

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2009

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

SPDES ID  
N Y R 2 0 A



## MS4 Annual Report Cover Page

MCC form for period ending March 9, 

2	0	0	9
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### Required Forms

- > Municipal Compliance Certification
- > Water Quality Trends
- > Minimum Measure 1
- > Minimum Measure 2
- > Minimum Measure 3
- > Minimum Measure 4
- > Minimum Measure 4 and 5
- > Minimum Measure 5
- > Minimum Measure 6
- > MS4s in impaired watersheds included in GP-0-08-002 Part IX must also complete the form *Additional Watershed Improvement Strategy Best Management Practices*.

### Reporting Requirements

- \* **Permittees submitting an annual report for an individual MS4 must complete and submit all required forms.**
- \* **Joint reports may be submitted by permittees with legally binding agreements as follows:**
  - > *Each* MS4 contributing to a joint report must submit a Municipal Compliance Certification (MCC) form with an original signature. The MCC forms must be attached to the report.
  - > A coalition may submit information on behalf of its members as follows:
    1. Submit one form for each of the Minimum Measures (and if required, Additional Watershed Improvement Strategy Best Management Practices) on behalf of all the MS4s in the coalition, or
    2. Complete some of the required forms on behalf of all the MS4's in the coalition and for other Minimum Measures, attach completed forms from each of the MS4s.

For example, a joint report for a coalition including four permitted MS4s may contain one form for *each* of the Minimum Measures 1-5, representing the combined work of all four participating MS4s, and *in addition*, include four separate Minimum Measure 6 forms and four separate *Additional Watershed Improvement Strategy Best Management Practices* forms provided by each of the participating permittees.

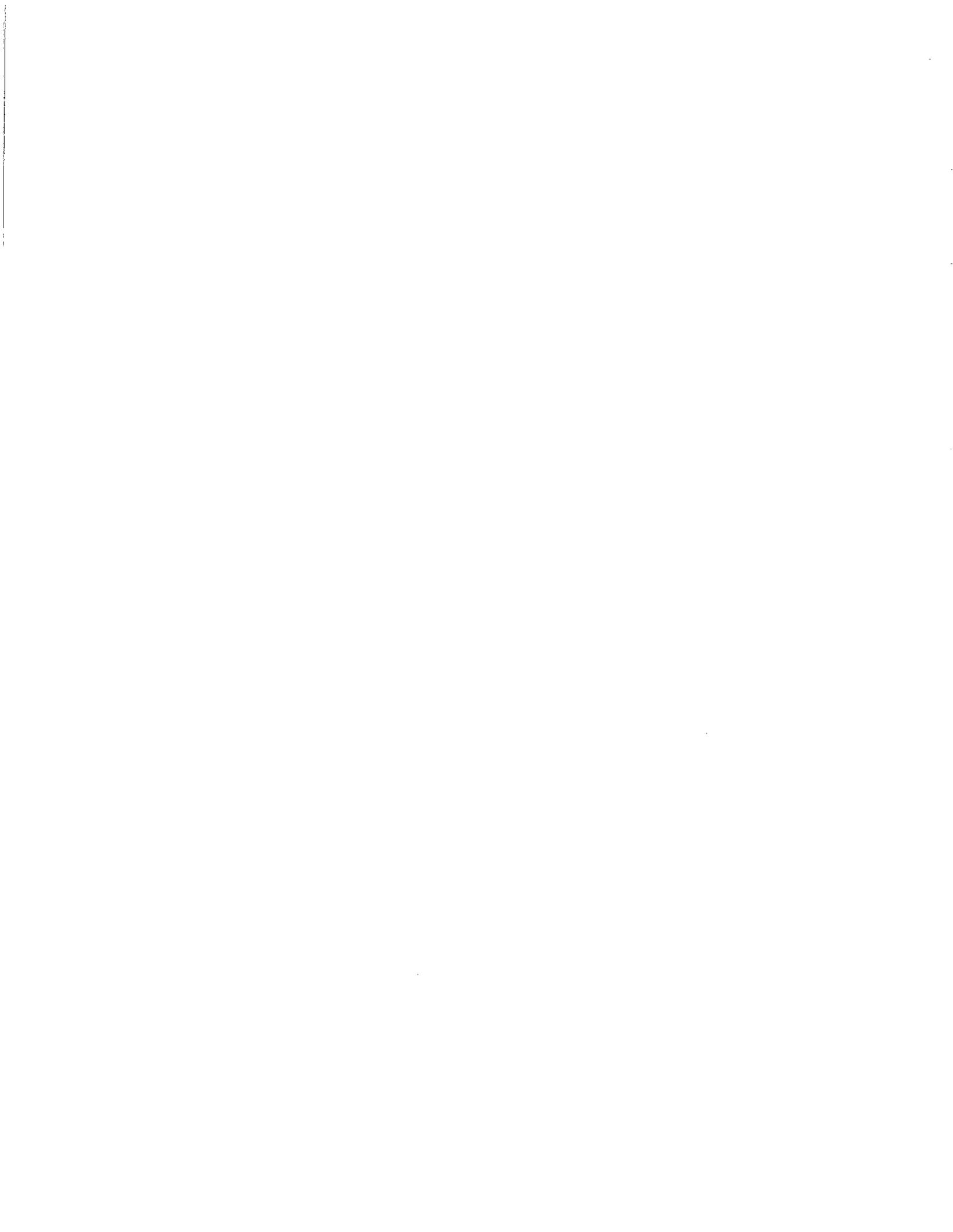
**The Department will *not* accept a report form from a participating MS4 *in addition to* a combined report form submitted for the same Minimum Measure.**

### Instructions for completing forms

These forms may be completed on a computer or by hand. If completing the forms by hand, fill in circles completely and print clearly.











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

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

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  MI  Last Name

Title

Address

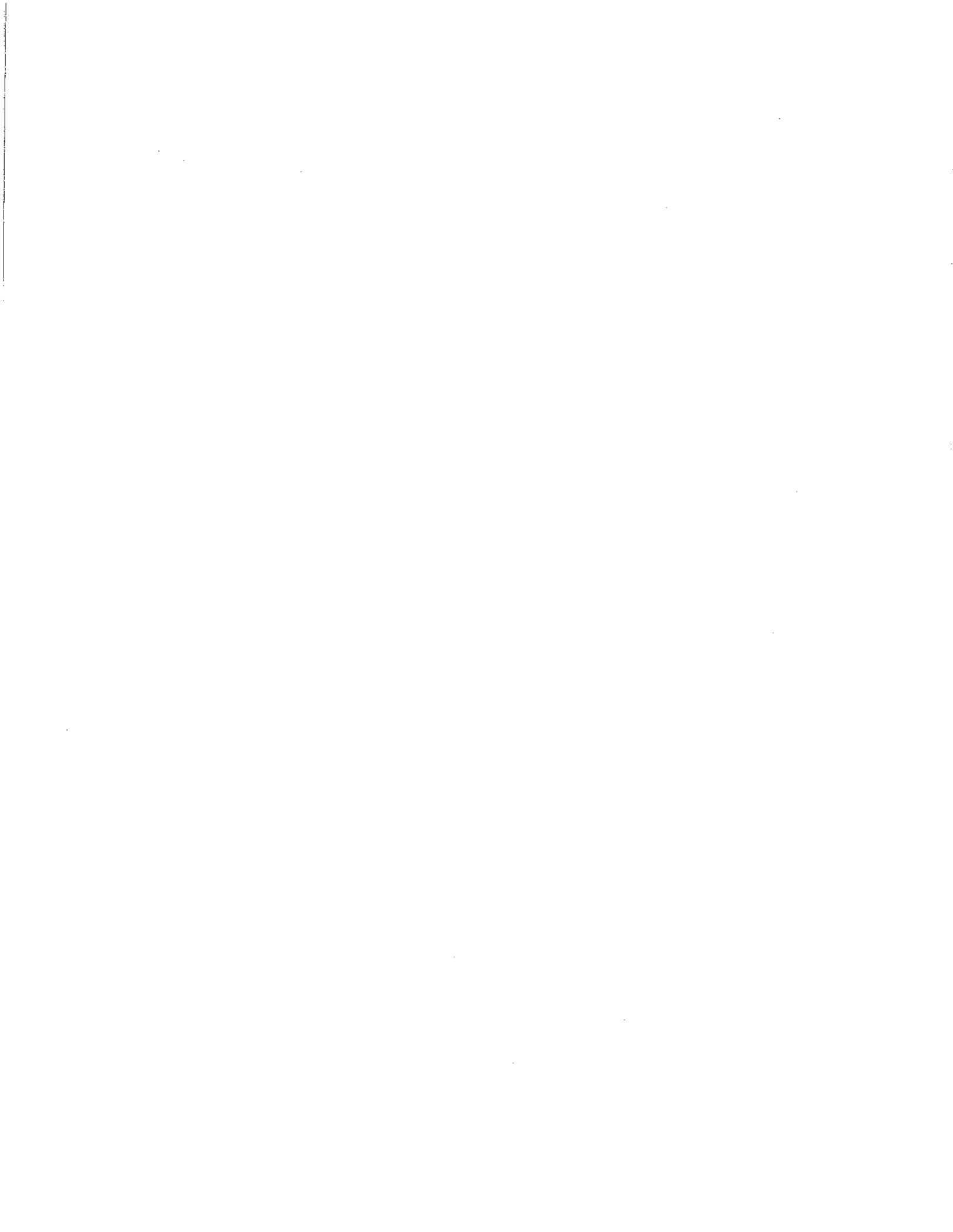
City  State  Zip

eMail

Phone  County







### MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2009

Name of MS4

SPDES ID  
N Y R 2 0 A 2 0 2

#### Section 3 - Partner Information - Submit a separate sheet for each partner.

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

Yes  No

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C O R N E L L C O O P E R A T I V E E X T E N S I O N O F

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

R O C K L A N D N Y R 2 0

Address

1 0 P A T R I O T H I L L S D R I V E

City

State

Zip

S T O N Y P O I N T N Y 1 0 9 8 0 -

eMail

P W T 2 @ C O R N E L L . E D U

Phone

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

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 v a r i o u s p r i n t e d m a t e r i a l s d i s t

MM2 p u b l i c e v e n t s / p r e s e n t a t i o n s

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, 2009

Name of MS4

SPDES ID  
N Y R 2 0 A 2 0 2

**Section 3 - Partner Information** - Submit a separate sheet for each partner.

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.  Yes  No

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

K E E P R O C K L A N D B E A U T I F U L i N C

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable  
N Y R 2 0

Address

1 0 M A P L E A V E N U E

City

N E W C I T Y

State

N Y

Zip

1 0 9 5 6 -

eMail

K R B E X D I R @ A O L . C O M

Phone

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

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  Yes  No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

MM1

MM2 C L E A N U P & L I T T E R H O T L I N E

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, 2 0 0 9

Name of MS4

Town of Ramapo

SPDES ID

N Y R 2 0 A

**Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name

C H R I S T O P H E R

MI

P

Last Name

S T . L A W R E N C E

Title

T O W N S U P E R V I S O R

Signature

[Signature box]

Date

0 5 / 2 8 / 2 0 0 9

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

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















**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2009

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 con't.: Provide specific web addresses - not home page.

URL  
0 H o u s e h o l d % 2 0 C h e m i c a l s % 2 0 a n d % 2 0 W  
a s t e % 2 0 P S A . p d f

URL  
h t t p : / / w w w . r a m a p o . o r g / i m a g e s / u p l  
o a d s / m i s c / 1 2 4 2 0 4 7 7 6 8 E r o s i o n % 2 0 a

URL  
n d % 2 0 S e d i m e n t % 2 0 C o n t r o l s % 2 0 P S A . p  
d f

URL  
h t t p : / / w w w . r a m a p o . o r g / i m a g e s / u p l  
o a d s / m i s c / 1 2 4 2 0 4 7 6 3 3 R e c y c l i n g % 2

URL  
0 I n f o r m a t i o n . p d f

URL  
h t t p : / / w w w . r a m a p o . o r g / i m a g e s / u p l  
o a d s / m i s c / 1 2 4 2 0 4 7 5 7 6 N o t i c e % 2 0 f o

URL  
r % 2 0 I l l e g a l % 2 0 D u m p i n g . p d f

URL

URL

URL



**MS4 Annual Report Form**

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

2	0	0	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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**4. Evaluating/Measuring Progress MCM 1**

What indicators do you use to evaluate the overall effectiveness of your Education and Outreach Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Public phone survey
---------------------

**Began Tracking:**

2005
<i>(year)</i>

**Frequency:**

Annual
<i>(ex.: annual, monthly, biweekly)</i>

# 

1000
<i>(ex.: samples/participants/events)</i>

**Results:**

Increased awareness of issues related to use of fertilizers
---

*\* This indicator is provided as an example only.*

**Indicator:**

Stormwater Attitude Survey - (Mailing)
--

**Began Tracking:**

2007
<i>(year)</i>

**Frequency:**

One time mailing
<i>(ex.: annual, monthly, biweekly)</i>

# 

8,200 survey cards and cover letters were sent out
<i>(ex.: samples/participants/events)</i>

**Results:**

Approximately 630 response cards were received. Over 11% of those responding indicated that they had some familiarity with our program. The vast majority now know we are taking steps to clean up our waterways.
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**Submit additional pages as needed.**



**MS4 Annual Report Form**

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

2	0	0	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

SPDES ID

N	Y	R	2	0	A	2	0	2
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**4. Evaluating/Measuring Progress MCM 1**

What indicators do you use to evaluate the overall effectiveness of your Education and Outreach Program, how long have you been tracking them and at what frequency?

**Example\*:****Indicator:**

Public phone survey

**Began Tracking:**

2005

*(year)***Frequency:**

Annual

*(ex.: annual, monthly, biweekly)*

#

1000

*(ex.: samples/participants/events)***Results:**

Increased awareness of issues related to use of fertilizers

\* This indicator is provided as an example only.

**Indicator:**

Class Evaluations

**Began Tracking:**

2007

*(year)***Frequency:**

Immediately following class

*(ex.: annual, monthly, biweekly)*

#

3 classes including 300 county residents and 150 highway/DPW staff from local municipalities

*(ex.: samples/participants/events)***Results:**

Three separate classes geared for local landscapers, Planning & Zoning Board officials and the general public (constructing rain barrels) the evaluations of each of the classes determined that attendees are learning new techniques to help clean up/ reduce stormwater.

Submit additional pages as needed.



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

### Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?

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

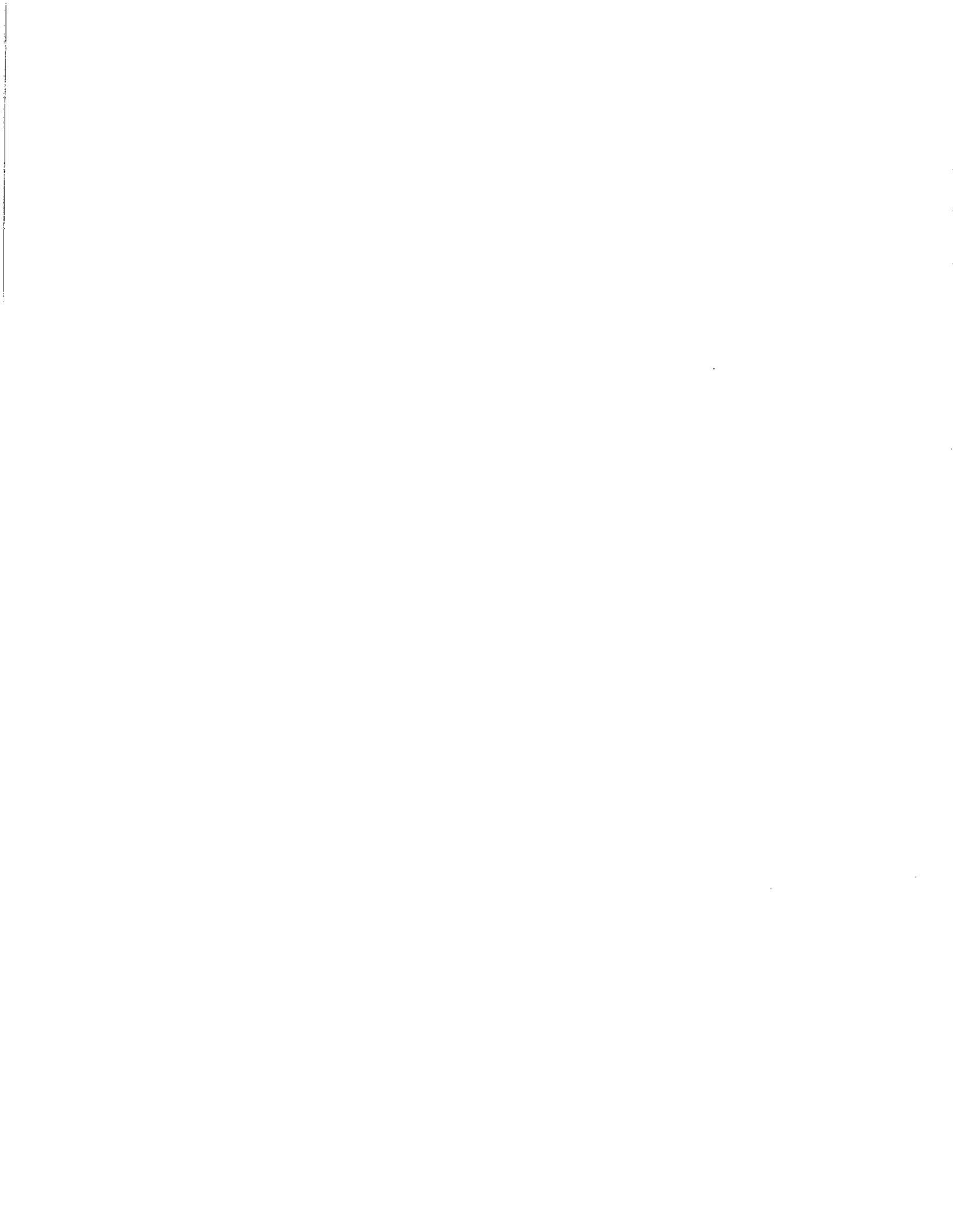
- Cleanup Events # Events
- Comments on SWMP Received # Comments
- Community Hotlines
 

Phone # ( <input type="text" value="8"/> <input type="text" value="4"/> <input type="text" value="5"/> ) <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="8"/> - <input type="text" value="9"/> <input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="4"/>		Phone # ( <input type="text"/> ) <input type="text"/> - <input type="text"/>
Phone # ( <input type="text"/> ) <input type="text"/> - <input type="text"/>		Phone # ( <input type="text"/> ) <input type="text"/> - <input type="text"/>
Phone # ( <input type="text"/> ) <input type="text"/> - <input type="text"/>		Phone # ( <input type="text"/> ) <input type="text"/> - <input type="text"/>
Phone # ( <input type="text"/> ) <input type="text"/> - <input type="text"/>		Phone # ( <input type="text"/> ) <input type="text"/> - <input type="text"/>
Phone # ( <input type="text"/> ) <input type="text"/> - <input type="text"/>		Phone # ( <input type="text"/> ) <input type="text"/> - <input type="text"/>
- Community Meetings # Attendees
- Plantings Sq. Ft.
- Storm Drain Markings # Drains
- Stakeholder Meetings # Attendees
- Volunteer Monitoring # Events
- Other:

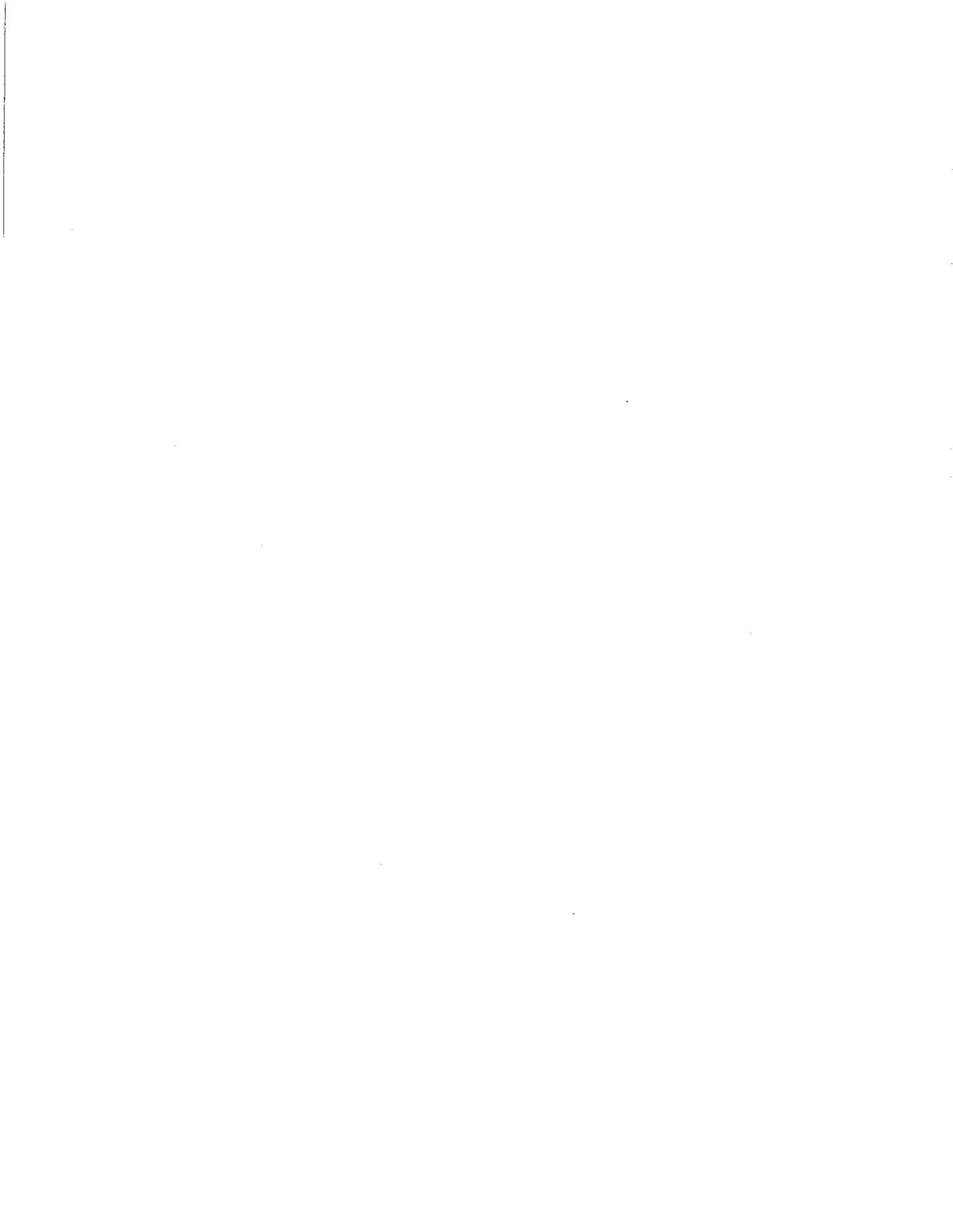
#### 2. Was public notice of availability of annual report and Stormwater Management Program (SWMP) Plan provided? Yes No

- List-Serve # In List
- Newspaper Advertising # Days Run
- TV/Radio Notices # Days Run
- Other:

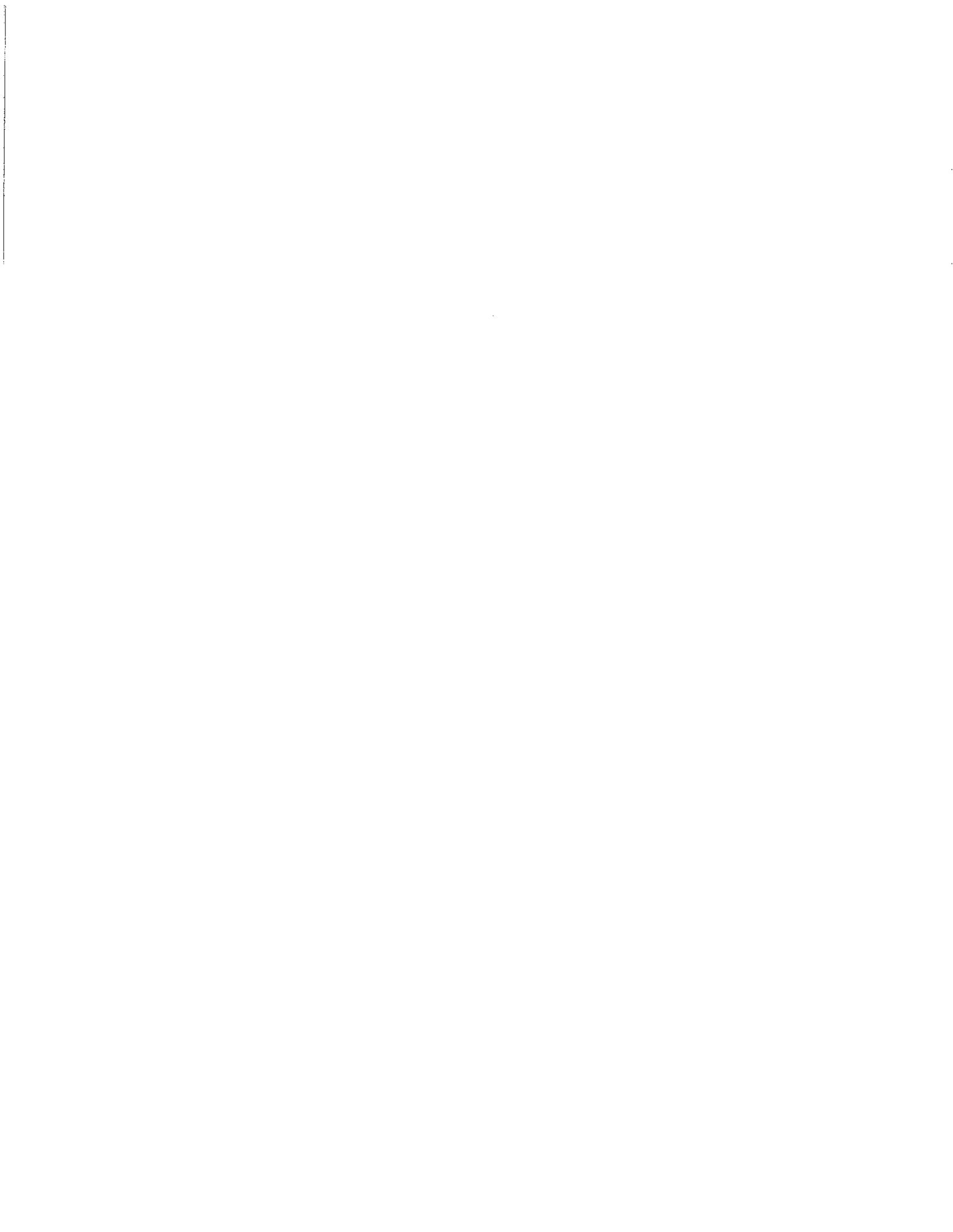
Web Page URL: Enter URL(s) on the following two pages.















**MS4 Annual Report Form**

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

2	0	0	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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**4. 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.

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	2	/	2	0	0	8
---	---	---	---	---	---	---	---	---	---

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



**MS4 Annual Report Form**

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

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

SPDES ID  

N	Y	R	2	0	A	2	0	2
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**6. Evaluating/Measuring Progress MCM 2**

What indicators do you use to evaluate the overall effectiveness of your Public Involvement/Participation Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Number of attendees at public events

**Began Tracking:**

2005
------

  
*(year)*

**Frequency:**

Annual  
*(ex.: annual, monthly, biweekly)*

#

1000  
*(ex.: samples/participants/events)*

**Results:**

Attendance at public events has increased 200% since 2005.

*\* This indicator is provided as an example only.*

**Indicator:**

Retired Senior Volunteer Members (RSVP) going door to door to educate others

**Began Tracking:**

2006
------

  
*(year)*

**Frequency:**

Every year  
*(ex.: annual, monthly, biweekly)*

#

197 homes in which literature was left. 77 of those homes had people that RSVP volunteers spoke with  
*(ex.: samples/participants/events)*

**Results:**

Since 2006 RSVP volunteers have gone door to door to speak with people in areas where interns student applied decals. In 3 years over 450 homes have been visited and literature dropped off. Between 1/3 to 1/2 of those homes had people in them willing to speak with the RSVP volunteers about keeping our stormwater clean.

**Submit additional pages as needed.**



**MS4 Annual Report Form**

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

2	0	0	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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**6. Evaluating/Measuring Progress MCM 2**

What indicators do you use to evaluate the overall effectiveness of your Public Involvement/Participation Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Number of attendees at public events
--------------------------------------

**Began Tracking:**

2005
------

(year)

**Frequency:**

Annual
--------

(ex.: annual, monthly, biweekly)

#

1000
------

(ex.: samples/participants/events)

**Results:**

Attendance at public events has increased 200% since 2005.
--

\* This indicator is provided as an example only.

**Indicator:**

Meetings and Attendees
------------------------

**Began Tracking:**

2008
------

(year)

**Frequency:**

As Needed
-----------

(ex.: annual, monthly, biweekly)

#

2 meetings, 13 people attended
--------------------------------

(ex.: samples/participants/events)

**Results:**

Took previous years responses to Attitude survey and attempted to contact all 40 + people who indicated a willingness to assist with Town's program. They were invited to an initial kickoff meeting on 1/13/09. 6 people showed up. We had another meeting on 3/4/09 in which president of Keep Rockland Beautiful explained that program to the 7 attendees. More meetings will be held as opportunity arises.
--

Submit additional pages as needed.















**MS4 Annual Report Form**

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

2	0	0	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/Measuring Progress MCM 3**

What indicators do you use to evaluate the overall effectiveness of your Illicit Discharge Elimination Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Number of illicit discharges identified/eliminated

**Began Tracking:**

2005

(year)

**Frequency:**

Monthly inspections

(ex.: annual, monthly, biweekly)

#

25 illicit discharges identified/24 eliminated

(ex.: samples/participants/events)

**Results:**

Since 2005, the number of annual inspections has doubled. We have developed a tracking system and illicit discharges that have been identified are being eliminated, on average, within a week of discovery.

*\* This indicator is provided as an example only.*

**Indicator:**

Miles of Sanitary Sewer Flushed for preventative maintenance

**Began Tracking:**

2003

(year)

**Frequency:**

Throughout the year

(ex.: annual, monthly, biweekly)

#

5.8 miles in this period

(ex.: samples/participants/events)

**Results:**

Since the beginning of the original permit period, the Town of Ramapo has been flushing our sanitary sewer trouble areas in an attempt to prevent sewer blockages from occurring. We have made our goal of at least 5 miles each of the past 6 years. This year we flushed 5.8 miles in Unincorporated Ramapo.

**Submit additional pages as needed.**



**MS4 Annual Report Form**

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

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

 SPDES ID 

N	Y	R	2	0	A	2	0	2
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**12. Evaluating/Measuring Progress MCM 3**

What indicators do you use to evaluate the overall effectiveness of your Illicit Discharge Elimination Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Number of illicit discharges identified/eliminated
--

**Began Tracking:**

2005
------

*(year)* **Frequency:**

Monthly inspections
---------------------

*(ex.: annual, monthly, biweekly)*

# 

25 illicit discharges identified/24 eliminated
--

*(ex.: samples/participants/events)*

**Results:**

Since 2005, the number of annual inspections has doubled. We have developed a tracking system and illicit discharges that have been identified are being eliminated, on average, within a week of discovery.

*\* This indicator is provided as an example only.*

**Indicator:**

Outfalls Inspected
--------------------

**Began Tracking:**

2003
------

*(year)* **Frequency:**

Once a year
-------------

*(ex.: annual, monthly, biweekly)*

# 

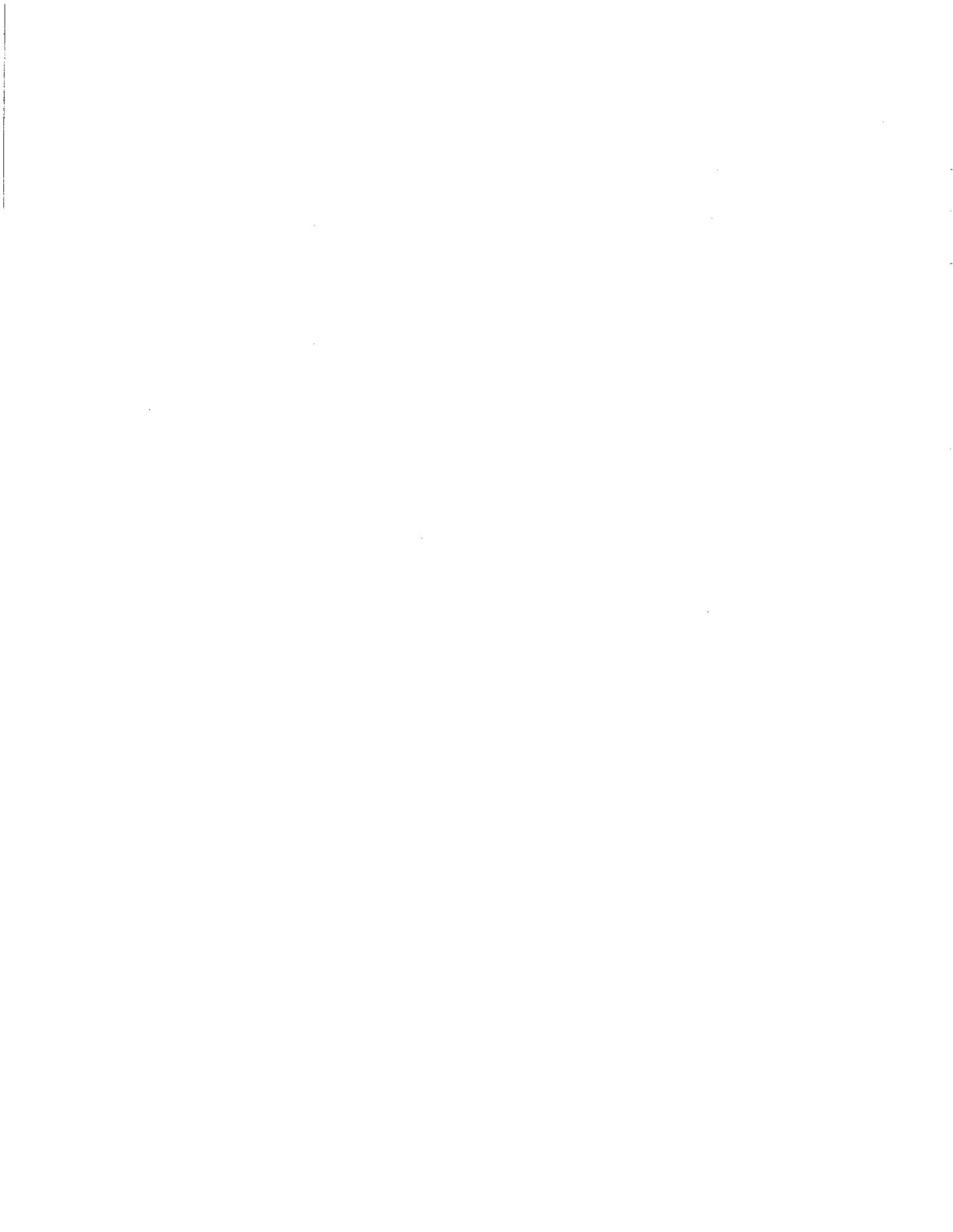
190
-----

*(ex.: samples/participants/events)*

**Results:**

Since the beginning of the original 5 year permit Ramapo has been inspecting each of its known outfalls. Photographs have been taken of each since 2004 usually summer interns. No illicit discharges have been found although some litter and construction defects have been witnessed over the years.

**Submit additional pages as needed.**



**MS4 Annual Report Form**

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

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

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
--	--	---

**1. Has each Town, City and/or Village contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equal protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

If Yes, provide date of equivalent NYS Sample Local Law.  09/2004  03/2006

**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?**

	1	3
--	---	---

**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No

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:**

- Notices of Violation # 

			1	2
--	--	--	---	---

 No Authority
- Stop Work Orders # 

				1
--	--	--	--	---

 No Authority
- Criminal Actions # 

--	--	--	--	--

 No Authority
- Termination of Contracts # 

--	--	--	--	--

 No Authority
- Administrative Fines # 

--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--

 No Authority
- Other # 

				5
--	--	--	--	---

 No Authority



**MS4 Annual Report Form**

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

2	0	0	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 

Twon 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
--	--	---

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

		4
--	--	---
  
2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

	1	1
--	---	---
  
3. What percent of active construction sites were inspected during this reporting period? 

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

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

	5	1
--	---	---

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

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, 2009

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

Name of MS4/Coalition Twon of Ramapo

SPDES ID  
N Y R 2 0 A 2 0 2

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	0	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: 

Twon of Ramapo
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SPDES ID  

N	Y	R	2	0	A	2	0	2
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**7. Evaluating/Measuring Progress MCM 4**

What indicators do you use to evaluate the overall effectiveness of your Construction Site Stormwater Management Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Percent SWPPPs reviewed
-------------------------

  
**Began Tracking:**

2005
<i>(year)</i>

**Frequency:**

Upon submission
<i>(ex.: annual, monthly, biweekly)</i>

  
**#**

50 SWPPPs
<i>(ex.: samples/participants/events)</i>

**Results:**

100% of SWPPPs were reviewed. 50% of the SWPPPs reviewed were returned with comments. All of these were returned with modifications reflecting NYS Standards.
---

*\* This indicator is provided as an example only.*

**Indicator:**

SWPPPs Reviewed
-----------------

  
**Began Tracking:**

2008
<i>(year)</i>

**Frequency:**

Upon Submission
<i>(ex.: annual, monthly, biweekly)</i>

  
**#**

13 SWPPPs
<i>(ex.: samples/participants/events)</i>

**Results:**

100% of SWPPPs were reviewed. Approximately 75% of the SWPPPs reviewed were sent back to the applicant's engineer by Ed Moran for modifications reflecting NYS Standards.
---

**Submit additional pages as needed.**







**MS4 Annual Report Form**

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

2	0	0	9
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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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**4. Evaluating/Measuring Progress MCM 5**

What indicators do you use to evaluate the overall effectiveness of your Post-Construction Stormwater Management Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Number of reports of flooding during storm events from business district
--

**Began Tracking:**

2005
------

*(year)*      **Frequency:**

Annual Summary
----------------

*(ex.: annual, monthly, biweekly)*

# 

18
----

*(ex.: samples/participants/events)*

**Results:**

During this reporting period, we experienced average rainfall, but DPW records show that the number of incidences of flooding in the business district fell 25%. This is attributable to increased inspection and maintenance of post construction BMPs.
--

*\* This indicator is provided as an example only.*

**Indicator:**

Catch basin curb cap covers
-----------------------------

**Began Tracking:**

2006
------

*(year)*      **Frequency:**

One series of installations a year
------------------------------------

*(ex.: annual, monthly, biweekly)*

# 

34 installed in May 2008
--------------------------

*(ex.: samples/participants/events)*

**Results:**

The Town began putting these devices on our catch basins since 2006 in order to keep large plastic containers and boxes from entering our basins and storm drain piping. We have installed over 90 since this program began. We are reducing flooding conditions by preventing our pipes from clogging with this type of material.
--

**Submit additional pages as needed.**



**MS4 Annual Report Form**

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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
---	---	---	---	---	---	---	---	---

**4. Evaluating/Measuring Progress MCM 5**

What indicators do you use to evaluate the overall effectiveness of your Post-Construction Stormwater Management Program, how long have you been tracking them and at what frequency?

**Example\*:****Indicator:**

Number of reports of flooding during storm events from business district
--

**Began Tracking:**

2005
------

(year)

**Frequency:**

Annual Summary
----------------

(ex.: annual, monthly, biweekly)

#

18
----

(ex.: samples/participants/events)

**Results:**

During this reporting period, we experienced average rainfall, but DPW records show that the number of incidences of flooding in the business district fell 25%. This is attributable to increased inspection and maintenance of post construction BMPs.
--

\* This indicator is provided as an example only.

**Indicator:**

Inspections of Water Quality Practices
--

**Began Tracking:**

2008
------

(year)

**Frequency:**

When Needed
-------------

(ex.: annual, monthly, biweekly)

#

5
---

(ex.: samples/participants/events)

**Results:**

Very few of our water quality structures have been inspected and none have been maintained to date. This is a result of construction projects that have not been completed or dedicated to the Town yet. many of our structures will be privately maintained.
---

Submit additional pages as needed.



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2	0	0	9
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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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**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
--	--	---

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

**Self-Assessment  
Operation/Activity/Facility  
performed within the past 3**

<b><u>Operation/Activity/Facility</u></b>	<b><u>Addressed in SWMP?</u></b>		<b><u>years?</u></b>	
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" 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 type="radio"/> Yes	<input checked="" type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input 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 type="radio"/> Yes	<input checked="" type="radio"/> No
Right of Way Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" 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 type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" 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	0	9
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Name of MS4/Coalition 

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

SPDES ID  

N	Y	R	2	0	A	2	0	2
---	---	---	---	---	---	---	---	---

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

- Parking Lots Swept # Acres 

			1	6
--	--	--	---	---
- Streets Swept # Miles 

		2	1	4
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			5	1
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

--	--	--	--	--
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

			1	1
--	--	--	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

			2	6
--	--	--	---	---
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

				1
--	--	--	--	---

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

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

**4. What was the date of the last training?**

0	2
---	---

 / 

2	4
---	---

 / 

2	0	0	9
---	---	---	---

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

	3	8
--	---	---

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

	5	0
--	---	---

 %



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

2	0	0	9
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Name of MS4/Coalition 

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

SPDES ID

N	Y	R	2	0	A	2	0	2
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**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Catch basins inspected and cleaned
------------------------------------

**Began Tracking:**

2005
------

(year)

**Frequency:**

monthly
---------

(ex.: annual, monthly, biweekly)

# 

40 catch basins cleaned
-------------------------

(ex.: samples/participants/events)

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.
---

*\* This indicator is provided as an example only.*

**Indicator:**

Exam Scores
-------------

**Began Tracking:**

2008
------

(year)

**Frequency:**

One time only
---------------

(ex.: annual, monthly, biweekly)

# 

32 people watched education video on stormwater
---

(ex.: samples/participants/events)

**Results:**

23 of the 32 that took the exam scored above 70% on the fifteen questions. 7 of the 32 received perfect scores.
---

Submit additional pages as needed.

