

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2012

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

SPDES ID

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N Y R 2 0 A

SPDES ID

N Y R 2 0 A

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Village of Walden

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[illegible]

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Village of Walden

SPDES ID

N Y R 2 0 A 2 9 8

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	MI	Last Name
B r i a n		M a h e r
Title		
M a y o r		
Address		
O n e M u n i c i p a l S q u a r e		
City	State	Zip
W a l d e n	N Y	1 2 5 8 6 -
eMail		
N / A		
Phone	County	
(8 4 5) 7 7 8 - 2 1 7 7	O r a n g e	

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Village of Walden

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- ☐ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

First Name	MI	Last Name
J o h n		R e v e l l a
Title		
V i l l a g e M a n a g e r		
Address		
O n e M u n i c i p a l S q u a r e		
City	State	Zip
W a l d e n	N Y	1 2 5 8 6 -
eMail		
j o h n r e v e l l a @ h v c . r r . c o m		
Phone	County	
(8 4 5) 7 7 8 - 2 1 7 7	O r a n g e	

MS4 Municipal Compliance Certification(MCC) Form

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Name of MS4 Village of Walden

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

First Name

D e a n

MI

Last Name

S t i c k l e s

Title

B u i l d i n g I n s p e c t o r

Address

O n e M u n i c i p a l S q u a r e

City

W a l d e n

State

N Y

Zip

1 2 5 8 6 -

eMail

w a l d e n b i @ h v c . r r . c o m

Phone

(8 4 5) 7 7 8 - 2 1 7 7

County

O r a n g e

MS4 Municipal Compliance Certification(MCC) Form

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

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☐ Duly Authorized Representative
☐ Local Stormwater Public Contact
☐ Stormwater Management Program (SWMP) Coordinator
☒ Report Preparer

First Name

J o h n

MI

Last Name

Q u e e n a n

Title

V i l l a g e E n g i n e e r , L a n c a n d T u l l y

Address

P . O . B o x 6 8 7

City

G o s h e n

State

N Y

Zip

1 0 9 2 4 -

eMail

j q @ l a n c t u l l y . c o m

Phone

(8 4 5) 2 9 4 - 3 7 0 0

County

O r a n g e

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4 Village of Walden

SPDES ID

N Y R 2 0 A 2 9 8

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

O r a n g e C o u n t y W a t e r A u t h o r i t y

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

9 9 M a i n S t r e e t , S u i t e 1

City

G o s h e n

State

N Y

Zip

1 0 9 2 4 -

eMail

N / A

Phone

(8 4 5) 6 1 5 - 3 8 6 8

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. MMI School Programs or Multiple Tasks)?

☒ MMI S c h o o l P r o g r a m s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☐ MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4 Village of Walden

SPDES ID

N Y R 2 0 A 2 9 8

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

O r a n g e C o u n t y S o i l a n d W a t e r

Partner/Coalition Name (con't.)

C o n s e r v a t i o n D i s t r i c t

SPDES Partner ID - If applicable

N Y R 2 0

Address

2 2 5 D o l s o n A v e n u e , S u i t e 1 0 3

City

M i d d l e t o w n

State

N Y

Zip

1 0 9 4 0 -

eMail

N / A

Phone

(8 4 5) 3 4 3 - 1 8 7 3

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 S c h o o l a n d C o n t r a c t o r P r o g r a m s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☐ MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2012

Name of MS4 Village of Walden

SPDES ID

N Y R 2 0 A 2 9 8

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

J o h n

MI

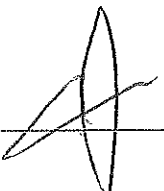
Last Name

R e v e l l a

Title (Clearly print title of individual signing report)

V i l l a g e M a n a g e r

Signature



Date

04 / 24 / 2012

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, 2012

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

Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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Water Quality Trends

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

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

How many MS4s are contributed to this report?

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. ☐ Yes

If Yes, choose one of the following

- ☐ Report(s) attached to the annual report
- ☐ Web Page(s) where report(s) is/are provided below

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

1. Targeted Public Education and Outreach Best Management Practices

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

- ☐ Construction Sites
 - ☒ General Stormwater Management Information
 - ☐ Household Hazardous Waste Disposal
 - ☐ Illicit Discharge Detection and Elimination
 - ☒ Infrastructure Maintenance
 - ☐ Smart Growth
 - ☐ Storm Drain Marking
 - ☐ Green Infrastructure/Better Site Design/Low Impact Development
 - ☒ Other:
 - ☐ Pesticide and Fertilizer Application
 - ☐ Pet Waste Management
 - ☐ Recycling
 - ☐ Riparian Corridor Protection/Restoration
 - ☒ Trash Management
 - ☐ Vehicle Washing
 - ☒ Water Conservation
 - ☐ Wetland Protection
 - ☐ None

S	c	h	o	o	l	E	d	u	c	a	t	i	o	n	P	r	o	g	r	a	m	s									
Other _____																															

2. Specific audiences targeted during this reporting period:

- ☒ Public Employees ☐ Contractors
☒ Residential ☐ Developers
☐ Businesses ☒ General Public
☐ Restaurants ☐ Industries
☐ Other: ☐ Agricultural

[illegible]

MS4 Annual Report Form

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

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

Name of MS4/Coalition

V	i	l	l	a	g	e
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SPDES ID

N	Y	R	2	0	A	2	9	8
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3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☒ Construction Site Operators Trained

Trained

		1	7	8
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☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				2
--	--	--	--	---

☐ List-Serves

In List

--	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☒ School Program

Attendees

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

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

				2
--	--	--	--	---

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

V	i	l	l	a	g	e		H	a	l	l						
l	o	c	a	t	e	d		o	n		p	u	b	l	i	c	
v	i	e	w	i	n	g		b	o	a	r	d	.				

☒ Other:

V	i	l	l	a	g	e		O	f	f	i	c	e		D	e	s	k
---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---

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

URL

URL

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	9	8
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- URL

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URL

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URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

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2	0	1	2
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Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Public participation and comments at Village Board meetings.

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

A record is being kept of all comments regarding stormwater management during Village Board meetings. This includes complaints, suggestions, and general comments.

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

			1
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(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).

Continuc recording public comments at Village Board meetings.

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Name of MS4/Coalition	Village of Walden
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SPDES ID

N	Y	R	2	0	A	2	9	8
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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?

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1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- ## Cleanup Events

# Events				2
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- ☐ Comments on SWMP Received

#	Comments				
1					
2					
3					
4					
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7					
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94					
95					
96					
97					
98					
99					
100					

- ## Community Hotlines

Phone# (8 4 5) 7 7 8 - 4 9 1 9

Phone# (

--	--	--

)

--	--	--

 -

--	--	--	--

Phone # () -

Phone# () -

Phone # () -

Phone# () -

Phone # () -

Phone# () -

Phone# () -

Phone# () -

Phone # (

--	--	--

)

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 -

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- ☐ Community Meetings

# Attendees				
-------------	--	--	--	--

- ## O Plantings

Sq. Ft.				
---------	--	--	--	--

- ☐ Storm Drain Markings

#Drains					
---------	--	--	--	--	--

- ### ○ Stakeholder Meetings

# Attendees					
-------------	--	--	--	--	--

- ☐ Volunteer Monitoring

# Events				
----------	--	--	--	--

- [illegible]

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ☒ Yes

☒ Yes ☐ No

- ☐ List-Serve

# In List					
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- Newspaper Advertising

# Days Run					
------------	--	--	--	--	--

- TV/Radio Notices

# Days Run				
------------	--	--	--	--

- [illegible]

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

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Name of MS4/Coalition Village of Walden

SPDES ID

N Y R 2 0 A 2 9 8

2. URL(s) con't.:

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

URL

w w w . v i l l a g e o f w a l d e n . o r g /
d e p a r t m e n t s / p u b l i c - w o r k

URL

URL

URL

URL

URL

URL

2	0	1	2
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Village of Walden

N	Y	R	2	0	A	2	9	8
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2. URL(s) con't.:

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

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

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Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

	4	/	1	0	/	2	0	1	2
--	---	---	---	---	---	---	---	---	---

4.b. For how many days was/will this report be posted?

3	6	5
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☒ Yes ☐ No

If Yes, what was the date of the meeting?

	4	/	2	4	/	2	0	1	2
--	---	---	---	---	---	---	---	---	---

If No, is one planned?

☐ Yes ☒ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

2	0	1	2
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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7. Evaluating Progress Toward Measurable Goals MCM 2

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.

Attendance and comments at public Village Board and Planning Board Meetings.

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

No comments or rise in attendance has been recorded for this period.

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

		4	0
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(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).

The Village will continue to track attendance and comments at public meetings. The SWMPP will be updated as necessary throughout the year.

MS4 Annual Report Form

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

2	0	1	2
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?

--	--	--

1. Enter the number and approx. percent of outfalls mapped:

			6	3
--	--	--	---	---

 #

1	0	0
---	---	---

 %

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

		0
--	--	---

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

- | | |
|---|---|
| <input type="radio"/> Auto Recyclers | <input type="radio"/> Landscaping (Irrigation) |
| <input type="radio"/> Building Maintenance | <input type="radio"/> Marinas |
| <input type="radio"/> Churches | <input type="radio"/> Metal Plateing Operations |
| <input type="radio"/> Commercial Carwashes | <input type="radio"/> Outdoor Fluid Storage |
| <input type="radio"/> Commercial Laundry/Dry Cleaners | <input type="radio"/> Parking Lot Maintenance |
| <input type="radio"/> Construction Vehicle Washouts | <input type="radio"/> Printing |
| <input type="radio"/> Cross-Connections | <input type="radio"/> Residential Carwashing |
| <input type="radio"/> Distribution Centers | <input type="radio"/> Restaurants |
| <input type="radio"/> Food Processing Facilities | <input type="radio"/> Schools and Universities |
| <input type="radio"/> Garbage Truck Washouts | <input type="radio"/> Septic Maintenance |
| <input type="radio"/> Hospitals | <input type="radio"/> Swimming Pools |
| <input type="radio"/> Improper RV Waste Disposal | <input type="radio"/> Vehicle Fueling |
| <input type="radio"/> Industrial Process Water | <input type="radio"/> Vehicle Maint./Repair Shops |

☒ Other:

☒ None

V	i	l	l	a	g	e		B	i	-	A	n	n	u	a	l		I	n	s	p	.		P	r	o	g	r	a	m
---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---

☒ Sewersheds:

T	i	n		B	r	o	o	k		S	t	o	r	m	s	h	e	d												
---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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3.b. What types of illicit discharges have been found during this reporting period?

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

[illegible]

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?

--	--	--	--

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

[illegible]

URL

[illegible]

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	9	8
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URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

- | | | | |
|--|---|---|---|
| | 5 | 0 | % |
|--|---|---|---|

MS4 Annual Report Form

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

2	0	1	2
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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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.

Implement and continue to develop an illicit discharge program and inspections. Dry weather recon of all stormwater outfalls at least once every five years.

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

The Village Building Inspector inspects and attempts detection of any illicit discharge into the sewer/storm sewer systems during the bi-annual inspections. Any connections which are found are corrected. Village DPW conducts on-going catch basin cleaning and sewer line maintenance. All outfalls have been inspected during dry weather conditions within the last five years.

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).

The Village Building Inspector will continue the bi-annual inspection program. The DPW will continue to perform inspections and perform maintenance as necessary. All mapping and outfall inspections have been completed.

MS4 Annual Report Form

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

2	0	1	2
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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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?

		2
--	--	---

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?

		0
--	--	---

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

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

<input type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

MS4 Annual Report Form

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

2	0	1	2
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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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?

		1
--	--	---

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,

2	0	1	2
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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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.

SWPPP review by Planning Board Engineer. Weekly construction site inspection reports submitted to the Village. Village Engineer and Building Inspector conduct weekly inspections of active sites. Village Engineer also reviews and completes MS4 acceptance form on all SWPPP's.

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

There has not been any construction activity within the MS4 area that has required a SWPPP review or site inspections.

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

			2
--	--	--	---

(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).

SWPPP reviews and construction site inspections will be completed as needed.

MS4 Annual Report Form

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

2	0	1	2
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

--	--	--

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained									
<input type="radio"/> Alternative Practices	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input checked="" type="radio"/> Filter Systems	<table><tr><td></td><td></td><td>1</td></tr></table>			1	<table><tr><td></td><td></td><td>2</td></tr></table>			2	<table><tr><td></td><td></td><td>2</td></tr></table>			2
		1										
		2										
		2										
<input type="radio"/> Infiltration Basins	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input checked="" type="radio"/> Open Channels	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td>2</td></tr></table>			2	<table><tr><td></td><td></td><td>2</td></tr></table>			2
		2										
		2										
<input checked="" type="radio"/> Ponds	<table><tr><td></td><td></td><td>1</td></tr></table>			1	<table><tr><td></td><td></td><td>2</td></tr></table>			2	<table><tr><td></td><td></td><td>2</td></tr></table>			2
		1										
		2										
		2										
<input type="radio"/> Wetlands	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Other	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes ☐ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☐ Building Codes ☐ Municipal Comprehensive Plans
☐ Overlay Districts ☐ Open Space Preservation Program
☐ Zoning ☐ Local Law or Ordinance
☐ None ☒ Land Use Regulation/Zoning
☐ Watershed Plans ☐ Other Comprehensive Plan

☒ Other:

P	l	a	n	n	i	n	g		B	o	a	r	d		R	e	v	i	e	w		P	r	o	c	e	s	s	
---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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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?

	5	0
--	---	---

 %

MS4 Annual Report Form

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

2	0	1	2
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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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.

Frequency of maintenance of stormwater facilities.

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

Maintenance of all stormwater facilities and conveyance systems are being conducted on a regular basis. No problems were recorded during this reporting period.

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

			6
--	--	--	---

(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).

The Village will continue to conduct maintenance of stormwater facilities on a yearly basis and as necessary.

MS4 Annual Report Form

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

2	0	1	2
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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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>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

MS4 Annual Report Form

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

2	0	1	2
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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2. Provide the following information about municipal operations good housekeeping programs:

- ☒ Parking Lots Swept (Number of acres X Number of times swept) # Acres

				2
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

			1	8
--	--	--	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

			1	8
--	--	--	---	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				6
--	--	--	--	---
- ☐ 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?

	2	/		1	/	2	0	1	2
--	---	---	--	---	---	---	---	---	---

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

		1
--	--	---

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

	2	0	%
--	---	---	---

MS4 Annual Report Form

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

2	0	1	2
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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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.

Cleaning of catch basins and storm sewer pipe.

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

Catch basins and piping are cleaned and repaired as necessary.

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

		1	8
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(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).

The Village will continue cleaning and repairs on catch basins and pipes.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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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	1,2,77a-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	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
Peconie 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
Oseawana 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.

 %

Estimate what percentage was mapped in this reporting period.

 %

MS4 Annual Report Form

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

2	0	1	2
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Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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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?

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 %
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?

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

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

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 %
- ☐ 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	1	2
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Name of MS4/Coalition

Village of Walden

SPDES ID

N	Y	R	2	0	A	2	9	8
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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

BENCHMARK MONITORING FORM

General Information

Name of Facility: <u>Village of Warden DPW</u>	SPDES Tracking No.
Outfall Name: <u>downstream drainage swale</u>	"Substantially Identical Outfall" <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Person(s)/Title(s) collecting sample: <u>Eric Rogge</u>	
Person(s)/Title(s) examining sample:	
Date & Time Discharge Began:	Date & Time Sample Collected: <u>5/4/11 8:20</u>
Date & Time Sample Examined:	Substitute Sample? (Different Qtr.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Nature of Discharge <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt	Rainfall Amount <u>0.6</u> Inches
Previous Storm Ended >72 hours Before Start of this storm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	

Parameters

Sector AE: Pollutants of Concern	Cut-off Concentration	Sampling Results
Oil and Grease	15 mg/L	< 6.3 mg/L
Total Suspended Solids (TSS)	100 mg/L	40 mg/L
Benzene	50 ug/L	< 1 ug/L
Ethylbenzene	50 ug/L	< 1 ug/L
Toluene	50 ug/L	< 1 ug/L
Total Xylene	50 ug/L	< 1 ug/L
Chemical Oxygen Demand (COD)	120 mg/L	70 mg/L

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately one-half hour.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attached additional sheets as necessary).

Certification by Facility Responsible Official (refer to MSGP Part V.H. for signatory requirements)

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, to 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.

A. Name: Eric Rogge
 C. Signature: [Signature]

B. Title: _____
 D. Date Signed: 4-5-12

Analytical Data

Client: Lanc & Tully

Job Number: 420-43395-1

Sdg Number: Walden DPW

Client Sample ID: SW050311 A

Lab Sample ID: 420-43395-1

Date Sampled: 05/04/2011 0820

Client Matrix: Water

Date Received: 05/04/2011 0900

8021B Aromatic and Halogenated VOCs by Gas Chromatography using PID or ELCD

Method:	8021B	Analysis Batch: 420-46901	Instrument ID:	HP 5890 Series II
Preparation:	5030B		Lab File ID:	D050995.D
Dilution:	1.0		Initial Weight/Volume:	5 mL
Date Analyzed:	05/11/2011 0556		Final Weight/Volume:	5 mL
Date Prepared:	05/11/2011 0556		Injection Volume:	
			Column ID:	PRIMARY

Analyte	Result (ug/L)	Qualifier	RL	RL
Benzene	1.0	U	1.0	1.0
Ethylbenzene	1.0	U	1.0	1.0
m-Xylene & p-Xylene	1.0	U	1.0	1.0
Methyl tert-butyl ether	1.0	U	1.0	1.0
o-Xylene	1.0	U	1.0	1.0
Toluene	1.0	U	1.0	1.0
Xylenes, Total	1.0	U	1.0	1.0

Analytical Data

Client: Lanc & Tully

Job Number: 420-43395-1
Sdg Number: Walden DPW

General Chemistry

Client Sample ID: SW050311 A

Lab Sample ID: 420-43395-1

Client Matrix: Water

Date Sampled: 05/04/2011 0820

Date Received: 05/04/2011 0900

Analyte	Result	Qual	Units	MDL	RL	Dil	Method
HEM	6.3	U	mg/L	2.2	6.3	1.0	1664A

Anly Batch: 420-47075 Date Analyzed 05/18/2011 0930

Prep Batch: 420-47070 Date Prepared: 05/18/2011 0930

Analyte	Result	Qual	Units	RL	RL	Dil	Method
Total Suspended Solids	40		mg/L	2.0	2.0	1.0	SM 2540D

Anly Batch: 420-46803 Date Analyzed 05/09/2011 1438

Chemical Oxygen Demand	70		mg/L	10	10	1.0	410.4
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Anly Batch: 420-46920 Date Analyzed 05/11/2011 1330

Station Name:MONTGOMERY ORANGE CO AIRPORT Station Id:GHCND:USW00004789
State: New York County: Orange County, NY
Observation Time Temperature & Precipitation

Record of Climatological Observations

These data are quality controlled and may not be identical to the original observations

[illegible]

The ⁴⁴ flags in Preliminary indicate the data have not completed processing and quality control and may not be identical to the original observation

Empty, or blank, cells indicate that a data observation was not reported.

*Ground Cover: 1=Bare Ground; 2=Fallow; 3=Bare Ground; 4=Brome grass; 5=Sod; 6=Straw mulch; 7=Grass mulch; 8=Bare mulch; 9=Unknown

**The values T in the Precipitation category above indicate a TRACE value was recorded for these elements

Data value inconsistency may be present due to rounding calculations during the conversion process from SI metric units to standard imperial units.