





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

MCC form for period ending March 9, 2009

Name of MS4 VILLAGE OF BREWSTER

SPDES ID  
N Y R 2 0 A 2 5 6

**Section 2 - Contact Information**

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name  
J A M E S J S C H O E N I G

Title  
M A Y O R

Address  
2 0 8 M A I N S T R E E T

City State Zip  
B R E W S T E R N Y 1 0 5 0 9 -

eMail  
J S C H O E N I G @ B R E W S T E R V I L L A G E - N Y . G O V

Phone County  
( 8 4 5 ) 2 7 9 - 3 7 6 0 P U T N A M

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

MCC form for period ending March 9, 2009

Name of MS4 VILLAGE OF BREWSTER

SPDES ID  
N Y R 2 0 A 2 5 6

**Section 2 - Contact Information**

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

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

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

For each contact, select all that apply:

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

First Name DANIEL MI Last Name CRAWFORD

Title SUPT. OF PUBLIC WORKS

Address 208 MAIN STREET

City BREWSTER State NY Zip 10509

eMail DCRAWFORD@BREWSTERVILLAGE-NY.GOV

Phone (845) 279-3760 County PUTNAM

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

MCC form for period ending March 9, 2009

Name of MS4 VILLAGE OF BREWSTER

SPDES ID  
N Y R 2 0 A 2 5 6

**Section 2 - Contact Information**

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

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

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

For each contact, select all that apply:

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

First Name DANIEL MI Last Name CRAWFORD

Title SUPT. OF PUBLIC WORKS

Address 208 MAIN STREET

City BREWSTER State NY Zip 10509

eMail DCRAWFORD@BREWSTERVILLAGE-NY.GOV

Phone (845) 279-3760 County PUTNAM

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

MCC form for period ending March 9, 2009

Name of MS4

SPDES ID  
N Y R 2 0 A 2 5 6

**Section 2 - Contact Information**

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

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

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

For each contact, select all that apply:

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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County



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

MCC form for period ending March 9, 2009

Name of MS4

SPDES ID  
N Y R 2 0 A 2 5 6

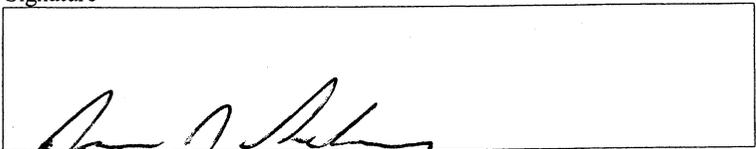
**Section 4 - Certification Statement**

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

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

First Name  MI  Last Name

Title

Signature 

Date  /  /

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

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







**MS4 Annual Report Form**

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

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

Name of MS4/Coalition  SPDES ID

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

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

*Example\*:*

**Indicator:**

**Began Tracking:**  *(year)* **Frequency:**  *(ex.: annual, monthly, biweekly)*

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

**Results:**

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

**Indicator:**

**Began Tracking:**  *(year)* **Frequency:**  *(ex.: annual, monthly, biweekly)*

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

**Results:**

Submit additional pages as needed.



### MS4 Annual Report Form

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

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

Name of MS4/Coalition

VILLAGE OF BREWSTER

SPDES ID

NYR20A256

#### 2. URL(s) con't.:

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

URL

WWW.BREWSTERVILLAGE-NY.GOV

URL

BREWSTER10509@YAHOO.GROUPS.COM

URL

URL

URL

URL

URL

URL

URL

URL

### MS4 Annual Report Form

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

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

Name of MS4/Coalition:  SPDES ID:

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

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

MS4/Coalition Office       Annual Report       SWMP Plan       Comments

Department:

Address:

City:  NY Zip:

Phone:

Library       Annual Report       SWMP Plan       Comments

Address:

City:  NY Zip:

Phone:

Other       Annual Report       SWMP Plan       Comments

Address:

City:  NY Zip:

Phone:

Web Page URL:       Annual Report       SWMP Plan       Comments

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

eMail       Comments

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

VILLAGE OF BREWSTER

SPDES ID

N	Y	R	2	0	A	2	5	6
---	---	---	---	---	---	---	---	---

**4. Were comments received during this reporting period?**
 Yes    No

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

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

**5.a. Was an Annual Report public meeting held in this reporting period?**
 Yes    No

If Yes, what was the date of the meeting?

--	--

 / 
 

--	--

 / 
 

--	--	--	--

If No, is one planned?

 Yes    No
**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**
 Yes    No

If No, is one planned for each?

 Yes    No

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

VILLAGE OF BREWSTER

SPDES ID

N	Y	R	2	0	A	2	5	6
---	---	---	---	---	---	---	---	---

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

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

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

Number of attendees at public events

**Began Tracking:**

2005

*(year)***Frequency:**

Annual

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

#

1000

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

Attendance at public events has increased 200% since 2005.

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

**Indicator:**

ATTENDANCE AT PUBLIC MEETINGS AND EVENTS

**Began Tracking:**

2006

*(year)***Frequency:**

MONTHLY

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

#

300

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

THE NUMBER OF ATTENDEES AT PUBLIC MEETINGS HAS RISEN FROM 15 TO 25; AN INCREASE OF 66% . THE PARTICIPATION AT EARTH DAY AND CLEAN UP DAY ACTIVITES HAS INCREASED 150%.

Submit additional pages as needed.







### MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

VILLAGE OF BREWSTER
---------------------

SPDES ID  

N	Y	R	2	0	A	2	5	6
---	---	---	---	---	---	---	---	---

#### 12. Evaluating/Measuring Progress MCM 3

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

*Example\*:*

**Indicator:**

Number of illicit discharges identified/eliminated
--

**Began Tracking:**

2005
------

*(year)*      **Frequency:**

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

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

# 

25 illicit discharges identified/24 eliminated
--

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

**Results:**

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

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

**Indicator:**

LOWER FREQUENCY OF ILLICIT DISCHARGES
---------------------------------------

**Began Tracking:**

2007
------

*(year)*      **Frequency:**

YEARLY
--------

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

# 

--

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

**Results:**

FIELD OBSERVATIONS REQUIRED TO MAINTAIN/ UPDATE THE GIS DATA DICTIONARY HAS ALLOWED THE VILLAGE TO BE PROACTIVE IN THE IDENTIFICATION OF POSSIBLE AREAS OF CONCERN AND TAKE CORRECTIVE MEASURES PRIOR TO THE BEGINNING OF A POSSIBLE ILLICIT DISCHARGE
--

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

VILLAGE OF BREWSTER
---------------------

SPDES ID  

N	Y	R	2	A	2	5	6
---	---	---	---	---	---	---	---

**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? 

--	--	--

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

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

2. Does your MS4/Coalition have a SWPPP review procedure in place?  Yes  No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 

		3
--	--	---

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

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

		0
--	--	---

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

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

- Notices of Violation # 

--	--	--	--	--

 No Authority
- Stop Work Orders # 

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

 No Authority
- Criminal Actions # 

--	--	--	--	--

 No Authority
- Termination of Contracts # 

--	--	--	--	--

 No Authority
- Administrative Fines # 

--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--

 No Authority
- Other # 

--	--	--	--	--

 No Authority

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

VILLAGE OF BREWSTER

SPDES ID

N	Y	R	2	0	A	2	5	6
---	---	---	---	---	---	---	---	---

**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report? 

--	--	--

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

		1
--	--	---

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

		1
--	--	---

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

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

 %

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

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

 %

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

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition: VILLAGE OF BREWSTER

SPDES ID: NYR20A256

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

V I L L A G E C L E R K

Address

2 0 8 M A I N S T R E E T

City

B R E W S T E R

N Y

Zip

1 0 5 0 9 -

Phone

( 8 4 5 ) 2 7 9 - 3 7 6 0

○ Library

Address

City

Zip

-

Phone

( ) -

● Other

Address

2 4 7 R O U T E 1 0 0

City

S O M E R S

N Y

Zip

1 0 5 8 9 -

Phone

( 9 1 4 ) 2 3 2 - 2 5 0 0

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

URL

URL

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

VILLAGE OF BREWSTER
---------------------

SPDES ID  

N	Y	R	2	0	A	2	5	6
---	---	---	---	---	---	---	---	---

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

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

*Example\*:*

**Indicator:**

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

**Began Tracking:**

2005
------

**Frequency:**

Upon submission
-----------------

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

# 

50 SWPPPs
-----------

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

**Results:**

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

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

**Indicator:**

PLANNING BOARD REVIEWS
------------------------

**Began Tracking:**

2007
------

**Frequency:**

MONTHLY
---------

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

# 

8 REVIEWS
-----------

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

**Results:**

ALL PLANNING BOARD APPLICATIONS ARE REVIEWED FOR COMPLIANCE WITH VILLAGE LOCAL LAWS, ZONING CODE AND PLANNING BOARD REQUIREMENTS. TWO APPLICATIONS WERE RETURNED TO THE APPLICANTS FOR REVISIONS.
---

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

VILLAGE OF BREWSTER
---------------------

SPDES ID  

N	Y	R	2	0	A	2	5	6
---	---	---	---	---	---	---	---	---

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

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

*Example\*:*

**Indicator:**

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

**Began Tracking:**

2005
------

*(year)*      **Frequency:**

Upon submission
-----------------

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

# 

50 SWPPPs
-----------

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

**Results:**

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

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

**Indicator:**

CONSTRUCTION SITE INSPECTION - VIOLATIONS
---

**Began Tracking:**

2007
------

*(year)*      **Frequency:**

--

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

# 

--

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

**Results:**

THE INSPECTORS FROM THE BUILDING AND DPW DEPARTMENTS ROUTINELY INSPECT CONSTRUCTION SITES. ONE VIOLATION WAS REPORTED. ONE STOP WORK ORDER WAS ISSUED AS A RESULT.
--

Submit additional pages as needed.



**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

VILLAGE OF BREWSTER
---------------------

SPDES ID  

N	Y	R	2	0	A	2	5	6
---	---	---	---	---	---	---	---	---

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

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

*Example\*:*

**Indicator:**

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

**Began Tracking:**

2005
------

*(year)*      **Frequency:**

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

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

# 

18
----

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

**Results:**

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

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

**Indicator:**

DATA DICTIONARY
-----------------

**Began Tracking:**

2008
------

*(year)*      **Frequency:**

ANNUALLY OR AS NEEDED
-----------------------

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

# 

--

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

**Results:**

A GIS DATA DICTIONARY OF THE VILLAGE OUTFALLS IS BEING CREATED.
---

Submit additional pages as needed.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

VILLAGE OF BREWSTER

SPDES ID

N	Y	R	2	0	A	2	5	6
---	---	---	---	---	---	---	---	---

**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

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

How many MS4s contributed to this report? 

--	--	--

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

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

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

VILLAGE OF BREWSTER

SPDES ID

N	Y	R	2	0	A	2	5	6
---	---	---	---	---	---	---	---	---

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

- Parking Lots Swept # Acres 

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

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

		1	2	5
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

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

				0
--	--	--	--	---
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

				0
--	--	--	--	---

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

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

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

1	0	/	0	1	/	2	0	0	8
---	---	---	---	---	---	---	---	---	---

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

		2
--	--	---

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

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

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

VILLAGE OF BREWSTER
---------------------

SPDES ID  

N	Y	R	2	0	A	2	5	6
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

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

*Example\*:*

**Indicator:**

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

**Began Tracking:**

2005
------

**Frequency:**

monthly
---------

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

# 

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

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

**Results:**

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

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

**Indicator:**

PHOSPHOROUS DISCHARGES
------------------------

**Began Tracking:**

2007
------

**Frequency:**

ANNUALLY
----------

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

# 

--

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

**Results:**

THE NEW VILLAGE WWTP DISCHARGES 65% LESS PHOSPHORUS ON A DAILY BASIS THAN IN PREVIOUS YEARS UNDER THE OLD WWTP.
---

Submit additional pages as needed.

### MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

VILLAGE OF BREWSTER
---------------------

SPDES ID  

N	Y	R	2	0	A	2	5	6
---	---	---	---	---	---	---	---	---

### Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report? 

--	--	--

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

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

**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. 

	7	5
--	---	---

 %

Estimate what percentage was mapped in this reporting period. 

		0
--	--	---

 %

**3. Does your MS4/Coalition have a Stormwater Conveyance System(infrastructure) Inspection and Maintenance Plan Program?**  Yes  No  N/A

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

VILLAGE OF BREWSTER

SPDES ID

N	Y	R	2	0	A	2	5	6
---	---	---	---	---	---	---	---	---

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

		7
--	--	---

 %
5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP0-08-001) 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
7. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?  Yes  No  N/A
- 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
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