



## 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.

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## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

2	0	2	3
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Name of MS4 

Town of Oyster Bay
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SPDES ID

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### 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	s	e	p	h								
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 Last Name 

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Title 

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eMail 

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Phone 

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 County 

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## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

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Name of MS4 

Town of Oyster Bay
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SPDES ID

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

First Name 

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Title 

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Phone 

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## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

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Name of MS4 

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- Report Preparer

First Name 

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# DRAFT

## MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

Name of MS4

SPDES ID

### 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

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

-

eMail

Phone

(    )    -

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
- 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, 

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Name of MS4 

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### Section 3 - Partner Information

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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				
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Partner/Coalition Name (con't.)

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SPDES Partner ID - If applicable

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Phone

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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 

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- MM3 

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- MM4 

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Additional tasks/responsibilities

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



# DRAFT

## MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 

2	0	2	3
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Name of MS4 

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

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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						
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Partner/Coalition Name (con't.)

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SPDES Partner ID - If applicable  

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City

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Zip

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Phone

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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																										
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- MM2 

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- 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													
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- MM4 

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- MM5 

R	u	n	o	f	f		M	o	n	i	t	o	r	i	n	g																										
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- MM6 

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Additional tasks/responsibilities

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

# DRAFT

## MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 

2	0	2	3
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Name of MS4 

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

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### 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	o	i	l	a	n	d	W	a	t	e	r
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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
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SPDES Partner ID - If applicable

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Address

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City

S	y	o	s	s	e	t
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State

N	Y
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Zip

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eMail

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Phone

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3	6	4
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5	8	6	0
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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
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MM2 

M	u	l	t	i	p	l	e	T	a	s	k	s
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MM3 

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MM4 

C	o	n	t	r	a	c	t	o	r	T	r	a	i	n	i	n	g
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MM5 

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MM6 

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Additional tasks/responsibilities

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

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# DRAFT

## MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

Name of MS4:

SPDES ID

### 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

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

eMail

Phone

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

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.

**DRAFT**

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

MCC form for period ending March 9,

Name of MS4

SPDES ID

**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

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

eMail

Phone

(  )  -

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

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	2	3
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Name of MS4 

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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### 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.

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
R i c h a r d	W	L e n z

**Title** (Clearly print title of individual signing report)

C o m m i s s i o n e r	o	f	P u b l i c	W o r k s
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**Signature**

**Date**

		/			/			
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The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: [MS4compliance@dec.ny.gov](mailto:MS4compliance@dec.ny.gov). All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

## Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance  
 Division of Water  
 4th Floor  
 625 Broadway  
 Albany, New York 12233-3505

# DRAFT

## MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition 

Town of Oyster Bay
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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 coalition

How many MS4s are contributed to this report? 

--	--	--

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

Yes    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

w	w	.	h	e	m	p	s	t	e	a	d	h	a	r	b	o	r	.	o	r	g	/	w	a	t	e	r	-	
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URL

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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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### Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report? 

--	--	--

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

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

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

S	w	i	m	m	i	n	g		P	o	o	l	s	;	B	o	a	t		P	u	m	p	o	u	t	;	G	e	e	s	e
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Other

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

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

L	a	n	d	s	c	a	p	e	r	s	;		S	t	u	d	e	n	t	s	;		B	o	a	t	e	r	s			
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Other

# 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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### 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 

--	--	--	--	--
- Direct Mailings # Mailings 

--	--	--	--	--
- Kiosks or Other Displays # Locations 

			2	3
--	--	--	---	---
- List-Serves # In List 

--	--	--	--	--
- Mailing List # In List 

	1	0	0	K
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- Newspaper Ads or Articles # Days Run 

			2	6
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- Public Events/Presentations # Attendees 

			1	0
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- School Program # Attendees 

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- TV Spot/Program # Days Run 

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- Printed Materials: Total # Distributed 

			1	5	0
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Locations (e.g. libraries, town offices, kiosks)

T	o	w	n		F	a	c	i	l	i	t	i	e	s							
B	e	a	c	h		C	l	e	a	n	u	p									
E	a	r	t	h		D	a	y													
H	a	r	b	o	r		C	l	e	a	n	u	p								

Other:

F	a	c	e	b	o	o	k		;	S	i	g	n	s		;	Y	o	u	t	u	b	e
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Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

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URL

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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  

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

URL

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URL

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o	r	m	-	d	r	a	i	n	-	m	e	d	a	l	l	i	o	n	-	p	r	o	g	r	a	m	/				

URL

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URL

w	w	w	.	n	a	s	s	a	u	c	o	u	n	t	y	n	y	.	g	o	v	/	1	8	7	6	/	S	t	o	r	
m	w	a	t	e	r	-	M	a	n	a	g	e	m	e	n	t	-	P	r	o	g	r	a	m								

# DRAFT

## MS4 Annual Report Form

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

2	0	2	3
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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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### 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 (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's Public Education and Outreach program will be tailored to describe topics related to the impacts of stormwater discharges on local waterbodies, pollutants of concern and their sources, and the steps that can be taken to reduce pollutants in stormwater runoff and non-stormwater discharges.

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

The Town has chosen to evaluate the educational materials distributed as an indicator for measuring the overall effectiveness of the Town's compliance with the Public Education and Outreach program requirements. The Town continues to meet its compliance goal by distributing stormwater and pollution prevention information, including sanitation and recycling information.

#### 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 plans to continue evaluating the educational materials distributed as an indicator for measuring the overall effectiveness of the Town's compliance with the Public Education and Outreach program requirements in the next reporting cycle. The Town plans to continue conducting water quality education throughout the next reporting period.

# DRAFT

## MS4 Annual Report Form

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

2	0	2	3
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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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### Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report? 

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

- Cleanup Events # Events 

			1	6
--	--	--	---	---
- Comments on SWMP Received # Comments 

				0
--	--	--	--	---
- Community Hotlines Phone # ( 

5	1	6
---	---	---

 ) 

6	7	7
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 - 

5	1	2	4
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- Phone # ( 

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 ) 

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Phone # ( 

5	1	6
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6	7	7
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5	7	5	7
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- Phone # ( 

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Phone # ( 

5	1	6
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 ) 

5	7	1
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7	5	3	5
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- Phone # ( 

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Phone # ( 

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- Phone # ( 

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Phone # ( 

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 ) 

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- Community Meetings # Attendees 

			1	0
--	--	--	---	---
- Plantings Sq. Ft. 

--	--	--	--	--
- Storm Drain Markings # Drains 

--	--	--	--	--
- Stakeholder Meetings # Attendees 

--	--	--	--	--
- Volunteer Monitoring # Events 

			3	6
--	--	--	---	---
- Other: 

C	a	p	t	a	i	n	s	F	o	r	C	a	u	s	e	;	P	o	s	t	e	r	C	o	n	t	e	s	t
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

**2. Was public notice of availability of this 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: 

P	o	s	t	e	d	@		T	o	w	n		H	a	l	l		N	o	r	t	h	&		S	o	u	t	h
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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, 2023

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	3	7	1
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### 2. URL(s) con't.:

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

URL


URL


URL


URL


URL


URL


URL




# DRAFT

## MS4 Annual Report Form

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

2	0	2	3
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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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**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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 / 

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 / 

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

--	--	--

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.

# DRAFT

## MS4 Annual Report Form

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

2	0	2	3
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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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### 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's Public Involvement and Participation program will incorporate stewardship activities that help to reduce pollutants of concern and encourage the general public, residents, employees and businesses to become involved in stormwater management and environmental stewardship events.

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

The Town has chosen to evaluate the number cleanup events within the Town as an indicator for measuring the overall effectiveness of the Town's compliance with the Public Involvement and Participation program requirements. There were \_\_\_\_\_ cleanup events hosted by the Town and its partners in 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 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 plans to continue evaluating the number cleanup events within the Town as an indicator for measuring the overall effectiveness of the Town's compliance with the Public Involvement and Participation program requirements in the next reporting cycle. The Town plans to continue encouraging programs that promote public involvement in stormwater management.









**MS4 Annual Report Form**

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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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**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 (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 Illicit Discharge Detection and Elimination program will focus on identifying, locating, eliminating, reducing and preventing illicit discharges to the maximum extent practicable.

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

The Town has chosen to evaluate the progress of the Outfall Reconnaissance Inventory as an indicator for measuring the overall effectiveness of the Town's compliance with the IDDE program requirements. The Town is ahead of schedule for inspecting each outfall once every five years; as of this reporting period, 92% of outfalls were inspected in the past four years.

**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 inspect the remaining outfalls in the next reporting period. The Town will continue to follow the procedures for IDDE described in the Town's Written Procedures for MCM 3: IDDE and the CWP/USEPA Illicit Discharge Detection and Elimination: A Guidance Manual for Program Development and Technical Assessment. Illicit discharges will be investigated and eliminated according to the authority provided by the Town Code on a case-by-case basis.

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## MS4 Annual Report Form

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

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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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### 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?**

		8
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

		0
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

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

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

# DRAFT

## MS4 Annual Report Form

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

2	0	2	3
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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? 

--	--	--

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

		6
--	--	---
  
2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?**

	1	2
--	---	---
  
3. **What percent of active construction sites were inspected during this reporting period?**  NT 

	1	7
--	---	---

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

	1	7
--	---	---

 %
  
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.





# DRAFT

## MS4 Annual Report Form

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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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### 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's Construction Site Stormwater Runoff Control program will provide equivalent protection to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activity.

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

The Town has chosen to evaluate the number of SWPPPs reviewed as an indicator for measuring the overall effectiveness of the Town's compliance with the Construction Site Stormwater Runoff Control program requirements. The Town reviewed the six SWPPPs submitted in this reporting period. Deficiencies are handled in writing.

#### 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 plans to continue evaluating the number of SWPPPs reviewed as an indicator for measuring the overall effectiveness of the Town's compliance with the Construction Site Stormwater Runoff Control program requirements in the next reporting cycle. The Town will review SWPPPs as they are submitted.

## MS4 Annual Report Form

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

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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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### 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 checked="" type="radio"/> Alternative Practices	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; text-align: center;">0</td></tr></table>			0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; text-align: center;">0</td></tr></table>			0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; text-align: center;">0</td></tr></table>			0
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<input checked="" type="radio"/> Filter Systems	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">3</td></tr></table>	2	1	3	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">9</td></tr></table>	1	3	9	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">9</td></tr></table>	1	3	9
2	1	3										
1	3	9										
1	3	9										
<input checked="" type="radio"/> Infiltration Basins	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px;"></td></tr></table>	3	6		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px;"></td></tr></table>	3	6		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px;"></td></tr></table>	3	6	
3	6											
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<input checked="" type="radio"/> Open Channels	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; text-align: center;">0</td></tr></table>			0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; text-align: center;">0</td></tr></table>			0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; text-align: center;">0</td></tr></table>			0
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<input checked="" type="radio"/> Ponds	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; text-align: center;">0</td></tr></table>			0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; text-align: center;">0</td></tr></table>			0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; text-align: center;">0</td></tr></table>			0
		0										
		0										
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<input checked="" type="radio"/> Wetlands	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; text-align: center;">0</td></tr></table>			0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; text-align: center;">0</td></tr></table>			0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; text-align: center;">0</td></tr></table>			0
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		0										
		0										
<input checked="" type="radio"/> Other	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px;"></td></tr></table>	5	2		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px;"></td></tr></table>	1	2		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px;"></td></tr></table>	1	2	
5	2											
1	2											
1	2											

**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	d	t	o	s	t	o	r	e	8	"	o	f	r	a	i	n	f	a	l	l		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

# DRAFT

## MS4 Annual Report Form

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

2	0	2	3
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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?**

		0
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**5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?**

	5	0	%
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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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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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### 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 Post-Construction Stormwater Management program will address stormwater runoff from regulated (i.e., land disturbances of a acre or greater) new development and redevelopment projects to the Town's MS4.

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

The Town has chosen to evaluate the number of post-construction stormwater BMPs inventoried as an indicator for measuring the overall effectiveness of the Town's compliance with the Post-Construction Stormwater Management program requirements. The Town included 301 BMPs (including filters, infiltration basins, underground infiltration, and rain gardens) in the inventory.

#### 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 evaluating the number of post-construction stormwater BMPs inventoried as an indicator for measuring the overall effectiveness of the Town's compliance with the Post-Construction Stormwater Management program requirements. The Town will add BMPs to the inventory as necessary in the next reporting cycle.

# 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

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? 

--	--	--

**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>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u> <u>years?</u>			
	<u>Addressed in SWMP?</u>			
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
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Marine Operations.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input 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 checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No

# DRAFT

## MS4 Annual Report Form

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

2	0	2	3
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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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### 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 # 

3	8	0
---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

1	8	7
---	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

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

					0
--	--	--	--	--	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

1	0	0	.	3
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### 3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

					1
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### 4. What was the date of the last training?

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

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

			2
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### 6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0	%
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# DRAFT

## MS4 Annual Report Form

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

2	0	2	3
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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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### 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 Pollution Prevention and Good Housekeeping for Municipal Operations program will address operations that collect, store or release sediments, wastes, or other potential pollutants.

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

The Town has chosen to evaluate its street sweeping program as an indicator for measuring the overall effectiveness of the Town's compliance with the Municipal Stormwater Management and Good Housekeeping program requirements. The Town swept 2,750 acres of parking lots and 2,632 miles of streets during this reporting period. 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
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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 its street sweeping program during the next reporting cycle. The Town will continue to follow the BMPs outlined in the NYSDEC Municipal Pollution Prevention and Good Housekeeping Assistance Document as necessary.