

# MS4 Stormwater Annual Report

Reporting Year March 10, 2016 to March 9, 2017

Village of Laurel Hollow  
SPDES ID NYR20A441



**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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## MCC form for period ending March 9, 2017

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

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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

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

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Name of MS4 Village of Laurel Hollow

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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

V i l l a g e C l e r k

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

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Name of MS4 Village of Laurel Hollow

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For each contact, select all that apply:

- ☐ Principal Executive Officer/Chief Elected Official  
☐ Duly Authorized Representative  
☐ Local Stormwater Public Contact  
☐ Stormwater Management Program (SWMP) Coordinator  
☒ Report Preparer

First Name

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Last Name

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Title

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

MCC form for period ending March 9, 2 0 1 7

Name of MS4 Village of Laurel Hollow

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

C o u n t y o f N a s s a u

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

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Address

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City

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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 p u b l i c a t i o n s , p r i n t e d m e d i a

● MM2 s c h o o l p r o g r a m s , l o g o s

● MM3 o u t f a l l m a p p i n g , D O H a s s i s t

● MM4 t r a i n i n g

● MM5 t r a i n i n g

● MM6 t r a i n i n g , g u i d a n c e d o c u m e n t s

Additional tasks/responsibilities

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

Nassau County is planning to model and plan improvements for impaired watersheds within its boundaries.



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

MCC form for period ending March 9, 2017

Name of MS4

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

O Y S T E R B A Y / C O L D S P R I N G H A R B O R

Partner/Coalition Name (con't.)

P R O T E C T I O N C O M M I T T E E

SPDES Partner ID - If applicable

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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
- MM2 D E V E L O P I N G O U T R E A C H M A T E R I A L S
- MM3 C E S S P O O L G R A N T
- MM4 S T O R M W A T E R W E B I N A R S
- MM5 S E D I M E N T & E R O S I O N T R A I N I N G
- MM6 G R E E N I N F R A S T R U C T U R E

Additional tasks/responsibilities

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

Education on pathogens



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

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

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

### **Scope of Work:**

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

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

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

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

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

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

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

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

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

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

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

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

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

**Contracted Entity Certification Statement:**

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



\_\_\_\_\_  
Signature

**Rob Crafa**  
\_\_\_\_\_

Name

**April 18, 2017**  
\_\_\_\_\_

Date

**Coordinator**  
\_\_\_\_\_

Title



**Phase II Activities Undertaken  
On Behalf of Member Municipalities  
March 10, 2016 to March 9, 2017 Permit Year**

**MCM # 1 – Public Education and Outreach**

- Co-hosted a joint public meeting on May 11, 2016 with the Manhasset Bay, Hempstead Harbor, Northport and Setauket protection committees providing an overview of the numerous issues of concern but focusing on the onsite wastewater treatment issues presented by county officials.
- Participating with Manhasset Bay and Hempstead Harbor protection committees, Town of Oyster Bay and Friends of the Bay in CESSPOOL (Coordinated Environmental Solutions to Septic Problems Occurring On Long Island) grant to raise public awareness of impact of onsite waste treatment systems.
- Released “Get Pumped! Long Island” onsite wastewater treatment education campaign:
  - Mailed 20,000 “Get Pumped! Long Island” postcards to homeowners in non-sewered north shore communities.
  - Distributed homeowner education kits including brochures, fact sheets and file folders to member municipalities.
  - Submitted articles and letters to the editors published in local papers encouraging homeowners to “Get Pumped!”
  - Facilitated member municipalities encouraging residents to “Get Pumped!” through e-mail blasts, letters to residents and links to [www.getpumpedli.org](http://www.getpumpedli.org).
- Publicized public education and outreach activities in watershed through:
  - Web site - event calendar maintained at web site
  - Facebook posts
  - E-mail list
  - Posting signs
- Protection Committee featured in Newsday and several local weekly publications
- Participated in:
  - May 2016 Harbor Clean-up
  - International Shoreline Clean-up September 2016
  - Long Island Sound Study Citizens Advisory Committee meetings

- Maintenance of Rain Garden at the Cold Spring Harbor Library and Western Waterfront (Oyster Bay)
- Distributed public outreach materials including:
  - Portable display with branded tent and table cloth
  - Fact sheets:
    - About the Committee
    - Pump your system
    - Pick up after your pet
    - Don't feed the waterfowl
    - Green Household Cleaning Alternatives
- Monitored Nassau County Sewage Spill Reports
- Maintained Oyster Bay/Cold Spring Harbor Protection website ([www.oysterbaycoldspringharbor.org](http://www.oysterbaycoldspringharbor.org)) and Facebook page

#### **MCM # 2 – Public Participation**

- Held five (5) Oyster Bay/Cold Spring Harbor Protection Committee meetings (open to the public).
- Networked with local citizens groups – Friends of the Bay, Theodore Roosevelt Audubon Sanctuary, North Shore Land Alliance, Long Island Sound Citizens Advisory Committee, Nassau County Soil and Water Conservation District, New York State Marine Education Association
- Maintained Oyster Bay/Cold Spring Harbor Protection Committee mailing list
- Arranging joint public meeting with Manhasset Bay and Hempstead Harbor protection committees.
- Financially contributed to Friends of the Bay Citizens Water Quality Monitoring Program.

#### **MCM # 3 – Illicit Discharge Detection and Elimination**

- Implementing multi-year CESSPOOL Public Education grant by New York State Department of State by participating with Manhasset Bay and Hempstead Harbor protection committees, the Town of Oyster Bay and Friends of the Bay in CESSPOOL grant to raise awareness of impact of onsite waste treatment systems and incorporating training.
- Reviewed existing studies of possible illicit discharges in Mill River and Cold Spring Harbor.

**MCM # 4 – Construction Site Runoff Control**

- Monitored changes in regulations and advised member municipalities of changes.
- Participated in several Stormwater Management Webinars

**MCM # 5 – Post Construction Runoff Control**

- Monitored changes in regulations and advised member municipalities of changes.

**MCM # 6 – Good Housekeeping**

- Developed annual strategic priorities for Protection Committee.
- Implementing Comprehensive Canada Geese Management Program.
- Worked with Town of Huntington and Town of Oyster Bay Geese Peace program managers to enhance their programs.
- Developed and advocated for adoption of “Don’t Feed Waterfowl” and “Pooper Scooper” model laws for municipalities that do not have them.
- Developed and implementing comprehensive Pet Waste Management Program including sponsoring Pet Waste Stations in Bayville.

**Other**

- Managed the Oyster Bay/Cold Spring Harbor Protection Committee including:
  - Hosting five (5) regular meetings approximately every other month
  - Maintaining Protection Committee mailing list and grant spreadsheet
- Monitored Nassau County Sewage Spill Notifications

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

**MCC form for period ending March 9, 2017**

Name of MS4 Village of Laurel Hollow

SPDES ID

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**Section 4 - Certification Statement**

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

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

First Name

D a n i e l

MI

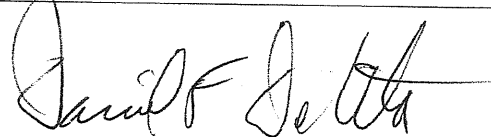
Last Name

D e v i t a

Title (Clearly print title of individual signing report)

M a y o r

Signature



Date

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

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

# MS4 Annual Report Form

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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

Village of Laurel Hollow

SPDES ID

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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

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

☐ Yes     ☒ No

If Yes, choose one of the following

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

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

URL

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# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 1 7

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 Laurel Hollow

SPDES ID

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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
--	--	---

## 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

[illegible]

Other

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

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

L	a	n	d	s	c	a	p	e	r	s
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Other

**MS4 Annual Report Form**

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

2	0	1	7
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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

Village of Laurel Hollow

SPDES ID

N	Y	R	2	0	A	4	4	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

			8	4
--	--	--	---	---

☒ List-Serves

# In List

		1	5	0
--	--	---	---	---

☒ Mailing List

# In List

		6	1	0
--	--	---	---	---

☐ Newspaper Ads or Articles

# Days Run

--	--	--	--	--

☒ Public Events/Presentations

# Attendees

	4	4	3	0
--	---	---	---	---

☒ School Program

# Attendees

	2	3	8	5
--	---	---	---	---

☐ TV Spot/Program

# Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

	4	0	0	0
--	---	---	---	---

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

N	C	S	W	C	D														
T	o	w	n																
C	o	u	n	t	y														

☐ Other:

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

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

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

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

Name of MS4/Coalition

Village of Laurel Hollow

SPDES ID

N	Y	R	2	0	A	4	4	1
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**3. Web Page con't.: Provide specific web addresses - not home page.**

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**MS4 Annual Report Form**

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

2	0	1	7
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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

Village of Laurel Hollow

SPDES ID

N	Y	R	2	0	A	4	4	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 (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 Village is a coalition member with Nassau County and shares their education efforts. The Village has released educational information pertaining to stormwater and pathogens in their newsletter to the Village residents. The Village is also an active member of the Oyster Bay Cold Spring Harbor Protection Committee (sending the Mayor and at least one representative to each meeting). The committee's focus is on water quality and stormwater education and outreach. The committee's first meeting was held in March 2016 and was held in...

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

The Village newsletter is sent to all residents. The County and harbor protection committee reaches out to all Town and County residents.

**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).**

Continue the Village's coalition relationship with Nassau County and the Oyster Bay Cold Spring Harbor Protection Committee, and to continue to include stormwater related information in the newsletter and post stormwater related information on the Village web site.

## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2017**

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 Laurel Hollow
-----------------------	--------------------------

SPDES ID

N	Y	R	2	0	A	4	4	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?	1
---	---

**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             | <input type="text"/>   | <input type="text"/>  | <input type="text"/> | <input type="text"/>  | 2       |
| ● Comments on SWMP Received | # Comments           | <input type="text"/>   | <input type="text"/>  | <input type="text"/> | <input type="text"/>  | 0       |
| ● Community Hotlines        | Phone #              | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | -                    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # |
|                             |                      | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | -                    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # |
|                             |                      | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | -                    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # |
|                             |                      | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | -                    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # |
|                             |                      | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | -                    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # |
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|                             |                      | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | -                    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # |
| ● Community Meetings        | # Attendees          | <input type="text"/>   | <input type="text"/>  | 2                    | 0   | 0       |
| ● Plantings                 | Sq. Ft.              | <input type="text"/>   | <input type="text"/>  | 5                    | 0   | 0       |
| ○ Storm Drain Markings      | # Drains             | <input type="text"/>   | <input type="text"/>  | <input type="text"/> | <input type="text"/>  |         |
| ○ Stakeholder Meetings      | # Attendees          | <input type="text"/>   | <input type="text"/>  | <input type="text"/> | <input type="text"/>  |         |
| ○ Volunteer Monitoring      | # Events             | <input type="text"/>   | <input type="text"/>  | <input type="text"/> | <input type="text"/>  |         |
| ○ Other:                    | <input type="text"/> |  |   |                      |   |         |

**2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?** ☒ Yes

- |   |                                       |  |  |   |   |   |
|---|---------------------------------------|--|--|---|---|---|
| <input checked="" type="radio"/> List-Serve | # In List                             |  |  | 1 | 5 | 0 |
| <input type="radio"/> Newspaper Advertising | # Days Run                            |  |  |   |   |   |
| <input type="radio"/> TV/Radio Notices      | # Days Run                            |  |  |   |   |   |
| <input checked="" type="radio"/> Other:     | p u b l i c m e e t i n g a g e n d a |  |  |   |   |   |

● 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,**

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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 

Village of Laurel Hollow
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SPDES ID

N	Y	R	2	0	A	4	4	1
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**2. URL(s) con't.:**

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

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

N	Y	R	2	0	A	4	4	1
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**Please provide specific address(es) where notices can be accessed - not home page.**

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# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 1 7

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 Laurel Hollow
-----------------------	--------------------------

SPDES ID

N	Y	R	2	0	A	4	4	1
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**3. Where can the public access copies of this annual report, Stormwater Management Program (SWMP) Plan and submit comments on those documents?**

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

● MS4/Coalition Office

☒ Annual Report    
 ☒ SWMP Plan    
 ☐ Comments

Department

[illegible]

Address

[illegible]

City

S	y	o	s	s	e	t							N	Y	1	1	7	9	1	-				
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Phone

$$\begin{pmatrix} 5 & 1 & 6 \end{pmatrix} \begin{pmatrix} 6 & 9 & 2 \end{pmatrix} - \begin{pmatrix} 8 & 8 & 2 & 6 \end{pmatrix}$$

○ Library

☐ Annual Report    ☐ SWMP Plan    ☐ Comments

Address

[illegible]

City

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Phone

$$\left( \begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array}$$

☐ Other

☐ Annual Report    ☐ SWMP Plan    ☐ Comments

Address

[illegible]

City

--	--	--	--	--

Phone

$$\left( \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

● Web Page URL:

☒ Annual Report    ☐ SWMP Plan    ☐ Comments

<http://laurelhollow.org/content>

/ Stormwater12 / Subindex / : field = a

[illegible]

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

○ eMail

○ Comments

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**MS4 Annual Report Form**

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

2	0	1	7
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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

Village of Laurel Hollow

SPDES ID

N	Y	R	2	0	A	4	4	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.

0	4	/	2	4	/	2	0	1	7
---	---	---	---	---	---	---	---	---	---

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

	3	6
--	---	---

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

**5.a. Was an Annual Report public meeting held in this reporting period?**

☒ Yes ☐ No

If Yes, what was the date of the meeting?

0	5	/	1	8	/	2	0	1	6
---	---	---	---	---	---	---	---	---	---

If No, is one planned?

☒ Yes ☐ No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

**6. Were comments received during this reporting period?**

☐ Yes ☒ No

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

**MS4 Annual Report Form**

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

2	0	1	7
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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 

Village of Laurel Hollow
--------------------------

SPDES ID

N	Y	R	2	0	A	4	4	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 (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.**

Besides public participation done as a coalition member with the County, the Village has become an active member of the Oyster Bay-Cold Spring Harbor Watershed Protection Committee, and benefits from their efforts pertaining to public participation. The Village invites its residents to public meetings where land development projects are discussed, and the Village promotes the annual beach cleanup in Oyster Bay Harbor on April 30, 2016.

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

Residents are concerned about land disturbances and impacts to the Village environment, based on input at public meetings. The Village discusses the harbor protection committee activities at public meetings, including meetings of the Board of Trustees (13), Board of Zoning Appeals (5) and Planning Board (2).

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

		2	0
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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).**

Continue the Village's relationship as a coalition member with Nassau County, to continue the Village's participation in the new Oyster Bay-Cold Spring Harbor Watershed Protection Committee, and to include the public in review of applications for land disturbance. Promote the April 22, 2017 beach cleanup in Oyster Bay Harbor.

## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2017**

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 Laurel Hollow

SPDES ID

N	Y	R	2	0	A	4	4	1
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### **Minimum Control Measure 3. Illicit Discharge Detection and Elimination**

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

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

How many MS4s contributed to this report?	1
---	---

1. Enter the number and approx. percent of outfalls mapped:		2	#	1	0	0	%
---	--	---	---	---	---	---	---

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

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

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

○ Other:

☐ None

○ Sewersheds:

## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2017**

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 Laurel Hollow

SPDES ID

N	Y	R	2	0	A	4	4	1
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**3.b. What types of illicit discharges have been found during this reporting period?**

- ☐ Broken Lines From Sanitary Sewer      ☐ Industrial Connections  
☐ Cross Connections      ☐ Inflow/Infiltration  
☐ Failing Septic Systems      ☐ Pump Station Failure  
☐ Floor Drains Connected To Storm Sewers      ☐ Sanitary Sewer Overflows  
☐ Illegal Dumping      ☐ Straight Pipe Sewer Discharges  
☐ Other:      ☒ None

[illegible]

**4. How many illicit discharges/potential illegal connections have been detected during this reporting period?**

		0
--	--	---

**5. How many illicit discharges have been confirmed during this reporting period?**

		0
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		0
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**7. Has the storm sewershed mapping been completed in this reporting period?**

- ☒ Yes      ☐ No

If No, approximately what percent was completed in this reporting period?

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**8. Is the above information available in GIS?**

- ☐ Yes      ☒ No

**Is this information available on the web?**

- ☐ Yes      ☒ No

If Yes, provide URL(s):

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

URL

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URL

[illegible]

## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2017**

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 Laurel Hollow
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SPDES ID

N	Y	R	2	0	A	4	4	1
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**8. URL(s) con't.:**

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

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[illegible]

URL

[illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

**10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?**      ☒ Yes    ☐ No    ☐ NT

**11. What percent of staff in relevant positions and departments has received IDDE training?**

		0	%
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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Village of Laurel Hollow

SPDES ID

N	Y	R	2	0	A	4	4	1
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**12. Evaluating Progress Toward Measurable Goals MCM 3**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

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

The Village verified the location of an outfall and verified the location of storm system components, as well as monitored the system for dry weather flow during the reporting period. A Village Trustee has attended septic system awareness seminars. One residential septic system was replaced, prior to any illicit discharge to the storm system.

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

The above work has been completed and documented.

**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).**

Continue dry weather flow monitoring.

**MS4 Annual Report Form**

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

2	0	1	7
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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

Village of Laurel Hollow

SPDES ID

N	Y	R	2	0	A	4	4	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? 

		1
--	--	---

**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?**

		0
--	--	---

**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
--	--	---

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

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

<input checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	
				0				
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority



**MS4 Annual Report Form**

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

2	0	1	7
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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

Village of Laurel Hollow

SPDES ID

N	Y	R	2	0	A	4	4	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
--	--	---

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

		0
--	--	---
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		0
--	--	---
  3. What percent of active construction sites were inspected during this reporting period? ☐ NT 

--	--	--

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

--	--	--

 %
  5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT
  6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?** ☐ Yes ☐ No

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



**MS4 Annual Report Form**

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

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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

Village of Laurel Hollow

SPDES ID

N	Y	R	2	0	A	4	4	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.**

Review of all building permit applications for compliance with local laws pertaining to erosion control and stormwater management.

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

79 building permit applications (including all permit applications) were filed with the Village. All that involved land disturbance were reviewed for compliance with stormwater laws.

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

		7	9
--	--	---	---

(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).**

Continue to review applications and plans for land disturbances.

## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 1 7

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 Laurel Hollow

SPDES ID

N	Y	R	2	0	A	4	4	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?	1
---	---

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

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Filter Systems	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Infiltration Basins	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Open Channels	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="radio"/> Ponds	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 0
<input type="radio"/> Wetlands	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="radio"/> Other	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 0

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

☐ 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:

[illegible]

**MS4 Annual Report Form**

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

2	0	1	7
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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

Village of Laurel Hollow

SPDES ID

N	Y	R	2	0	A	4	4	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?

		0
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 %

**MS4 Annual Report Form**

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

2	0	1	7
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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

Village of Laurel Hollow

SPDES ID

N	Y	R	2	0	A	4	4	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 Village has conducted inspections of critical stormwater facilities, including its pond and series of two Baysavers. The Village had the Baysavers cleaned this past year.

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

Sediment was removed from critical dry wells in July 2008, and subsequent inspections are satisfactory.

**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).**

Continue to monitor dry wells and inspect storm system and the pond at the Village hall, as well as the Baysavers.

**MS4 Annual Report Form**

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

2	0	1	7
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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

Village of Laurel Hollow

SPDES ID

N	Y	R	2	0	A	4	4	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
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1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

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

**MS4 Annual Report Form**

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

2	0	1	7
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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

Village of Laurel Hollow

SPDES ID

N	Y	R	2	0	A	4	4	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 

				1
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles 

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

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

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

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

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

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

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

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

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

		/			/				
--	--	---	--	--	---	--	--	--	--

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

		0
--	--	---

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

		0	%
--	--	---	---



**MS4 Annual Report Form**

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

2	0	1	7
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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

Village of Laurel Hollow

SPDES ID

N	Y	R	2	0	A	4	4	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 Village has cleaned catch basins within nearly one-quarter of the Village stormwater system, and swept its streets twice during the reporting period.

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

Sand and silt was removed from the streets, and thus from the watershed overlooking Cold Spring Harbor.

**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).**

Continue to sweep streets and clean catch basins to keep sand, sediment and street debris from entering the harbor.