

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2011

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

SPDES ID

N Y R 2 0 A 2 0 2

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

T o w n o f R a m a p o

OR

This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

OR

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

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

Name of Coalition

SPDES ID

N Y R 2 0 A

SPDES ID

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SPDES ID

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SPDES ID

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**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2011

SPDES ID

NYR20A202

Name of MS4

**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

Title

Address

City  State  Zip

eMail

Phone  County

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2011

Name of MS4 

SPDES ID

N Y R 2 0 A 2 0 2

**Section 2 - Contact Information**Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
- Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name

M i c h a e l

MI

J

Last Name

S a d o w s k i

Title

D e p u t y D i r e c t o r D P W

Address

1 6 P i o n e e r A v e n u e

City

T a l l m a n

State

N Y

Zip

1 0 9 8 2 -

eMail

S a d o w s k i m @ R a m a p o - n y . g o v

Phone

( 8 4 5 ) 3 5 7 - 0 5 9 1

County

R o c k l a n d

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2011

Name of MS4

SPDES ID  

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**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County



**MS4 Municipal Compliance Certification(MCC) Form**

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

SPDES ID

Name of MS4

**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

MI

Last Name

Title (Clearly print title of individual signing report)

Signature

Date

/   /

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

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





### 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.

SPDES ID

N	Y	R	2	0	A	2	0	2
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Name of MS4/Coalition

Town of Ramapo
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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:**

- |  |                     |  |   |   |   |   |   |
|--|---------------------|--|---|---|---|---|---|
| <input checked="" type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td> </td><td>1</td><td>1</td></tr></table> |   |   |   | 1 | 1 |
|  |                     |  | 1 | 1 |   |   |   |
| <input type="radio"/> Direct Mailings                                | # Mailings          | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays            | # Locations         | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td>4</td></tr></table> |   |   |   |   | 4 |
|  |                     |  |   | 4 |   |   |   |
| <input type="radio"/> List-Serves                                    | # In List           | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input type="radio"/> Mailing List                                   | # In List           | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input type="radio"/> Newspaper Ads or Articles                      | # Days Run          | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td>1</td><td>2</td><td>4</td></tr></table> |   |   | 1 | 2 | 4 |
|  |                     | 1  | 2 | 4 |   |   |   |
| <input type="radio"/> School Program                                 | # Attendees         | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> TV Spot/Program                     | # Days Run          | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td></tr></table> |   |   |   |   | 1 |
|  |                     |  |   | 1 |   |   |   |
| <input checked="" type="radio"/> Printed Materials:                  | Total # Distributed | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td>2</td><td>5</td><td>5</td></tr></table> |   |   | 2 | 5 | 5 |
|  |                     | 2  | 5 | 5 |   |   |   |

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

O	u	t	s	i	d	e		T	o	w	n		C	l	e	r	k		
a	n	d		B	u	i	l	d	i	n	g		D	e	p	t			
O	f	f	i	c	e	s		a	n	d		D	P	W					
O	f	f	i	c	e		a	n	d		E	n	v		E	x	p	o	

Other:

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

URL

h	t	t	p	:	/	/	w	w	w	.	r	a	m	a	p	o	.	o	r	g	/	u	p	l	o	a	d	s	/	p	d
f	/	1	2	9	3	8	1	1	6	8	9	-	C	e	a	s	e	-	t	h	e	-	G	r	e	a	s	e	.	p	d
f																															

URL

h	t	t	p	:	/	/	w	w	w	.	r	a	m	a	p	o	.	o	r	g	/	u	p	l	o	a	d	s	/	p	d
f	/	1	2	9	3	8	1	1	6	8	9	-	N	o	t	i	c	e	-	f	o	r	-	I	l	l	e	g	a	l	-
D	u	m	p	i	n	g	.	p	d	f																					

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 2 0 2

3. Web Page cont.: Provide specific web addresses - not home page.

URL

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f / 1 2 9 8 3 9 0 1 7 7 - S a l t % U s e . p d f

URL

h t t p : / / w w w . r a m a p o . o r g / u p l o a d s / p d  
f / 1 2 9 3 8 1 1 7 1 9 - E r o s i o n - a n d - S e d i m e n  
t - C o n t r o l s - P S A . p d f

URL

h t t p : / / w w w . r a m a p o . o r g / u p l o a d s / p d  
f / 1 2 9 3 8 1 1 7 1 9 - F a l l - L a w n - C a r e - P S A .  
p d f

URL

h t t p : / / w w w . r a m a p o . o r g / u p l o a d s / p d  
f / 1 2 9 3 8 1 1 7 1 9 - U s e d - O i l - R e g u l a t i o n  
s . p d f

URL

h t t p : / / w w w . r a m a p o . o r g / u p l o a d s / p d  
f / 1 2 9 3 8 1 1 6 8 9 - R e c y c l i n g - I n f o r m a t i o  
n . p d f

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r t y % 2 0 c l e a n . p d f

URL

h t t p : / / w w w . r o c k l a n d c c e . o r g / P D F s /  
H H W . p d f

**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 

Town of Ramapo
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SPDES ID

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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.**

Our measureable goal was to distribute 100 pieces of literature on various stormwater related topics throughout the year.

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

This seems to be effective since the brochures are being taken from the locations that we selected and more have had to be made.

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

			4
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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).**

We intend to distribute an additional 125 pieces of educational literature at the DPW and Town Hall Offices at a minimum in the next reporting year.

**MS4 Annual Report Form**

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

2	0	1	1
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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 

Town of Ramapo
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SPDES ID

N	Y	R	2	0	A	2	0	2
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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.**

The measurable goal was to sponsor or facilitate at least one class that would educate the public and/or contractors with respect to a particular pollutant.

Through our contract with Cornell Cooperative Extension several classes were conducted on topics that would benefit Ramapo residents.

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

92 people attended classes held regarding Rockland County's new Fertilizer Law. 6 classes were held due to the large interest in this topic. 32 people attended two certification classes on pesticide application.. As more people become interested subsequent classes are held.

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

			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).**

We hope to host/sponsor or facilitate at least one additional class next year. Date(s) will be determined based on speaker availability.







### MS4 Annual Report Form

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SPDES ID

NYR20A202

Name of MS4/Coalition

Town of Ramapo

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

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

MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department

Department of Public Works

Address

16 Pioneer Avenue

City

Talman

NY

Zip

10980

Phone

(845) 357-0591

Library  Annual Report  SWMP Plan  Comments

Address

City

Zip

Phone

( ) -

Other  Annual Report  SWMP Plan  Comments

Address

City

Zip

Phone

( ) -

Web Page URL:  Annual Report  SWMP Plan  Comments

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

eMail  Comments

**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.

SPDES ID

N	Y	R	2	0	A	2	0	2
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Name of MS4/Coalition

Town of Ramapo
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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.

		/			/				
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**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?

0	5	/	1	1	/	2	0	1	1
---	---	---	---	---	---	---	---	---	---

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	1
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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 

Town of Ramapo
----------------

SPDES ID

N	Y	R	2	0	A	2	0	2
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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.**

Our goal was to continue partnering with the Retired Seniors Volunteer Program (RSVP) as long as they were able, to go door to door and converse with homeowners regarding the importance of clean stormwater. We did not establish a number of actual homeowners spoken to due to a variety of factors.

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

Unfortunately, RSVP was not able to participate this year. However we did use Americorps workers to accomplish the task. Initially we had two young workers go door to door in areas where our storm drain markers were applied. Later when our female worker had to return to college our male worker went by himself. More doors were answered and the dialogue improved with using two workers at the same time.

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

	1	4	6
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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).**

We intend to continue with this program next year. We are again reaching out to RSVP to see if they can do it this year but if not we will perform this interaction with the homeowners by using Americorps workers or other Engineering student interns.

**MS4 Annual Report Form**

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

2	0	1	1
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Name of MS4/Coalition 

Town of Ramapo
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SPDES ID

N	Y	R	2	0	A	2	0	2
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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.**

The measurable goal was to publicize for and conduct our annual stormwater report at a Town Board Meeting or Workshop where the public could attend. Our meeting was again televised on a local cable channel.

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

While it is difficult to quantify how many people show up to the Town Board meeting for the sole purpose of listening to our stormwater protection efforts or watch the televised portion of the annual report presentation, staff members have been approached by people who saw the presentation on the cable channel.

**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).**

We intend to continue conducting and televising our annual stormwater presentation in the following year despite it no longer being a requirement.

### MS4 Annual Report Form

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N Y R 2 0 A 2 0 2

Name of MS4/Coalition: Town of Ramapo

### 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

1. Enter the number and approx. percent of outfalls mapped: 190 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 190

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

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

Empty grid for other site types

● Sewersheds:

All known outfalls inspected





**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 

Town of Ramapo
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SPDES ID  

N	Y	R	2	0	A	2	0	2
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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.**

Since the beginning of the original 5 year permit period, the Town of Ramapo has been flushing our sanitary trouble areas to prevent sewer blockages and resulting sewage discharges. We have reached our goal of at least 5 miles in each of the past 8 years. This year we flushed 10.6 miles in Unincorporated Ramapo which is the most we have ever done.

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

This activity has been effective in proactively removing grease buildup on the inner wals of our sewer lines. We see this every work day by virtue of the reduction of call outs we get for sewer blockages both during and after working hours.

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

	2	4	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).**

We intend to continue flushing a minimum of 5 miles of sanitary sewer during the next reporting year.

**MS4 Annual Report Form**

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2	0	1	1
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Name of MS4/Coalition 

Town of Ramapo
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SPDES ID

N	Y	R	2	0	A	2	0	2
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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.**

Our measurable goal was to inspect all of our 190 known outfall structures to look for illicit discharges.

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

During the Spring and Summer of 2010 each of our known outfalls was inspected by Americorps workers after being instructed as to what to look for. Outfall Reconnaissance Inventory sheets approved by the DEC were used in this years inspections. Several possible illicit discharges were found initially however after follow up inspections only one continued to be a problem. It reoccurred again in November but after our investigation upstream it no longer occurred.

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

1	9	2
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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).**

We intend to continue inspecting each of our known outfalls again this Spring/ Summer. We will continue to use the DEC sanctioned Inventory sheets and look for signs of illicit discharges. We will pay particular attention to those questionable areas found in 2010 as well.

**MS4 Annual Report Form**

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

2	0	1	1
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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 

Town of Ramapo
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SPDES ID

N	Y	R	2	0	A	2	0	2
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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? 

		1
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**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?**

		8
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**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
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**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 checked="" type="radio"/> Notices of Violation             | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">2</td></tr></table> |  |   |  |  | 2 | <input type="radio"/> No Authority |
|   |   |  |  | 2 |  |  |   |                                    |
| <input type="radio"/> Stop Work Orders                            | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>                      |  |   |  |  |   | <input type="radio"/> No Authority |
|   |   |  |  |   |  |  |   |                                    |
| <input type="radio"/> Criminal Actions                            | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>                      |  |   |  |  |   | <input type="radio"/> No Authority |
|   |   |  |  |   |  |  |   |                                    |
| <input type="radio"/> Termination of Contracts                    | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>                      |  |   |  |  |   | <input type="radio"/> No Authority |
|   |   |  |  |   |  |  |   |                                    |
| <input type="radio"/> Administrative Fines                        | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>                      |  |   |  |  |   | <input type="radio"/> No Authority |
|   |   |  |  |   |  |  |   |                                    |
| <input type="radio"/> Civil Penalties                             | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>                      |  |   |  |  |   | <input type="radio"/> No Authority |
|   |   |  |  |   |  |  |   |                                    |
| <input type="radio"/> Administrative Orders                       | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>                      |  |   |  |  |   | <input type="radio"/> No Authority |
|   |   |  |  |   |  |  |   |                                    |
| <input checked="" type="radio"/> Enforcement Actions or Sanctions | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">7</td></tr></table> |  |   |  |  | 7 |                                    |
|   |   |  |  | 7 |  |  |   |                                    |
| <input checked="" type="radio"/> Other                            | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table> |  |   |  |  | 1 | <input type="radio"/> No Authority |
|   |   |  |  | 1 |  |  |   |                                    |

**MS4 Annual Report Form**

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

2	0	1	1
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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 

Town of Ramapo
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SPDES ID  

N	Y	R	2	0	A	2	0	2
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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
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1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

		5
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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

	1	6
--	---	---

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

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

 %

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

	8	1
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 %

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, 2011

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 2 0 2

Name of MS4/Coalition

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

D e p a r t m e n t o f P u b l i c W o r k s

Address

1 6 P i o n e e r A v e n u e

City

T a l l m a n

N Y

Zip

1 0 9 8 2 -

Phone

( 8 4 5 ) 3 5 7 - 0 5 9 1

○ Library

Address

City

Zip

-

Phone

( ) -

○ Other

Address

City

Zip

-

Phone

( ) -

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

URL

URL

**MS4 Annual Report Form**

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

2	0	1	1
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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 

Town of Ramapo
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SPDES ID

N	Y	R	2	0	A	2	0	2
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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.**

Our measureable goal is to review 100% of the SWPPPs that enter our office for compliance with DEC and local requirements

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

this measureable goal is very effective because most of the SWPPPs that are submitted need to be revised at least once to be compliant. Ed Moran reviews these plans on behalf of the Town. Without these reviews plans will likely be insufficient in terms of size and function.

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

			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).**

Next year we intend to review all of the SWPPPs that are sent to our Office.



**MS4 Annual Report Form**

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

2	0	1	1
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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 

Town of Ramapo
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SPDES ID  

N	Y	R	2	0	A	2	0	2
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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
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**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?**

	2	1
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 %

**MS4 Annual Report Form**

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

2	0	1	1
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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 

Town of Ramapo
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SPDES ID  

N	Y	R	2	0	A	2	0	2
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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.**

The measureable goal was to continue documenting the projects in which SWPPPs are required. It was also to perform final inspections on those to be privately owned or publicly owned after being dedicated to the Town.

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

Tracking them has been effective for us to remind the applicants about the weekly inspections they should be conducting. We added only a couple new projects this year to our list. The slow economy has slowed down our projects and no NOTs were filed in the last year.

**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).**

Our goal in the next reporting period is to continue documenting the projects in which the SWPPPs are required. We will also perform final inspections on those water quality devices when the time comes. The organic filter the Town is responsible for will be inspected and cleaned if necessary by the Parks Dept.

**MS4 Annual Report Form**

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

2	0	1	1
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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	2	0	2
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Name of MS4/Coalition 

Town of Ramapo
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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.**

The measurable goal was to install at least 5 structural devices that would assist the Town in keeping priority pollutants from entering the storm drain system. This year we purchased and installed 18 new grate plates.

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

The grate plates are all installed upstream from a local lake, Lake Suzanne. The lake's appearance has noticeably improved in terms of floatable litter although there is more room for improvement. Unfortunately, all of the catchbasins leading to the pond are not under the control of our MS4.

**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).**

We anticipate purchasing at least 10 more of these structural devices in the upcoming year. We may elect however to install some of these devices in other locations based on the number still needed at Lake Suzanne. We will select an additional waterway if necessary.

**MS4 Annual Report Form**

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

2	0	1	1
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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 

Town of Ramapo
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SPDES ID  

N	Y	R	2	0	A	2	0	2
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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
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**1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

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

### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 1 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	2	0	2
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Name of MS4/Coalition Town of Ramapo

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres    30
- Streets Swept (Number of miles X Number of times swept) # Miles   162
- Catch Basins Inspected and Cleaned Where Necessary #   106
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #     5
- 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?**     5

**4. What was the date of the last training?** 02 / 25 / 2011

**5. How many municipal employees have been trained in this reporting period?**   18

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**   51 %

**MS4 Annual Report Form**

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

2	0	1	1
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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

Town of Ramapo

SPDES ID

N	Y	R	2	0	A	2	0	2
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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.**

The measureable goal the Town established in the original Notice of Intent was to sweep a minimum of seventy-five (75) miles of roadway in Unincorporated Ramapo. We increased this to eighty-five (85) miles last year when we purchased an additional street sweeper.

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

By continuing to sweep the large number of miles of roadway we do, less sediment and trash is deposited in our catchbasins which subsequently reduces the number of drainage problems caused by this debris in the pipes and water bodies.

**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).**

Based on past success we propose to increase our measureable goal to one hundred (100) lane miles of roadway swept in Unincorporated Ramapo in the next reporting year.

**MS4 Annual Report Form**

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

2	0	1	1
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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

Town of Ramapo

SPDES ID

N	Y	R	2	0	A	2	0	2
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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.**

Initially our measureable goal was to clean out 30 catch basins. Last year we increased our measureable goal to cleaning out 40 catch basins.

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

We exceeded our goal by cleaning out 106 catch basins. This increases the effectiveness of the storm drain system by collecting and transporting stormwater runoff.

**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).**

Based on our past success and the purchasing of a new vector truck the Highway Dept will increase its measureable goal to fifty (50) catch basins cleaned annually. They will be cleaned mainly between the months of March and November 2011.