



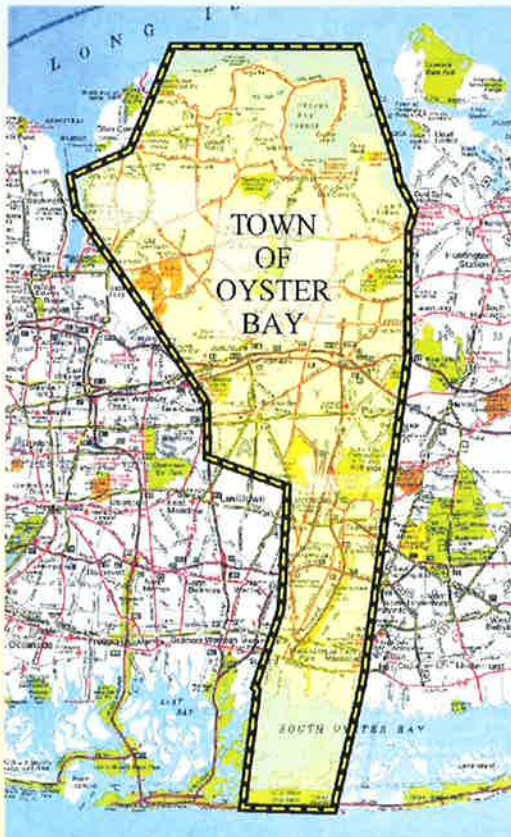
# Town of Oyster Bay



Phase II Storm  
Water Management  
Program New York  
State SPDES  
General Permit  
No. -GP-0-15-003



## Draft Annual Report



MAY 2016

**db** D&B ENGINEERS  
AND  
ARCHITECTS, P.C.



**MS4 Annual Report Cover Page****MCC form for period ending March 9,**

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

SPDES ID

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<b>MCC form for period ending March 9,</b>	2	0	1	6
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SPDES ID

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**DRAFT****MS4 Municipal Compliance Certification(MCC) Form****MCC form for period ending March 9,**

2 0 1 6

Name of MS4 Town of Oyster Bay

SPDES ID

N Y R 2 0 A 3 7 1

**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

J o h n

MI

Last Name

V e n d i t t o

Title

S u p e r v i s o r

Address

5 4 A u d r e y A v e n u e

City

O y s t e r B a y

State

N Y

Zip

1 1 7 7 1 -

eMail

Phone

( 5 1 6 ) 6 2 4 - 6 3 5 0

County

N a s s a u

**DRAFT****MS4 Municipal Compliance Certification(MCC) Form****MCC form for period ending March 9,**

2 0 1 6

Name of MS4 Town of Oyster Bay

SPDES ID

N Y R 2 0 A 3 7 1

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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

T i m o t h y

MI

Last Name

Z i k e

Title

D e p u t y C o m m i s s i o n e r P l a n n i n g / D e v e l

Address

7 4 A u d r e y A v e n u e

City

O y s t e r B a y

State

N Y

Zip

1 1 7 7 1 -

eMail

Phone

( 5 1 6 ) 6 2 4 - 6 2 0 0

County

N a s s a u



**DRAFT****MS4 Municipal Compliance Certification(MCC) Form****MCC form for period ending March 9,**

2 0 1 6

Name of MS4 Town of Oyster Bay

SPDES ID

N Y R 2 0 A 3 7 1

**Section 2 - Contact Information**

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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).

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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

R i c h a r d

MI

W

Last Name

L e n z

Title

D &amp; B E n g i n e e r s a n d A r c h i t e c t s

Address

3 3 0 C r o s s w a y s P a r k D r i v e

City

W o o d b u r y

State

N Y

Zip

1 1 7 9 7 -

eMail

r l e n z @ d b - e n g . c o m

Phone

( 5 1 6 ) 3 6 4 - 9 8 9 0

County

N a s s a u

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

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Oyster Bay

SPDES ID

N Y R 2 0 A 3 7 1

**Section 3 - Partner Information**

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

N a s s a u C o u n t y S t o r m W a t e r

Partner/Coalition Name (con't.)

C o a l i t i o n

SPDES Partner ID - If applicable

N Y R 2 0 A 0 2 2

Address

1 1 9 4 P r o s p e c t A v e n u e

City

W e s t b u r y

State

N Y

Zip

1 1 5 9 0 - 2 7 2 3

eMail

S t o r m w a t e r 2 @ n a s s a u c o u n t y n y . g o v

Phone

( 5 1 6 ) 5 7 1 - 7 5 0 8

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?

☐ Yes ☒ No

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

☒ MM1 M u l t i p l e T a s k s

☒ MM2 M u l t i p l e T a s k s

☒ MM3 M u l t i p l e T a s k s

☐ MM4

☐ MM5

☒ MM6 M u l t i p l e T a s k s

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 1 6

Name of MS4 Town of Oyster Bay

SPDES ID

N Y R 2 0 A 3 7 1

**Section 3 - Partner Information**

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

O y s t e r B a y / C o l d S p r i n g H a r b o r

Partner/Coalition Name (con't.)

P r o t e c t i o n C o m m i t t e e

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 1 1 S o u t h S t r e e t 2 T o w n s e n d S q u a r

City

O y s t e r B a y

State

N Y

Zip

1 1 7 7 1 -

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r o b @ o y s t e r b a y c o l d s p r i n g h a r b o r . o r g

Phone

( 6 3 1 ) 8 4 8 - 2 0 9 0

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 M u l t i p l e T a s k s

☒ MM2 D e v e l o p i n g O u t r e a c h M a t e r i a l s

☒ MM3 C e s s p o o l G r a n t

☐ MM4 S t o r m W a t e r W e b i n a r s

☐ MM5 S e d i m e n t & E r o s i o n T r a i n i n g

☐ MM6 G r e e n I n f r a s t r u c t u r e C o n f .

Additional tasks/responsibilities

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

Education on Pathogens.



## **Oyster Bay/Cold Spring Harbor Protection Committee Third Party Certification Statement**

**Pursuant to  
Permit # GP-0-08-002 pg.12 Part IV.G MS4 Annual Report**

In furtherance of the purposes set forth in establishing the Oyster Bay/Cold Spring Harbor Protection Committee ("Committee"), the Committee shall undertake, to the extent practicable, the following activities on behalf of its member municipalities within their collective jurisdictions in order to assist in the fulfillment of the NYS Phase II regulations (New York State Pollutant Discharge Elimination Systems ("SPDES") General Permit for Stormwater Discharges from Municipal Separate Storm Sewer Systems (GP-0-08-002) provided that funds either from grants or member dues are available.

### **Scope of Work:**

Activities and Deliverables *may include but are not limited to* the following:

#### **Minimum Control Measure #1 (Public Education and Outreach):**

Prepare and conduct a public education and outreach program including the preparation of brochures, portable displays, targeted mailings, press releases, articles for publication, an informational website, promotional give-aways, signage, and presentations to the community, business and/or stakeholder organizations.

#### **Minimum Control Measure #2 (Public Involvement and Education):**

Conduct public meetings for members of the public and stakeholders at critical junctures on major projects, develop and maintain e-mailing and postal mailing lists to keep apprised and involved in projects undertaken by the Committee, assist in beach clean-ups and wetland plantings to the extent possible, conduct attitude and awareness surveys, maintain and foster interrelationships with community organizations, business organizations, recreation organizations, educational institutions, environmental organizations and various levels of governments.

#### **Minimum Control Measure #3 (Illicit Discharge Detection and Elimination):**

Support water quality monitoring to detect unexpected changes in water quality, record and report observations of identified or suspected illicit discharges to appropriate agencies, assist in and help coordinate responses to identified or suspected illicit discharges, and assist in the maintenance and updating of the county's storm drain GIS mapping system.

**Minimum Control Measure #4 (Construction Site Stormwater Runoff Control):**

Assist member municipalities in identifying available construction site stormwater runoff control measures, requirements and procedures, and report any observed instances of stormwater runoff from construction sites to the member municipality and/or appropriate agency or agencies.

**Minimum Control Measure #5 (Post Construction Stormwater Management):**

Assist member municipalities in identifying available post construction stormwater management control measures, requirements and procedures, and report any observed instances of post construction stormwater runoff to the member municipality and/or appropriate agency or agencies.

**Minimum Control Measure #6 (Pollution Prevention/Good Housekeeping):**

Assist member municipalities in identifying available pollution prevention/good housekeeping practices including but not limited to information on pet waste management, Canada Goose control, household hazardous waste programs, recycling programs, and making the Town of Oyster Bay's "Don't Feed the Quackers Crackers or Bread" video available.

**Contracted Entity Certification Statement:**

The Oyster Bay/Cold Spring Harbor Protection Committee understands that its member municipalities must comply with the requirements of the New York State Pollutant Discharge Elimination System ("SPDES") General Permit for Stormwater Discharges from Municipal Separate Storm Sewer Systems (GP-0-08-002) and any successor permit, and that it is unlawful for any person to directly or indirectly cause or contribute to a violation of water quality standards. The Committee agrees to provide, to the extent practicable, the above described services on behalf of its member municipalities in order to assist them in the fulfillment of New York State Phase II requirements provided that annual member dues and applied for grant funds (where applicable) are received.



Signature

April 1, 2016

Date

Rob Crafa

Name

Coordinator

Title



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

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Oyster Bay

SPDES ID

N Y R 2 0 A 3 7 1

**Section 3 - Partner Information**

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

H e m p s t e a d H a r b o r P r o t e c t i o n

Partner/Coalition Name (con't.)

C o m m i t t e e

SPDES Partner ID - If applicable

N Y R 2 0

Address

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City

S y o s s e t

State

N Y

Zip

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Phone

( 5 1 6 ) 6 7 7 - 5 9 2 1

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 M u l t i p l e T a s k s

● MM2 M u l t i p l e T a s k s

● MM3 W a t e r m o n i t o r i n g , O t h e r T a s k s

● MM4 M o n i t o r f o r R u n o f f , T r a i n i n g

● MM5 M o n i t o r f o r R u n o f f , T r a i n i n g

● MM6 E d u c a t i o n , T r a i n g & R e s e a r c h

Additional tasks/responsibilities

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

Education and literature on pathogens, pet waste, water fowl, and septic system inspection and maintenance.

## HEMPSTEAD HARBOR PROTECTION COMMITTEE THIRD PARTY CERTIFICATION STATEMENT

*Pursuant to  
Permit # GP-0-08-002 pg. 12 Part IV.G MS4 Annual Report*

In furtherance of the purposes set forth in the Hempstead Harbor Protection Committee ("COMMITTEE") Inter-Municipal Agreement dated May 14, 2008, the COMMITTEE shall undertake, to the extent practicable, the following activities on behalf of its member municipalities within their collective jurisdictions in order to assist in the fulfillment of NYS Phase II regulations (New York State Pollutant Discharge Elimination System ("SPDES") General Permit for Stormwater Discharges from Municipal Separate Storm Sewer Systems (GP-0-08-002) provided that annual member dues and applied for grant funds (where applicable) are received:

### **Scope of Work:**

Activities and Deliverables **may include but are not limited to** the following:

#### **Minimum Control Measure # 1 (Public Education and Outreach):**

Prepare and conduct a public education and outreach program including the preparation of brochures, videos, portable displays, refrigerator magnets, presentations to community and/or stakeholder organizations and schools, targeted electronic mailings, press conferences and press releases, informational meetings, letters to the editor and articles for publication, an informational website, social media postings, promotional give-aways and coastal interpretive signage.

#### **Minimum Control Measure # 2 (Public Involvement and Education):**

Conduct public meetings for members of the public and stakeholders at critical junctures on major projects, develop and maintain e-mailing and postal mailing lists to keep the public apprised and involved in projects undertaken by the COMMITTEE, assist in beach cleanups and wetland plantings to the extent possible, conduct attitude and awareness surveys, maintain and foster inter-relationships with community organizations, business organizations, recreation organizations, educational institutions, environmental organizations and various levels of government.

#### **Minimum Control Measure # 3 (Illicit Discharge Detection and Elimination):**

Conduct water quality monitoring to detect unexpected changes in water quality, record and report observations of identified or suspected illicit discharges to appropriate agencies, assist in and help coordinate responses to identified or suspected illicit discharges, and assist in the maintenance and updating of the county's storm drain GIS mapping system.

**Minimum Control Measure # 4 (Construction Site Stormwater Runoff Control):**

Assist member municipalities in identifying available construction site stormwater runoff control measures, requirements and procedures, and report any observed instances of stormwater runoff from construction sites to the member municipality and/or appropriate agency or agencies. Assist in organizing training courses in erosion and sediment control.

**Minimum Control Measure # 5 (Post Construction Stormwater Management):**

Assist member municipalities in identifying available post construction stormwater management control measures, requirements and procedures, and report any observed instances of post construction stormwater runoff to the member municipality and/or appropriate agency or agencies. Assist in organizing training courses in erosion and sediment control.

**Minimum Control Measure # 6 (Pollution Prevention / Good Housekeeping):**

Assist member municipalities in identifying available pollution prevention / good housekeeping practices including but not limited to information on pet waste management, Canada Goose control, household hazardous waste programs, and recycling programs. Participate in applicable webinars and report back to member municipalities.

**Contracted Entity Certification Statement:**

The Hempstead Harbor Protection Committee understands that its member municipalities must comply with the requirements of New York State Pollutant Discharge Elimination System ("SPDES") General Permit for Stormwater Discharges from Municipal Separate Storm Sewer Systems (GP-0-08-002) and any successor permit, and that it is unlawful for any person to directly or indirectly cause or contribute to a violation of water quality standards. The Committee agrees to provide, to the extent practicable, the above-described services on behalf of its member municipalities in order to assist them in the fulfillment of New York State Municipal Phase II requirements provided that annual member dues and applied for grant funds (where applicable) are received.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Eric Swenson  
Name

\_\_\_\_\_  
Executive Director  
Title

\_\_\_\_\_  
April 11, 2016  
Date



**DRAFT****MS4 Municipal Compliance Certification (MCC) Form****MCC form for period ending March 9,**

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Name of MS4

Town of Oyster Bay

SPDES ID

N Y R 2 0 A 3 7 1

**Section 3 - Partner Information**

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

☒ Yes    ☐ No

If Yes, complete information below.

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

N a s s a u   C o u n t y   S o i l   a n d   W a t e r

Partner/Coalition Name (con't.)

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

SPDES Partner ID - If applicable

N Y R 2 0

Address

N a s s a u   H a l l   1 8 6 4   M u t t o n t o w n   R o a d

City

S y o s s e t

State

N Y

Zip

1 1 7 9 1 -

eMail

n a s s a u s w c d @ o p t o n l i n e . n e t

Phone

( 5 1 6 ) 3 6 4 - 5 8 6 0

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   M u l t i p l e   T a s k s

☒ MM2   M u l t i p l e   T a s k s

☐ MM3

☒ MM4   C o n t r a c t o r   T r a i n i n g

☐ 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 1 6

Name of MS4 Town of Oyster Bay

SPDES ID

N Y R 2 0 A 3 7 1

**Section 3 - Partner Information**

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S o u t h S h o r e E s t u a r y R e s e r v e

Partner/Coalition Name (con't.)

C o u n c i l

SPDES Partner ID - If applicable

N Y R 2 0

Address

3 0 0 W o o d c l e f t A v e n u e

City

F r e e p o r t

State

N Y

Zip

1 1 5 2 0 -

eMail

s s e r @ d o s . s t a t e . n y . u s

Phone

( 5 1 6 ) 4 7 0 - 2 2 9 7

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 M u l t i p l e T a s k s

☒ MM2 M u l t i p l e T a s k s

☒ MM3 M u l t i p l e T a s k s

☐ MM4

☐ MM5

☒ MM6 M u l t i p l e T a s k s

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	1	6
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Name of MS4

Town of Oyster Bay

SPDES ID

N	Y	R	2	0	A	3	7	1
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**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

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MI

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Last Name

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Title (Clearly print title of individual signing report)

D	e	p	u	t	y		C	o	m	m	i	s	s	i	o	n	e	r		P	l	a	n	n	i	n	g	/	D	e	v
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Signature

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Date

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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.

Name of MS4/Coalition 

Town of Oyster Bay
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SPDES ID

N	Y	R	2	0	A	3	7	1
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**Water Quality Trends**

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

☒ On behalf of an individual MS4☐ On behalf of a coalitionHow many MS4s are contributed to this report? 

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

If Yes, choose one of the following

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

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

URL

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**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 Oyster Bay

SPDES ID

N	Y	R	2	0	A	3	7	1
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**Minimum Control Measure 1. Public Education and Outreach**

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

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

How many MS4s contributed to this report?

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**1. Targeted Public Education and Outreach Best Management Practices**

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

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

C	l	e	a	n		M	a	r	i	n	a	s	,		S	e	p	t	i	c		M	a	i	n	t	e	n	a	n	c	e
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Other

**2. Specific audiences targeted during this reporting period:**

- |   |   |
|---|---|
| <input checked="" type="radio"/> Public Employees | <input checked="" type="radio"/> Contractors    |
| <input checked="" type="radio"/> Residential      | <input checked="" type="radio"/> Developers     |
| <input checked="" type="radio"/> Businesses       | <input checked="" type="radio"/> General Public |
| <input type="radio"/> Restaurants                 | <input type="radio"/> Industries                |
| <input checked="" type="radio"/> Other:           | <input type="radio"/> Agricultural              |

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Other

**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 Oyster Bay
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SPDES ID

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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**☒ Construction Site Operators Trained# Trained 

		1	9	3
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☐ Direct Mailings# Mailings 

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☒ Kiosks or Other Displays# Locations 

		1	3	
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☐ List-Serves# In List 

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☒ Mailing List# In List 

		2	3	5
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☒ Newspaper Ads or Articles# Days Run 

		1	7	
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☒ Public Events/Presentations# Attendees 

3	8	5	0	0
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☒ School Program# Attendees 

		1	7	5
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☐ TV Spot/Program# Days Run 

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☒ Printed Materials:Total # Distributed 

3	6	0	0	
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Locations (e.g. libraries, town offices, kiosks)

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☒ Other:

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

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**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 Oyster Bay

SPDES ID

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

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**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 Oyster Bay
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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.**

The Town will track the number of educational materials distributed to residents at Town facilities and events as well as at events held by the Oyster Bay/Cold Spring Harbor Protection Committee and the Hempstead Harbor Protection Committee with whom the Town is actively involved.

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

Through its partnership with the Hempstead Harbor Protection Committee, the Town has distributed 3600 printed materials to residents in addition to having multiple storm water brochures available on line. The Town distributes materials at town facilities, beach cleanups, school programs and harbor cleanups as well as at other events held by the Committees.

**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).**

The Town plans to continue working closely with the Oyster Bay/Cold Spring Harbor Protection Committee and the Hempstead Harbor Protection Committee to continue to provide educational materials and other public education and outreach programs in the next reporting cycle.



**This report is being submitted for the reporting period ending March 9,** 2 0 1 6

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SPDES ID

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

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**This report is being submitted for the reporting period ending March 9,** 2 0 1 6

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

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**This report is being submitted for the reporting period ending March 9,** 2 0 1 6

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SPDES ID

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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.

☒ Annual Report    
 ☐ SWMP Plan    
 ☐ Comments

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☐ Annual Report    ☐ SWMP Plan    ☐ Comments

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☐ Annual Report    ☐ SWMP Plan    ☐ Comments

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☒ Annual Report    ☐ SWMP Plan    ☐ Comments

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○ Comments

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**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 Oyster Bay									
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SPDES ID

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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	0
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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?

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 / 

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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	6
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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 Oyster Bay

SPDES ID

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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 Town tracks the number of participants in Town events as a means of evaluating the awareness of residents to the issues. This tracking includes participants in the Oyster Bay Harbor and Beach Cleanups, rain garden maintenance, the Town S.T.O.P. Program, school programs and others as appropriate.

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

This past year there were approximately 400 participants in the Spring Oyster Bay Harbor & Beach Cleanup and about 250 participants in the fall Oyster Bay Harbor & Beach Cleanup. Approximately five volunteers helped with maintaining the rain garden at Oyster Bay's Western Waterfront.

**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).**

The Town strives to provide events to its residents on many issues that affect their environment as evidenced in MCM 2. It will continue to assess its success by tracking the number of people who participate in the opportunities that the Town makes available to them.

**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 Oyster Bay
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SPDES ID

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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

The Town encourages participation of the public in construction of rain gardens throughout the Town of Oyster Bay.

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

The Town hosted three rain garden workshops in this reporting period. Design, sizing, details and installation recommendations were provided by a national rain garden expert.

**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 SWMP?**

☒ Yes   ☐ No

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

The Town will continue to encourage public participation with regard to constructing rain gardens throughout the Town.

**This report is being submitted for the reporting period ending March 9,** 2 0 1 6

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SPDES ID

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- On behalf of a coalition

How many MS4s contributed to this report?	
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<b>1. Enter the number and approx. percent of outfalls mapped:</b>	3	1	8	#	1	0	0	%
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2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

1	7	7
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☐ None

[illegible]

- Sewersheds:

[illegible]

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

N	Y	R	2	0	A	3	7	1
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[illegible]

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- ☒ Yes    ☐ No
- |  |  |  |   |
|--|--|--|---|
|  |  |  | % |
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[illegible][illegible][illegible][illegible][illegible]

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

SPDES ID

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**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 Oyster Bay
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SPDES ID

N	Y	R	2	0	A	3	7	1
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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.**

The Town will investigate reported illicit discharges found with the intent of eliminating them.

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

There were \_\_\_\_ illicit discharges reported to the Town during this reporting period.

**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).**

The Town regularly keeps an eye out for illicit discharges. The Town will continue to investigate reported and found illicit discharges with the intent of eliminating them.

**DRAFT****MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9,**

2	0	1	6
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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 Oyster Bay

SPDES ID

N	Y	R	2	0	A	3	7	1
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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?

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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?**

		2
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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 type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

**MS4 Annual Report Form**

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

2	0	1	6
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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 Oyster Bay
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SPDES ID

N	Y	R	2	0	A	3	7	1
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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? 

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

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

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

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

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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,**

2	0	1	6
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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 

T	o	w	n	o	f	O	y	s	t	e	r	B	a	y
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SPDES ID

N	Y	R	2	0	A	3	7	1
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**6. con't.:**

Submit additional pages as needed.

**● MS4/Coalition Office**

Department

P	l	a	n	n	i	n	g		a	n	d		D	e	v	e	l	o	p	m	e	n	t								
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Address

7	4		A	u	d	r	e	y		A	v	e	n	u	e																
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City

O	y	s	t	e	r		B	a	y								
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N	Y
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Zip

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Phone

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**○ Library**

Address

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City

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Zip

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Phone

(				)				-				
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**● Other**

Address

C	o	n	s	t	r	u	c	t	i	o	n		S	i	t	e		F	i	e	l	d		O	f	f	i	c	e	
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City

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Zip

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Phone

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

URL

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**MS4 Annual Report Form**

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

2	0	1	6
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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 Oyster Bay
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SPDES ID

N	Y	R	2	0	A	3	7	1
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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.**

The Town intends to review SWPPPs thoroughly and provide follow up as necessary to assure that the storm water regulations are enforced.

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

The Town received two SWPPP during this reporting period. Any deficiencies are handled in writing. Any complaints that are received during construction are handled and remedied immediately.

**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).**

The Town will continue to review SWPPPs with the intent of enforcing the storm water regulations and provide follow up as necessary. If complaints are received, they will be followed up until resolution.

**MS4 Annual Report Form**

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

2	0	1	6
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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 Oyster Bay
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SPDES ID

N	Y	R	2	0	A	3	7	1
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**Minimum Control Measure 5. Post-Construction Stormwater Management**

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

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

How many MS4s contributed to this report? 

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

	# Inventoried	# Inspections	# Times Maintained									
<input type="radio"/> Alternative Practices	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input checked="" type="radio"/> Filter Systems	<table><tr><td>2</td><td>1</td><td>1</td></tr></table>	2	1	1	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
2	1	1										
<input checked="" type="radio"/> Infiltration Basins	<table><tr><td></td><td>3</td><td>6</td></tr></table>		3	6	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
	3	6										
<input type="radio"/> Open Channels	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Ponds	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Wetlands	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Other	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			

**2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?**

☐ Yes ☒ No

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

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

☒ Other:

R	e	q	.	t	o	s	t	o	r	e	8	"	r	a	i	n	f	a	l	l				
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**DRAFT****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 Oyster Bay
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SPDES ID

N	Y	R	2	0	A	3	7	1
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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?**

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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?**

	5	0
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 %



**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 Oyster Bay

SPDES ID

N	Y	R	2	0	A	3	7	1
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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 Town will evaluate projects with post-construction BMPs to assure compliance with the regulations.

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

SWPPPs submitted to the Town for approval are reviewed for post-construction BMPs.

**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).**

The Town will continue to evaluate projects with post-construction BMPs to assure compliance with the regulations.

**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 Oyster Bay

SPDES ID

N	Y	R	2	0	A	3	7	1
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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

The Town encourages the construction of rain gardens on Town property.

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

The Town currently inspects and maintains six rain gardens on various Town properties.

**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 SWMP?**

☒ Yes   ☐ No

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

The Town will continue to maintain rain gardens on Town properties.

**MS4 Annual Report Form**

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

2	0	1	6
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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 Oyster Bay
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SPDES ID

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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

The Town is retrofitting its storm drains with inserts to minimize the introduction of contaminants, which would ultimately make their way to Oyster Bay or South Oyster Bay.

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

The Town applied for and was awarded a grant from Nassau County and New York State Department of State for the installation of storm drain inserts on the north and south shores of the Town. The inserts address oil and pathogens or sediments as pollutants of concern.

**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 SWMP?**

☒ Yes ☐ No

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

The Town intends to inspect and maintain the storm drain inserts within its jurisdiction.

**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 Oyster Bay

SPDES ID

N	Y	R	2	0	A	3	7	1
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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? 

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

\*The Town is not responsible for maintaining bridges or hydrologic habitats.

**MS4 Annual Report Form**

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

2	0	1	6
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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 Oyster Bay

SPDES ID

N	Y	R	2	0	A	3	7	1
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**2. Provide the following information about municipal operations good housekeeping programs:**

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

	2	7	5	0
--	---	---	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

	2	6	3	2
--	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		2	4	3
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

		1	3	3
--	--	---	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

			4	0
--	--	--	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

	1	0	7	2
--	---	---	---	---
- Pesticide/Herbicide Applied # Acres 

				.	
--	--	--	--	---	--

  
(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

**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?**

0	9	/	1	8	/	2	0	1	5
---	---	---	---	---	---	---	---	---	---

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

	2	7
--	---	---

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

1	0	0	%
---	---	---	---

**MS4 Annual Report Form**

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

2	0	1	6
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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 Oyster Bay
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SPDES ID

N	Y	R	2	0	A	3	7	1
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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 Town will complete an evaluation of all pertinent municipal operations for their housekeeping practices as a measure of the effectiveness for storm water management for the municipal operations program.

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

The assessment of municipal operations has been completed and routine follow up assessments are ongoing. The Town provides formal and on-the-job training to employees with regard to good housekeeping/pollution prevention practices.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

The Town will continue to evaluate municipal housekeeping operations and implement corrective actions as required.

**MS4 Annual Report Form**

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2	0	1	6
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Name of MS4/Coalition 

Town of Oyster Bay
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SPDES ID

N	Y	R	2	0	A	3	7	1
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**Additional Watershed Improvement Strategy Best Management Practices**

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

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

How many MS4s contributed to this report? 

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**MS4s must answer the questions or check NA as indicated in the table below.**

MS4 Description	Answer	Check NA	(POC)
<b>NYC EOH Watershed</b>	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
<b>Onondaga Lake Watershed</b>	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
<b>Greenwood Lake Watershed</b>	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>Oyster Bay</b>	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
<b>Peconic Estuary</b>	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
<b>Oscawana Lake Watershed</b>	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>LI 27 Embayments</b>	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

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

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

If N/A, go to question 3.

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

--	--	--

 %

Estimate what percentage was mapped in this reporting period.

--	--	--

 %

**MS4 Annual Report Form**

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

2	0	1	6
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Name of MS4/Coalition 

Town of Oyster Bay
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SPDES ID

N	Y	R	2	0	A	3	7	1
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☐ Yes ☐ No ☒ N/A

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

		0
--	--	---

 %

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

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

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

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

--	--	--

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

--	--	--

 %

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

--	--	--

 %

☒ No Projects Planned

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

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



**MS4 Annual Report Form**

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

2	0	1	6
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Name of MS4/Coalition

Town of Oyster Bay

SPDES ID

N	Y	R	2	0	A	3	7	1
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**9. Has your MS4/Coalition developed and implemented a program of native planting?**

☐ Yes ☐ No ☒ N/A

**10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?**

☒ Yes ☐ No ☐ N/A

**11. Does your MS4/Coalition have a pet waste bag program?**

☒ Yes ☐ No ☐ N/A

**12. Does your MS4/Coalition have a program to manage goose populations?**

☒ Yes ☐ No ☐ N/A