrastructure Maintenance	Trash	Management
○ Smart Growth	O Vehicle	Washing
O Storm Drain Marking	Water	Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetlan	d Protection
Other:         S C H O O L D I S T R I C T C M M U         Other	O None	Y
2. Specific audiences targeted during this reporting period:		
○ Public Employees ○ Contractors		
○ Residential ○ Developers		
O Businesses O General Public		
○ Restaurants ○ Industries		
Other: Agricultural		
Other		

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

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

SPDES ID

MS4/Coalition CHAPPAQUA CENTRAL SCHOOL DISTRICT

N Y R 2 0 A 5 1 6

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This report is being submitted for the reporting period ending	March 9, 2 0 1 9
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 CHAPPAQUA CENTRAL SCHOOL DISTRICT	N Y R 2 0 A 5 1 6
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward achieving identified in your Stormwater Management Program Plan (SWMPP), inclu III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP	n this reporting period.
1. HELD MEETINGS W/ STORMWATER MANAGEMENT STEERING. 2. DISTRIBUTED NEWSLETTERS AND FACT SHEETS ON STORM	1
B. Briefly summarize the observations that indicated the overall effect Goal.	iveness of this Measurable
STUDENTS AND STAFF MORE AWARE OF STORMWATER PROG	RAM
C. How many times was this observation measured or evaluated in thi	s reporting period?
	(ex.: samples/participants/event
D. Has your MS4 made progress toward this Measurable Goal during	
E. Is your MS4 on schedule to meet the deadline set forth in the SWM	PP?
F. Briefly summarize the stormwater activities planned to meet the go the next reporting cycle (including an implementation schedule).	als of this MCM during
1. CONTINUE THE STORMWATER PROGRAM PUBLIC EDUCATION 2. CONTINUE TO ISSUE NEWSLETTERS AND FACT SHEETS	N AND OUTREACH

This report is being submitted for the reporting period ending March 9, 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID CHAPPAQUA CENTRAL SCHOOL DISTRICT N|Y|R|20 A 5 1 6 Name of MS4/Coalition Minimum Control Measure 2. Public Involvement/Participation The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply: # Events O Cleanup Events # Comments O Comments on SWMP Received Phone # Community Hotlines Phone # O Community Meetings # Attendees Plantings Sq. Ft. O Storm Drain Markings #Drains O Stakeholder Meetings # Attendees O Volunteer Monitoring # Events Other: 2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? O No Yes O List-Serve # In List O Newspaper Advertising # Days Run TV/Radio Notices # Days Run

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

• Other: | S | T | O | R | M | W | A | T | E | R

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This report is being submitted for the reporting period ending March 9, 2 0 1 9
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, 2 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 CHAPPAQUA CENTRAL SCHOOL DISTRICT N Y R 2 0 A 5 1 6 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL

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

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

SPDES ID

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

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

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Name of MS4/Coalition	CHAPPAQUA CENTRAL SCHOOL DISTRICT		N	Y	R	2	0	A	5	1	6
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Leave blank if t	his report was not posted on the internet.	0	4	1	2	4	1	2	0	1	9
4.b. For how many	days was/will this report be posted?										5
If submitting a	report for single MS4, answer 5.a If subm	itting a joi	nt r	epo	ort,	ans	wei	r 5.l	o		
	al Report public meeting held in this report was the date of the meeting?	orting peri	od'	? ] /			0	Ye	S	• ]	No
If No, is one	planned?						0	Ye	S	• ]	No
5.b. Was an Annua	al Report public meeting held for all MS4	4s contribu	ıtin	ıg t	o tł	nis	rep	ort	du	rin	g
this reporting	period?						0	Ye	S	0]	No
If No, is one	planned for each?						0	Ye	S	0]	No
If Yes, attach co	s received during this reporting period? mments, responses and changes made to use to comments to this report.						0	Ye	S	• ]	No

This report is being submitted for the reporting period ending	March 9, 2 0 1 9
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 CHAPPAQUA CENTRAL SCHOOL DISTRICT	N Y R 2 0 A 5 1 6
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward achievin identified in your Stormwater Management Program Plan (SWMPP), inclu III.C.1. Submit additional pages as needed.	-
A. Briefly summarize the Measurable Goal identified in the SWMPP	in this reporting period.
1. HELD MEETINGS WITH STORMWATER STEERING COMMITTE 2. DISTRIBUTED NEWSLETTERS AND FACT SHEETS 3. POSTED DRAFT ANNUAL REPORT ON THE WEBSITE FOR PUB COMMENTS	
B. Briefly summarize the observations that indicated the overall effectional.	tiveness of this Measurable
STUDENTS AND STAFF MORE AWARE OF THE STORMWATER P	PROGRAM
C. How many times was this observation measured or evaluated in th	is reporting period?  (ex.: samples/participants/event.
D. Has your MS4 made progress toward this measurable goal during	
E. Is your MS4 on schedule to meet the deadline set forth in the SWM	
F. Briefly summarize the stormwater activities planned to meet the go the next reporting cycle (including an implementation schedule).	● Yes ○ No pals of this MCM during
1. CONTINUE THE PUBLIC EDUCATION AND OUTREACH PROGR 2. CONTINUE TO ISSUE NEWSLETTERS AND FACT SHEETS 3. CONTINUE TO PROVIDE O & M STAFF TRAINING	RAM

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID NYR 0 A CHAPPAQUA CENTRAL SCHOOL DISTRICT 5 | 1 | Name of MS4/Coalition Minimum Control Measure 3. Illicit Discharge Detection and Elimination The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 6 # 0 0 % 1. Enter the number and approx. percent of outfalls mapped: 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 6 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period? O Auto Recyclers O Landscaping (Irrigation) O Building Maintenance O Marinas O Churches O Metal Plateing Operations O Commercial Carwashes Outdoor Fluid Storage O Commercial Laundry/Dry Cleaners O Parking Lot Maintenance O Construction Vehicle Washouts Printing O Cross-Connections O Residential Carwashing O Distribution Centers O Restaurants O Food Processing Facilities O Schools and Universities O Garbage Truck Washouts O Septic Maintenance Hospitals O Swimming Pools O Improper RV Waste Disposal Vehicle Fueling O Industrial Process Water O Vehicle Maint./Repair Shops Other: O None D ISTR C Т Т ОИ S 0 P E Ι O Sewersheds:

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

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									SP	DES	S ID						
Name of MS4/Coalition CHAPPAQUA CENTRAL	SCHOO	OL DIS	TRICT						N	Y	R	2	0	Α	5	1	6
3.b. What types of illicit discharges h	ave l	been	foun	d du	ırin	g th	is ro	epor	tin	g p	eric	od?	,				
O Broken Lines From Sanitary Sewer		○ Inc	lustria	al Co	onne	ction	ns	-		•							
O Cross Connections		O Inf	low/I	nfiltr	atio	n											
O Failing Septic Systems		○ Pu	mp S	tatior	ı Fa	ilure											
O Floor Drains Connected To Storm Sewe	ers	O Sa	nitary	Sew	er (	Over	flow	s									
O Illegal Dumping		○ Str	aight	Pipe	Sev	ver l	Discl	harge	s								
Other:		● No					Ι										
4. How many illicit discharges/pote reporting period?	ntial	illeg	al co	nnec	tior	ıs h	ave	beei	d	ete	cted	l dı	ırin	ıg t	his		0
5. How many illicit discharges have	: beer	ı con	firm	ed d	uriı	ng tl	nis 1	еро	rti	ng j	per	iodʻ	?	[			0
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7. Has the storm sewershed mappin If No, approximately what percent											od:	?		Ye	S	01	No &
8. Is the above information available Is this information available on the If Yes, provide URL(s):														Ye.	_	• ]	
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This report is being submitted for the reporting period ending	March 9, 2 0 1 9
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 CHAPPAQUA CENTRAL SCHOOL DISTRICT	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 achievin identified in your Stormwater Management Program Plan (SWMPP), inclu 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 DISCHARG 2. CONDUCTED SCREENING OF OUTFALLS 3. PROVIDED O & M STAFF TRAINING ON ILLICIT DISCHARGES	
B. Briefly summarize the observations that indicated the overall effections.	tiveness of this Measurable
O & M STAFF MORE AWARE OF ILLICIT DISCHARGES TO STOR	MWATER
C. How many times was this observation measured or evaluated in th	
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 the SWM	
F. Briefly summarize the stormwater activities planned to meet the go the next reporting cycle (including an implementation schedule).	● Yes ○ No pals of this MCM during
1. CONTINUE TO MONITOR DISTRICT OPERATIONS FOR ILLICIT 2. CONTINUE TO PROVIDE O & M STAFF TRAINING ON ILLICIT	

**SWPPP** process?

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID NYR OA 5 1 6 CHAPPAQUA CENTRAL SCHOOL DISTRICT Name of MS4/Coalition 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 O 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?** O Yes O No NT If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  $\bigcirc$  09/2004 0 03/2006 NT 2. Does your MS4/Coalition have a SWPPP review procedure in place? O Yes No 3. How many Construction Stormwater Pollution Prevention Plans (\$WPPPs) 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? O Yes O 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

O Yes

No

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

O Notices of Violation	#			O No Authority
O Stop Work Orders	#			O No Authority
O Criminal Actions	#			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
If submitting this form as part of a joint report on behalf of a coalition

Name of MS4/Coalition

CHAPPAQUA CENTRAL SCHOOL DISTRICT

March 9, 2 0 1 9
leave SPDES ID blank.

SPDES ID

N Y R 2 0 A 5 1 6

# Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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This report is being submitted for the reporting period ending March 9, 2 0 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID N Y R 2 0 A 5 1 6 CHAPPAQUA CENTRAL SCHOOL DISTRICT Name of MS4/Coalition 6. con't.: Submit additional pages as needed. ● MS4/Coalition Office Department CHOO D I S QUA L S CEN TRA PA CHAP Address K ROAD R OA R  $I \mid N$ G BR 0 0 6 6 Zip City Y 1 0 5 1 N CHA P Ρ Α Q U Α Phone 2 3 8 7 2 1 9 1 4 O Library Address Zip City Phone Other Address Zip City Phone Please provide specific address where SWPPPs can be accessed - not home page. O Web Page URL(s): URL URL

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?  (ex.: samples/participants/eve.
D. Has your MS4 made progress toward this measurable goal during this reporting period?  ● Yes ○ No
● Yes ○ No  E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
● Yes ○ No
● 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

This report is being submitted for the reporting period ending March 9, 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition CHAPPAQUA CENTRAL SCHOOL DISTRICT N Y R 0 A 5 1 Minimum Control Measure 5. Post-Construction Stormwater Management The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period? # Times Inventoried **Inspections** Maintained O Alternative Practices O Filter Systems O Infiltration Basins Open Channels O Ponds Wetlands Other 2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ Yes • No 3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles? O Building Codes O Municipal Comprehensive Plans Overlay Districts Open Space Preservation Program O Zoning O Local Law or Ordinance None O Land Use Regulation/Zoning O Watershed Plans Other Comprehensive Plan Other:

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

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

		SPI	JE2	ID						
Nan	ne of MS4/Coalition CHAPPAQUA CENTRAL SCHOOL DISTRICT	N	Y	R	2	0	A 5	5 1	-	6
4a.	. Are the MS4s contributing to this report involved in a regional/watersh	ed v	vide	pla	nni	_	effo		D N	I.o.
4b.	. Does the MS4 have a banking and credit system for stormwater manag	eme	nt p	rac	tice	es?			1	NO
							Yes		N	10
4c.	Do the SWMP Plans for each MS4 contributing to this report include a and approval of banking and credit of alternative siting of a stormwate					pra		e?	) N	Лo
4d.	. How many stormwater management practices have been implemented reporting period?	as p	art o	of th	is s	syst	em i	in th		
5.	What percent of municipal officials/MS4 staff responsible for program training on Low Impace Development (LID), Better Site Design (BSD) a Infrastructure principles in this reporting period?	_					tten	ded	7	%

This report is being submitted for the reporting period ending	March 9, 2 0 1 9
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 CHAPPAQUA CENTRAL SCHOOL DISTRICT	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 identified in your Stormwater Management Program Plan (SWMPP), including 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 effections.	ctiveness of this Measurable
N/A	
C. How many times was this observation measured or evaluated in th	0
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 the SWM	<b>1PP?</b> ■ Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the g the next reporting cycle (including an implementation schedule).	oals of this MCM during
IF APPLICABLE, THE DISTRICT WILL COMPLY WITH THE STOR CONSTRUCTION PERMIT	MWATER

not done already.

#### **MS4 Annual Report Form**

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

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

	SPI	DES	ID						
Name of MS4/Coalition CHAPPAQUA CENTRAL SCHOOL DISTRICT	N	Y	R	2	0	Α	5	1	6

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

<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 potentic Pollutants of Concern to the MS4 system. For each operation/facility indicat operation/facility has been addressed in the MS4's/Coalition's Stormwater M Program(SWMP) Plan and whether a self-assessment has been performed descripting period. A self-assessment is performed to: 1) determine the source potentially generated by the permittee's operations and facilities; 2) evaluate effectiveness of existing programs and 3) identify the municipal operations a	e whether the anagement uring the s of pollutants the

that will be addressed by the pollution prevention and good housekeeping program, if it's

Self-Assessment

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

Operation/Activity/Facility performed within the past 3 Operation/Activity/Facility Addressed in SWMP? vears? Street Maintenance..... 

Yes ○ No ...... • Yes O No Bridge Maintenance..... O Yes ○ No ...... ○ Yes O No Winter Road Maintenance..... 

Yes ○ No ..... • Yes O No ○ No ...... • Yes Salt Storage..... 

Yes O No Solid Waste Management..... 

Yes ○ No ...... • Yes O No New Municipal Construction and Land Disturbance.. O Yes ○ No ...... ○ Yes O No Right of Way Maintenance..... O Yes ○ No ...... ○ Yes O No Marine Operations..... O Yes O No O No Hydrologic Habitat Modification..... O Yes Parks and Open Space..... O Yes ○ No ..... ○ Yes O No Municipal Building..... O Yes ○ No ...... ○ Yes O No ○ No ..... • Yes O No Stormwater System Maintenance..... 

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

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

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

	\$PI	DES IL	)				
Name of MS4/Coalition CHAPPAQUA CENTRAL SCHOOL DISTRICT	N	YR	2	0	A 5	1	6
2. Provide the following information about municipal operations goo	d h	ousek	еер	ing	prog	ran	ns:
● Parking Lots Swept (Number of acres X Number of times swept)		# Ac	res				
• Streets Swept (Number of miles X Number of times swept)		# Mi	les				
O Catch Basins Inspected and Cleaned Where Necessary			#				
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary			#				
O Phosphorus Applied In Chemical Fertilizer		# L	bs.				
O Nitrogen Applied In Chemical Fertilizer		#L	bs.				
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)		# Acre	s [				
3. How many stormwater management trainings have been provided during this reporting period?	to	muni	cipa	l en	nploy	/ees	1
4. What was the date of the last training?	1	/ 2	0	1	2 0	1	8
5. How many municipal employees have been trained in this reporting	g p	eriod	?				4
6. What percent of municipal employees in relevant positions and de stormwater management training?	par	tment	s re	Г	v <b>e</b>	0	%

This report is being submitted for the reporting period ending March 9, 2 0 1 9
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 CHAPPAQUA CENTRAL SCHOOL DISTRICT NYR 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?  (ex.: samples/participants/eve  D. Has your MS4 made progress toward this measurable goal during this reporting period?
D. Has your M54 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

Traditional Land Use

Traditional Land Use

Traditional Land Use

Non-Traditional

Non-Traditional

Non-Traditional

Traditional Non-Land Use

Traditional Non-Land Use

Traditional Non-Land Use

Oscawana Lake Watershed

LI 27 Embayments

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID YR 5 Ν 2 0 A 1 CHAPPAQUA CENTRAL SCHOOL DISTRICT Name of MS4/Coalition 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. Check NA (POC) **MS4** Description Answer **NYC EOH Watershed** 1,2,3,4,5,6,7a-d,8a,8b,9 10,11,12 Traditional Land Use Phosphorus Traditional Non-Land Use 1,2,3,4,7a-d,8a,8b,9 5,10,11,12 Phosphorus 3,4,5,10,11,12 Non-Traditional 1,2,77a-d,8a,8b,9 Phosphorus Onondaga Lake Watershed 2,3,4,5,8b,10,11,12 Phosphorus 1,6,7a-d,8a,9 Traditional Land Use 1,6,7a-d,8a,9 Traditional Non-Land Use 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 2,3,5,8b,10,11,12 Traditional Non-Land Use 1,4,6,7a-d,8a,9 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 2,3,4,5,8a,8b,10,11,12 Non-Traditional 1,4,7a-d,9 Pathogens Peconic Estuary

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

2,3,5,6,8b

2,3,5,6,8b

5,6,8a,8b

5,6,8a,8b

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

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

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

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

5.6.8a.8b.10.11.12

Pathogens and Nitrogen

Pathogens and Nitrogen

Pathogens and Nitrogen

Phosphorus

Phosphorus

**Phosphorus** 

Pathogens

Pathogens

**Pathogens** 

1,4,7a-d,8a,9,10,11,12

1,4,7a-d,8a,9,10,11,12

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

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

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

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

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

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

1.2.3.4.7a-d.9

	Lunchung and and Luncage and an amount of the control of the contr	0 103	0 140	• 1.	17.2
2.	Has 100% of the MS4/Coalition conveyance system been mapped in	GIS?	○ No	● N	I/Δ
	If N/A, go to question 3.	O ICS	0 140	<b>©</b> 10	17 Z
	If No, estimate what percentage of the conveyance system has been map	ped so far.		0	%
	Estimate what percentage was mapped in this reporting period.			0	%

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID CHAPPAQUA CENTRAL SCHOOL DISTRICT N|Y|R|20 A 5 1 | Name of MS4/Coalition 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? O Yes O No 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? O Yes O 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? O Yes O No N/A 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? O Yes O 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 1% 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? O Yes O 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? O Yes O No N/A

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

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 CHAPPAQUA CENTRAL SCHOOL DISTRICT	N	Y	R	2	0	A	5	1	6		
9. Has your MS4/Coalition developed and implemented a program of	na		-		-		200	20 80.000			
		С	Ye	es	0	No		N/	/A		
10. Has your MS4/Coalition enacted a local law prohibiting pet waste prohibiting goose feeding?	on 1			-	•	oρε No					
11. Does your MS4/Coalition have a pet waste bag program?		С	Ye	es	0	No		N/	/A		
12. Does your MS4/Coalition have a program to manage goose populations?		C	Ye	es	0	No		N/	/A		