

Town of Poughkeepsie
Stormwater Management Program
2009-2010 Annual Report
SPDES Permit Number: NYR20A198

Prepared for:

Town of Poughkeepsie
Town Board

Dated May 4, 2010

DRAFT

Prepared by:



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ENGINEERING CONSULTANTS

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187 Church Street, Poughkeepsie, New York 12601 Tel: (845) 471-7900 Fax: (845) 471-7901
389 Fairview Avenue, Hudson, New York 12534 Tel: (518) 828-2300 Fax: (518) 828-3963
E-Mail: morrisassociates@aol.com

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4

SPDES ID

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Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for *each* of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4

SPDES ID

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4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
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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 MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2010

Name of MS4 TOWN OF POUGHKEEPSIE

SPDES ID
N Y R 2 0 A 1 9 8

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

D U T C H E S S C O U N T Y M S 4 C O O R D I N A T I O N

Partner/Coalition Name (con't.)

C O M M I T T E E

SPDES Partner ID - If applicable

N Y R 2 0

Address

2 7 1 5 R T E 4 4 , S U I T E 3

City

M I L L B R O O K

State

N Y

Zip

1 2 5 4 5 -

eMail

E D . H O X S I E @ N Y . N A C D N E T . N E T

Phone

(8 4 5) 6 7 7 - 8 0 1 1

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.7 Yes No

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

● MM1 B R O C H U R E S - M U L T I P L E T A S K S

● MM2 M U L T I P L E T A S K S

● MM3 M A P P I N G - M U L T I P L E T A S K S

● MM4 T R A I N I N G - M U L T I P L E T A S K S

● MM5 M U L T I P L E T A S K S

● MM6 P O L L U T I O N P R E V E N T I O N

Additional tasks/responsibilities

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

[Empty box for additional information]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4 TOWN OF POUGHKEEPSIE

SPDES ID
N Y R 2 0 A 1 9 8

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
P A T R I C I A M Y E R S

Title (Clearly print title of individual signing report)
S U P E R V I S O R

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,

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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

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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:

- | | | | | | | | | |
|---|---------------------|--|---|---|---|---|---|---|
| <input checked="" type="checkbox"/> Construction Site Operators Trained | # Trained | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>2</td><td>3</td><td>5</td></tr></table> | | | 2 | 3 | 5 | |
| | | 2 | 3 | 5 | | | | |
| <input checked="" type="checkbox"/> Direct Mailings | # Mailings | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>3</td><td>6</td><td>8</td></tr></table> | | | 3 | 6 | 8 | |
| | | 3 | 6 | 8 | | | | |
| <input checked="" type="checkbox"/> Kiosks or Other Displays | # Locations | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>1</td><td>0</td></tr></table> | | | | 1 | 0 | |
| | | | 1 | 0 | | | | |
| <input checked="" type="checkbox"/> List-Serves | # In List | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>1</td><td>0</td><td>9</td></tr></table> | | | 1 | 0 | 9 | |
| | | 1 | 0 | 9 | | | | |
| <input type="checkbox"/> Mailing List | # In List | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | |
| | | | | | | | | |
| <input checked="" type="checkbox"/> Newspaper Ads or Articles | # Days Run | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>1</td><td>4</td></tr></table> | | | | 1 | 4 | |
| | | | 1 | 4 | | | | |
| <input checked="" type="checkbox"/> Public Events/Presentations | # Attendees | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>6</td><td>0</td><td>0</td></tr></table> | | | 6 | 0 | 0 | |
| | | 6 | 0 | 0 | | | | |
| <input type="checkbox"/> School Program | # Attendees | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | |
| | | | | | | | | |
| <input checked="" type="checkbox"/> TV Spot/Program | # Days Run | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>2</td><td>8</td></tr></table> | | | | 2 | 8 | |
| | | | 2 | 8 | | | | |
| <input checked="" type="checkbox"/> Printed Materials: | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>1</td><td>5</td><td>0</td><td>0</td></tr></table> | | | 1 | 5 | 0 | 0 |
| | | 1 | 5 | 0 | 0 | | | |

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

| | | | | | | | | | | | | | | | | | |
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| D | U | T | C | H | E | S | S | F | A | I | R | K | I | O | S | K | S |
| T | O | W | N | P | L | A | N | N | I | N | G | O | F | F | I | C | E |
| T | O | W | N | M | E | E | T | I | N | G | L | O | B | B | Y | | |
| A | D | A | M | S | S | P | R | I | N | G | S | H | O | W | | | |

Other:

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

URL

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URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition

TOWN OF POUGHKEEPSIE

SPDES ID

NYR20A198

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

URL

www.dutchesswam.com

URL

www.dec.ny.gov/chemical/8468.html

URL

http://cfpubl.epa.gov/npdes/home.cfm?program_id=6

URL

http://www.townofpoughkeepsie.com/planning/stormwater/stormwater_information.htm

URL

URL

URL

MS4 Annual Report Form

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

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

Name of MS4/Coalition

TOWN OF POUGHKEEPSIE

SPDES ID

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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

- Storm Drain Markers to be installed
- Brochures to be maintained "in stock" at Town Hall

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

- Volunteers installed 75 storm drain markers on catch basins within the Fall Kill Creek and Wappinger Lake watershed.
- Approximately 175 Brochures were procured and displayed or distributed by various Town departments.

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

| | | | |
|--|--|---|---|
| | | 1 | 4 |
|--|--|---|---|

(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).

- Evaluate past educational information/updates in coordination with Dutchess County Soil & Water
- Re-assess current target audience
- Develop new target audience
- Direct mailings in tax bills related to outreach or survey

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

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| TOWN OF POUGHKEEPSIE |
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SPDES ID

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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

- | |
|--|
| -Increase use of stakeholder email list for issuance of notices -Increase frequency of postings to website for announcements or pertinent links |
|--|

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

- | |
|--|
| -At least 8 separate notices were sent to stakeholders over the reporting period. Examples include soliciting comments to annual reports, municipal code updates and information on training dates. -Town website was updated with additional links or notices throughout the year with 7 new postings added. |
|--|

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

| | | | |
|--|--|---|---|
| | | 1 | 4 |
|--|--|---|---|

(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).

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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 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:

Address:

City: Zip:

Phone:

- Library
- Annual Report
- SWMP Plan
- Comments

Address:

City: Zip:

Phone:

- Other
- Annual Report
- SWMP Plan
- Comments

Address:

City: 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, 2010

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

Name of MS4/Coalition: TOWN OF POUGHKEEPSIE

SPDES ID
N Y R 2 0 A 1 9 8

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.

05 / 06 / 2010

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

14

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?

05 / 19 / 2010

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,

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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:

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| TOWN OF POUGHKEEPSIE |
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SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (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.

- Public Outreach via Dutchess "WAM" and Creek Week events.
 -Continue and expand use of Public Access Channel for increased public awareness of activities/events.
 Improve and enhance Town website for distribution of notices to promote public awareness.

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

Approximately 1200 people attended 35 "WAM" events.
 -The notice regarding "Creek Week" activities aired as a ^{slide} multiple times on a daily basis from mid May through end of July 2009 for 75 consecutive days.
 -Useful links were added or refreshed throughout year to keep website current. Seven new postings were included over reporting period.

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

| | | | |
|--|--|---|---|
| | | 1 | 2 |
|--|--|---|---|

(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 support Dutchess WAM and other watershed groups in the community.
 Continue use of Cablevision channel for broadcast of Town Board and Planning Board meetings.
 Continue to enhance content and accessibility of Town website
 Consider participation in a web based consortium of other municipalities (e.g. Digital Towpath).

MS4 Annual Report Form

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Name of MS4/Coalition: TOWN OF POUGHKEEPSIE

SPDES ID: NYR20A198

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. Enter the number and approx. percent of outfalls mapped: [][] 186 # [][] 30 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? [][][] 186

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
- 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
- Other:
- None

S I T E S N O T T A R G E T E D

• Sewersheds:

F A L L K I L L A N D C A S P E R K I L L

MS4 Annual Report Form

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Name of MS4/Coalition: TOWN OF POUGHKEEPSIE

SPDES ID: N Y R 2 0 A 1 9 8

8. URL(s) con't.:

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

URL
[Grid for URL entry]

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 %

MS4 Annual Report Form

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Name of MS4/Coalition

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|----------------------|
| TOWN OF POUGHKEEPSIE |
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SPDES ID

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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.

- Conduct a minimum 20% of outfall inspections in dry weather conditions.
- Complete outfall mapping to include preliminary sewershed boundaries as per GP-0-08-02.

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

- This goal for outfall inspections was exceeded as 30% of outfalls were inspected.
- The Town has an up to date outfall map that depicts 600+ outfalls and corresponding drainage areas.

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

| | | | |
|--|--|---|---|
| | | 2 | 1 |
|--|--|---|---|

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

- The primary outfall inspector will receive training for IDDE by Fall 2010.
- The inspector will keep standardized records of inspections by May 2010.
- Produce a link on Town website to outfall/sewershed map by May 2010.

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

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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?

| | | |
|--|--|--|
| | | |
|--|--|--|

- 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?

| | | |
|--|---|---|
| | 1 | 5 |
|--|---|---|
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?

| | | |
|--|---|---|
| | 8 | 0 |
|--|---|---|
5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? Yes No

*See comment below

*Some comments received; however due to nature of comments most verbal and a few written, the total amount is only an estimate.

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 #

| | | | | | |
|--|--|--|---|--|---|
| | | | 2 | | 0 |
|--|--|--|---|--|---|

 No Authority
- Stop Work Orders #

| | | | | | |
|--|--|--|---|--|---|
| | | | 1 | | 0 |
|--|--|--|---|--|---|

 No Authority
- Criminal Actions #

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

 No Authority
- Termination of Contracts #

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

 No Authority
- Administrative Fines #

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

 No Authority
- Civil Penalties #

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

 No Authority
- Administrative Orders #

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

 No Authority
- Enforcement Actions or Sanctions #

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|
- Other (Order to Remedy) #

| | | | | | |
|--|--|--|---|--|---|
| | | | 1 | | 0 |
|--|--|--|---|--|---|

 No Authority

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 0 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|----------------------|
| TOWN OF POUGHKEEPSIE |
|----------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 9 | 8 |
|---|---|---|---|---|---|---|---|---|

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?

| | | |
|--|--|---|
| | | 7 |
|--|--|---|

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

| | | |
|--|---|---|
| | 1 | 3 |
|--|---|---|

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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

| | | |
|---|---|---|
| 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 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, 2010

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

Name of MS4/Coalition: TOWN OF POUGHKEEPSIE

SPDES ID
N Y R 2 0 A 1 9 8

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department
T O W N P L A N N I N G D E P A R T M E N T

Address
O N E O V E R O C K E R R O A D

City
P O U G H K E E P S I E N Y Zip
1 2 6 0 3 -

Phone
(8 4 5) 4 8 5 - 3 6 5 7

○ Library

Address

City Zip

Phone
() -

○ Other

Address

City Zip

Phone
() -

○ Web Page URL(s): Please provide specific address where SWPPP's 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 | 1 | 0 |
|---|---|---|---|

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

Name of MS4/Coalition

TOWN OF POUGHKEEPSIE

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 9 | 8 |
|---|---|---|---|---|---|---|---|---|

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

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

Five Contractor Training Sessions conducted via DCSWCD

- Notices in regard to available training were issued by local Stormwater Contact to local contractors and design professionals.
- Local Stormwater Law was amended to reflect training and certification requirements as per GP-08-02.

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

- 235 Contractors/Individuals trained in five sessions.
- Revisions to local law were implemented in February 2010.

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

| | | | |
|--|--|---|---|
| | | 1 | 0 |
|--|--|---|---|

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMP?
 Yes No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

- Continue to train and document the certification of Contractors throughout the year.
- Certification of local law in comparison with model ordinance by April 2010.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: TOWN OF POUGHKEEPSIE

SPDES ID: NYR20A198

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

| | # Inventoried | # Inspections | # Times Maintained |
|--|--|--|--|
| <input checked="" type="radio"/> Alternative Practices | <input type="text"/> <input type="text"/> 5 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| <input checked="" type="radio"/> Filter Systems | <input type="text"/> <input type="text"/> 3 | <input type="text"/> <input type="text"/> <input type="text"/> | <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="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="radio"/> Open Channels | <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 checked="" type="radio"/> Ponds | <input type="text"/> 1 <input type="text"/> 2 | <input type="text"/> 1 <input type="text"/> 0 | <input type="text"/> 1 <input type="text"/> 0 |
| <input type="radio"/> Wetlands | <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="radio"/> Other | <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"/> |

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? Yes No

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

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

Other:

P L A N N I N G B O A R D R E V I E W

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:

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| TOWN OF POUGHKEEPSIE |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 9 | 8 |
|---|---|---|---|---|---|---|---|---|

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?

| | | |
|--|--|---|
| | | 6 |
|--|--|---|

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 |
|--|--|---|

 %

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:

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| TOWN OF POUGHKEEPSIE |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 1 | 9 | 8 |
|---|---|---|---|---|---|---|---|---|

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.

- Continue to update database of current public and private practices as new facilities are implemented.
- Notify holders of stormwater maintenance agreements of operation and maintenance responsibilities.
- Develop Funding Mechanism for continuation of review of SWPPPs and on-going construction projects.

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

- The database of practices is up to date as of March 2010.
- Letters from Town Engineering Departments were issued in October 2009 to current list of private developers/institutions that have implemented a stormwater management facility.
- The Town adopted a revised fee structure to obtain both review and inspection fees in order to track compliance with program.

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

| | | | |
|--|--|--|---|
| | | | 4 |
|--|--|--|---|

(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 update database of current public and private practices as new facilities are implemented.
- The inspection of existing facilities will be more effectively documented either via report form or computerized methods.
- It is anticipated that facilities that have been in place for five years will submit an Engineer's inspection report for review by the Town.

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

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| TOWN OF POUGHKEEPSIE |
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| N | Y | R | 2 | 0 | A | 1 | 9 | 8 |
|---|---|---|---|---|---|---|---|---|

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 checked="" type="radio"/> Yes <input 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 type="radio"/> Yes <input type="radio"/> No |
| New Municipal Construction and Land Disturbance.. | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Right of Way Maintenance..... | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Marine Operations..... | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input 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 checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Municipal Building..... | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Stormwater System Maintenance..... | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Vehicle and Fleet Maintenance..... | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Other..... | <input 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,

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|---|---|---|---|
| 2 | 0 | 1 | 0 |
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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

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| TOWN OF POUGHKEEPSIE |
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SPDES ID

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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

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

| | | | | |
|--|--|---|---|---|
| | | 2 | 8 | 6 |
|--|--|---|---|---|
- Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|---|---|---|
| | | 5 | 0 | 0 |
|--|--|---|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 5 |
|--|--|--|--|--|---|
- Phosphorus Applied In Chemical Fertilizer # Lbs.

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

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

| | | | | | | | |
|--|--|--|--|--|---|---|---|
| | | | | | 0 | . | 0 |
|--|--|--|--|--|---|---|---|

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

| | | | | | | |
|--|--|--|--|--|--|---|
| | | | | | | 6 |
|--|--|--|--|--|--|---|

4. What was the date of the last training?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 3 | / | 2 | 0 | / | 2 | 0 | 1 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | |
|--|--|--|--|--|--|---|---|
| | | | | | | 3 | 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,

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| 2 | 0 | 1 | 0 |
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF POUGHKEEPSIE

SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 9 | 8 |
|---|---|---|---|---|---|---|---|---|

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.

- Training opportunities were identified and discussed at quarterly department meetings.

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

- 32 municipal staff members received training by a combination of 4-hour classes provided by DCSWCD and also by viewing a municipal training DVD.

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

| | | | |
|--|--|--|---|
| | | | 4 |
|--|--|--|---|

(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).

- More frequent facility audits for good housekeeping practices will be conducted.
- A log of catch basin inspections and cleaning will be maintained in paper and/or electronic format.