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

	 SPE	DES	ID						
Name of MS4 Inc. Village of Manorhaven	N	Y	R	2	0	A	3	3	8

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 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
- O Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

Firs	t Na	ime									_					MI		Las	t Na	ıme											
J	a	m	е	s														A	v	е	n	a									
Title	е																														
M	a	У	0	r																											
Add	lres:	S																													
3	3		М	а	n	0	r	h	a	v	е	n		В	1	v	d														
City	1																			S	ate		Zip	)							
City P	0	r	t		W	a	S	h	i	n	g	t	0	n						S		Y	Zip 1	1	0	5	0	] _		T	
	0	r	t		W	а	S	h	i	n	g	t	0	n											0	5	0	]			
P	0	r	t		W	а	S	h	i	n	g	t	0	n											0	5	0	]-			
P	o	r	t		W	а	S	h	i	n	g	t	0	n				Cou	nty	ı					0	5	0	] <b>-</b>			

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

		SPI	DES	ID				_		
Name of MS4	Inc. Village of Manorhaven	N	Y	R	2	0	A	3	3	8

Each MS4 must submit an MCC form.

#### Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- O A Single Entity (Per Part II.E of GP-0-10-002)
- O A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

ter coalition name:			
			1 1
	1 2 2 2 2		

# MS4 Annual Report Cover Page

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

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

SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	NYR20A

#### MS4 Annual Report Cover Page

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

This	cover	page	must b	e comj	pleted	by the	: report	preparer.
Join	t repoi	rts rec	quire o	nly one	cover	r page		

SPE	DES	ID						
N	Y	R	2	0	A	3	3	8

#### Choose one:

# This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

1	Nar	ne (	of 1	MS	4																				 	
	I	n	c	1		v	i	1	1	a	g	е	0	f	M	a	n	0	r	h	a	v	е	n		

#### OR

0	This	report	is	heing	submitted	on	hehalf	of	Я	Single	Entity
$\vee$	1 1113	rchorr	12	Denig	Submitted	UII	Dellan	VI	64	Dilligic	Butter

(Per Part II.E of GP-0-10-002)

Name of Coalition

Nar	ne c	of Si	ngle	e Er	itity	-				-									
													3						
				1			-			 L	L							3	

#### OR

O This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

									T	T	T													
							T	Ť	Ť		T	Ť		T					T			T	T	Ī
F								+	+	+	T	1	+	_								+	$\pm$	╡
		-	- 10					_						_	-		.3			_		1		_
SPI	DES	ID.					SPI	DES	ID						_	SPI	DES	ID	_	1		-	-	
N	Y	R	2	0	A		N	Y	R	2	0	A				N	Y	R	2	0	A			
SPI	DES	ID					SPI	DES	ID	_						SPI	DES	ID						
N	Y	R	2	0	A		N	Y	R	2	0	A				N	Y	R	2	0	A			
SPI	DES	ID			v - 9 (1 - 1 - 1 - 1		SPI	DES	ID		10 - 20 10 - 0			550		SPI	DES	ID			nt a	100		
N	Y	R	2	0	A		N	Y	R	2	0	A				N	Y	R	2	0	A			9118
SPI	DES	ID					SPI	DES	ID							SPI	DES	ID						
N	Y	R	2	0	A		N	Y	R	2	0	A				N	Y	R	2	0	A			
SPI	DES	ID					SPI	DES	ID							SPI	DES	ID	13 77 7		V. 0		0 10	-
N	Y	R	2	0	A		N	Y	R	2	0	A				N	Y	R	2	0	A			
SPI	DES	ID			357 1		SPI	DES	ID							SPI	DES	ID			-0 10			-
N	Y	R	2	0	A		N	Y	R	2	0	A				N	Y	R	2	0	A			2

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

		_																	_			SPE	ES	ID						
Name of	MS	54 <sup>1</sup>	nc. \	√illa <sub>l</sub>	ge of	Mar	orha	iven														N	Y	R	2	0	A	3	3	8
Section	1 3	- P	ar	tn	er i	Ini	for	m	atio	on																				
Did your											to o	om	ple	te s	om	e or	all	pei	rmit	rec	quir	eme	ents	du	ring	g thi	is re	epoi	rtinj	g
period?					•								•					•			•				•			•		_
-	_																													
									-							_												;		
			**				-								•												he			
	If No, proceed to Section 4 - Certification Statement.																													
	Partner/Coalition Name																													
	Manhasset Bay Protection Committe																													
	Manhasset Bay Protection Committe																													
	M a n h a s s e t B a y P r o t e c t i o n C o m m i t t e    Cartner/Coalition Name (con't.)																													
	M a n h a s s e t B a y P r o t e c t i o n C o m m i t t e    Artner/Coalition Name (con't.)   SPDES Partner ID - If applicable																													
	77	2	n	4	۵	r	37		n	+	_	r		Δ	37					Γ										
	artner/Coalition Name  M a n h a s s e t B a y P r o t e c t i o n C o m m i t t e  artner/Coalition Name (con't.)  SPDES Partner ID - If applicable  N Y R 2 0  ddress  1 5 V a n d e r v e n t e r A v e  State Zip																													
	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/CoalitionName  Manhasset Bay Protection Committee  Partner/CoalitionName(con't.)  SPDES Partner ID - If applicable Relations  Address  1 5 Vander Venter Payer Ave																													
			"	<u> </u>			_	11	9			111			<u></u>	<u> </u>		[	•   -		Ė			_						
			~	_		(A)	~	m	_	;	1		_		m															
			^				9	ш	a						itt					<u></u>	<u> </u>									
Phone 5 1	6	$ \mathbf{x} $	8	6	9	_	7	9	8	3	]							_	-		_	_			n ac					3.7
( 3 1						_											WI	in G	IP-0	-08	-002	2 Pa	πıν	/.U.	.7	U	Ye	S	•	No
What tas	ks/ı	resp	on	sib	iliti	es	are	sha	irec	l w	ith	this	s pa	ırtn	er (	e.g	. M	M	1 S	cho	ol	Pro	gra	ms	or	Mu	ltip	ole '	Гas	ks)
• MM1	М	u	1	t	i	p	1	e		Т	a	s	k	s																
			_			_	_																							$\overline{}$
• MM2	М	u	1	t	i	g	1	е		Т	a	s	k	S											L				_	ᆜ
<ul><li>MM3</li></ul>	W	a	t	е	r		q	u	a	1	i	t	У		m	0	n	i	t	0	r	i	n	g		0	t	h	е	r
• MM4	Е	d	u	С	а	t	i	0	n		m	0	n	i	t	0	r	i	n	g		f	0	r		r	u	n	0	f
● MM5	E	d	u	С	a	t	i	0	n		m	0	n	i	t	0	r	i	n	g		f	0	r		r	u	n	0	f
<ul><li>MM6</li></ul>	Е	d	u	C	a	t	i	0	n																					
Addition	al t	ask	s/re	esp	ons	ibi	litie	es																						
• Wate			-						_				_	zen	ien	t Pi	acı	ice	s re	qu	ire	l fo	r N	<b>IS</b> 4	s ir	ı in	ıpa	irec	1	
wate	rsh	eds	inc	cluc	ded	in	GP	-0-	-80	002	2 P	art	IX.																	
Education	n a	nd	lite	rati	ure	on	sto	ım	wai	ter	run	off	, pe	t w	/ast	e, r	ath	og	ens	, w	ate	r fo	wl.	Or	ısit	e W	asi	tew	ate	r
Treatme																- 1		Ų					,							

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

9		SPI	DES	ID		-		2.25	0.00	
Name of MS4	Inc. Village of Manorhaven	N	Y	R	2	0	A	3	3	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 Nan	ne					
James		Av	e n	a				
Title (Clearly print title of individual signing report)								
Mayor								
Signature				Dat	e 5 /	30	12	019

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

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

	 211	DES	עו						
Name of MS4 Inc. Village of Manorhaven	N	Y	R	2	0	A	3	3	8

#### Section 2 - Contact Information

Important Instructions - Please Read

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

- 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:

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

Firs	t Na	me														ΜI		Las	t Na	ıme		,		_			_	,		,—		<u> </u>
s	h	а	r	0	n	4												A	b	r	a	m	s	k	i			<u></u>				
Titl	е																														_	_
v	i	1	1	a	g	е		С	1	е	r	k																	ļ			
Ado	dres	5																	_													_
3	3		М	а	n	0	r	h	а	v	e	n		В	1	v	d															
Cit	v												_							<u>S</u>	tate	_	Zip	1			,	,	_			_
Cit	0	r	t		W	а	s	h	i	n	g	t	0	n							$\neg$	Y	Zip	1	0	5	0	] -				
P	0	r	t		W	a	s	h	i	n	g	t	0	n							$\neg$	$\neg$		1	0	5	0	] -				
$\overline{}$	0	r	t 1	a	W	a	s	h 1	i	n	g	t	o h	n	r	0	n	@	M		$\neg$	$\neg$		1	0 a	5 V	0 e	] -		0	r	a
P eM	ail i			a	<u> </u>	_		h 1	<u>'</u>					I	r	0	n		M	a	N :	Y]	1	1		·	_	J		0	r	a

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

	SPE	ES	ID						
Name of MS4 Inc. Village of Manorhaven	N	Y	R	2	0	A	3	3	8
Name of MS4								100	

# **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 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:

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

Firs	t Na	ıme														Mi		Las	t Na	me			_	_		_		_			_	
J	e	n	n	i	f	е	r											W	i	1	s	0	n		P	i	n	е	s			
Title	e .				0 0											_												-				
М	a	n	h	a	s	s	е	t		В	a	У		P	C		r	е	p	r	е	s	е	n	t	a	t	i	v	е		
Add	ires	S																													_	
3	3		М	a	n	0	r	h	a	v	e	n		В	1	V	d		L	L									_			
Cit	,												100						_		tate	_	Zij		Т	1	-	٦	<u></u>	_	_	
P	0	r	t		W	a	s	h	i	n	g	t	0	n					L		N	Y	1	1	0	5	0	_		L	L	
eM	ail		7													_				T	_	_	т—	Т	1	23		_		_	-	
j	w	p	i	n	е	s	@	g	m	a	i	1	·	С	0	m						L									L	
Pho	ne																		unty	y			_	_	_			Т		_	_	
(	5	1	6	)	8	8	3	-	7	0	0	0						N	a	s	S	a	u				L		_			

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

				_															_			SPI	DES	ID						
Name of M	154/	Coa	litic	on l	nc, V	/i lag	e of	Man	orha	ven												N	Y	R	2	0	3	3	8	
										7	<u>Va</u>	ter	r ()	ua	lit	<u>у Т</u>	<u>re</u>	nd	<u> s</u>											
The infor	mat	ion	in	this	sec	ctio	n is	be	ing	rep	orte	ed (	che	ck (	one)	):														
On bel	alf	of a	a co	alit	ion				but	ed	to 1	his	rep	ort	?															
1. Has relat One.	ed						_						_						-			-		-		eas	sure Ye		0	No
If Yes, cl	1008	e o	ne (	of t	he 1	follo	owii	ng																						
O Report	(s) a	itta	che	d to	the	e an	mua	ıl re	:por	t																				
• Web P	_				_	-	-		-																					
	Ple	ase	pr	ovi	de.	spe	cifi	c a	ddr	ess	of	pag	ge v	vhe	re :	rep	ort(	(s) (	can	be	aco	ess	sed	- n	ot l	ıon	ne p	ag	e.	
	URI	_				_	_								_			_								_				
	W	W	w		m	a	n	h	a	s	s	е	t	b	a	У	р	r	0	t	e	С	t	i	0	n	С	0	m	m
	i	t	t	е	е		0	r	g	/	w	a	t	е	r	q	u	a	1	i	t	у		h	t	m				
																		_								L	L			
	URL											T							Γ											
	_																						7.7	_		$\vdash$				
	$\vdash$																						/ 5			H	_			
	1.001		_				_			_	_	_						_	_	_	_							_		
	URL																												П	
	URL																										_			
	-																													

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  9

		SPDES ID
Name of MS4/Coalition	Inc. Village of Manorhaven	N Y R 2 0 3 3 8
Minin	num Control Measure 1. Public Ed	ucation and Outreach
The information in this	s section is being reported (check one):	
<ul><li>On behalf of an indi</li><li>On behalf of a coali</li><li>How ma</li></ul>		
1. Targeted Public	Education and Outreach Best Manageme	ent Practices
Check all topics that	were included in Education and Outreach de	uring this reporting period:
O Construction Sites		O Pesticide and Fertilizer Application
General Stormwater	Management Information	Pet Waste Management
Household Hazardou	us Waste Disposal	<ul><li>Recycling</li></ul>
Illicit Discharge Det	ection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maint	enance	● Trash Management
O Smart Growth		• Vehicle Washing
Storm Drain Markin	g	Water Conservation
O Green Infrastructure	/Better Site Design/Low Impact Development	O Wetland Protection
Other:		O None
b o a t p	umpout	
2. Specific audienc	es targeted during this reporting period:	
• Public Employees	<ul><li>Contractors</li></ul>	
<ul><li>Residential</li></ul>	<ul><li>Developers</li></ul>	
<ul><li>Businesses</li></ul>	• General Public	
<ul><li>Restaurants</li></ul>	O Industries	
Other:	O Agricultural	
student Other	s boaters home	owners

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$  9

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

Name	of M	S4/	Coa	litic	on_I	nc. V	/illag	e of	Man	orhav	en												N	Y	R	2	0	3	3	8	
3. T	Wha his 1			_			-								e to	o ac	:hie	eve	edi	иса	tio	n a	nd	out	tre	ach	go	als	du	rin	g
0 Cc	onstri	actio	on S	Site	Op	ега	tor	s Tı	ain	ed													i	# Tr	ain	ed					
• Di	rect	Mai	ilinį	gs																			#	Ma	ilin	gs		5	4	0	0
• Ki	osks	or (	Oth	er l	Disp	olay	/S																# [	Loca	atio	ns					8
• Li:	st-Se	rves	8																					# I	n Li	ist				8	6
0 M	ailing	g Li	st																					# I	n Li	ist					
• Ne	ewspa	aper	A	ds c	or A	artic	cles																#	Day	s Rı	ın				2	3
● Pu	blic	Eve	ents	/Pr	eser	ntat	ions	S															# /	Atte	nde	es	2	0	0	0	0
O Sc	hool	Pro	gra	m																			# /	Atte	nde	es					
OTV	/ Sp	ot/P	rog	ran	1																		#1	Day	s Rı	ın					
• Pr																					To	otal	# D	istri	bute	ed			7	5	0
	Loca	tion:	s (e.	g. li	ibrar a	ries, g	tow	n of	ices O	kio f			a	n	0	r	a	v	e	n							S 1.3-17 gen				1
	H	a	+	b	0	r	F	e	s	t	7	,			E	$\dashv$	r	_	h												
	D	+	у											1																	
	Н	+	-						$\exists$	$\dashv$		7				寸		7	7	=											
• Ot	her:					_							_						1												
	F	a	С	е	b	0	0	k		P	r	е	s	e	n	t	a	t	i	0											
• w	eb Pa	age:		Pro	ovid	le s	pec	ific	wel	b ad	idre	sse	S - 1	not	hor	ne p	oag	e. (	Con	tinu	e o	n ne	ext	pag	e if	ado	ditio	onal	l spa	ace	is
UI	RL			nee	edec	d.	_	_								_															
V	v w	W		m	a	n	h	a	s	s	е	t	ь	a	У	р	r	0	t	е	С	t	i	0	n	С	0	m	m	i	t
-	- e	e		0	r	g	/	p	u	b	1	i	С	a	t	i	0	n	s		a	n	đ		m	a	t	е	r	i	а
L	Ls		h	t	m									_																	
ui r	RL 1 O	t	е	-	t	h	е	r	е		ş	h	0	u	1	d		ъ	е		u	n	d	е	r	s	С	0	r	e	s
1	+	_	t		e	144	a	b	0	v	e	1,,	w	-	e	r	e	1	s	p	a	C	e	d	-	٥		0		Ç	ے
	1						1			Ľ			_ **							F	<u>~</u>			<u>~</u>							
_		L				_	_	<u> </u>						_		_	_										$\Box$	_			

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

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

M	S4/	Coa	litic	n Ir	ıc. V	illag	e of	Man	orha	ven												N	Y	R	2	0	3	3	8	
											c w	eb	add	lres	ses	- n	ot l	hon	ne j	pag	e.									
t	t	p	:	1	1	w	w	w		m	a	n	h	a	ş	s	e	t	b	a	У	р	r	0	t	е	С	t	i	C
c	0	m	m	i	t	t	е	е		o	r	g	/	w	a	t	e	r	q	u	a	1	i	t	У		h	t	m	
		-																										,		_
W	W	٠	g	е	t	Р	u	m	P	е	d	1	i		0	r	g	/	r	е	s	0	u	r	С	е	s	4		
																													2 7 : 1	
ŧ.	t	q	:	7	1	W	w	w		m	a	n	h	a	s	s	е	t	b	a	у	q	r	0	t	е	С	t	i	c
c	=	m	m	i	t	t	e	е		0	-	_		P	D	F		P	U		_	I	С							
														Ī													1 1			
0	t	е	-	t	h	е	r	е		s	h	0	u	1	d		b	е		u	n	d	е	r	s	С	0	r	е	2
n		t	h	е		a	b	0	V	е		W	h	е	r	е		S	р	a	С	е	d							
				S					-11-1			0-2	27 3				-53			31 1									100	
																	- 2		- 15			, 5,		1 27		150	Ç			
					_	_			_	_					_	_				-			C 5							
_								F																						
-																												7		
									1																_					
		8 /								P			-																	
																										a A				
-	-					-	1	-	1	-				-													-	-		_
	b l	b Pag	b Page of t p c o m	b Page condition to be a condition to be a conditional to be a con	b Page con't.:  t t p : / c o m m i  w w . g e  t t p : / c o m m i	b Page con't.:  t t p : / / c o m m i t  w w . g e t  t p : / / c o m m i t	b Page con't.: Pro t t p : / / w c o m m i t t w w . g e t p t t p : / / w c o m m i t t	b Page con't.: Provide to the point of the point to the p	b Page con't.: Provide s  t t p : / / w w w  c o m m i t t e e  w w . g e t p u m  t t p : / / w w w  c o m m i t t e e	b Page con't.: Provide spect t p : / / w w w . c o m m i t t e e . w w . g e t p u m p  t t p : / / w w w . c o m m i t t e e .	t t p : / / w w w . m  c o m m i t t e e . o  w w . g e t p u m p e  t t p : / / w w w . m  c o m m i t t e e . o	b Page con't.: Provide specific w  t t p : / / w w w . m a  c o m m i t t e e . o r  w w . g e t p u m p e d  t t p : / / w w w . m a  c o m m i t t e e . o r	b Page con't.: Provide specific web  t t p : / / w w w . m a n  c o m m i t t e e . o r g  w w . g e t p u m p e d l  t t p : / / w w w . m a n  c o m m i t t e e . o r g	b Page con't.: Provide specific web add  t t p : / / w w w . m a n h  c o m m i t t e e . o r g /  w w . g e t p u m p e d l i  t t p : / / w w w . m a n h  c o m m i t t e e . o r g /	b Page con't.: Provide specific web address t t p : / / w w w . m a n h a c o m m i t t e e . o r g / w w w . g e t p u m p e d l i .  t t p : / / w w w . m a n h a c o m m i t t e e . o r g / P	b Page con't.: Provide specific web addresses  t t p : / / w w w . m a n h a s  c o m m i t t e e . o r g / w a  w w . g e t p u m p e d l i . o  t t p : / / w w w . m a n h a s  c o m m i t t e e . o r g / P D	b Page con't.: Provide specific web addresses - n  t t p : / / w w w . m a n h a s s  c o m m i t t e e . o r g / w a t  w w . g e t p u m p e d l i . o r  t t p : / / w w w . m a n h a s s  c o m m i t t e e . o r g / P D F	b Page con't.: Provide specific web addresses - not  t t p : / / w w w . m a n h a s s e  c o m m i t t e e . o r g / w a t e  w w . g e t p u m p e d l i . o r g  t t p : / / w w w . m a n h a s s e  c o m m i t t e e . o r g / P D F  o t e - t h e r e s h o u l d b	b Page con't.: Provide specific web addresses - not hore ttp://www.manhasset committee.org/water ww.getpumpedli.org/ ttp://www.manhasset committee.org/PDFP	b Page con't.: Provide specific web addresses - not home page to p : / / w w w . m a n h a s s e t b c o m m i t t e e . o r g / w a t e r q  w w . g e t p u m p e d l i . o r g / r  t t p : / / w w w . m a n h a s s e t b  c o m m i t t e e . o r g / P D F P U	b Page con't.: Provide specific web addresses - not home page t t p : / / w w w . m a n h a s s e t b a c o m m i t t e e . o r g / w a t e r q u  w w . g e t p u m p e d l i . o r g / r e  t t p : / / w w w . m a n h a s s e t b a c o m m i t t e e . o r g / P D F P U B	b Page con't.: Provide specific web addresses - not home page.  t t p : / / w w w . m a n h a s s e t b a y c o m m i t t e e . o r g / w a t e r q u a  w w . g e t p u m p e d 1 i . o r g / r e s  t t p : / / w w w . m a n h a s s e t b a y c o m m i t t e e . o r g / P D F P U B L	b Page con't.: Provide specific web addresses - not home page.  t t p : / / w w w . m a n h a s s e t b a y p c o m m i t t e e . o r g / w a t e r q u a l  w w . g e t p u m p e d l i . o r g / r e s o  t t p : / / w w w . m a n h a s s e t b a y p c o m m i t t e e . o r g / P D F P U B L I  o t e - t h e r e s h o u l d b e u n d	b Page con't.: Provide specific web addresses - not home page.  t t p : / / w w w . m a n h a s s e t b a y p r c o m m i t t e e . o r g / w a t e r q u a l i  w w . g e t p u m p e d l i . o r g / r e s o u  t t p : / / w w w . m a n h a s s e t b a y p r c o m m i t t e e . o r g / P D F P U B L I C	b Page con't.: Provide specific web addresses - not home page.  t t p : / / w w w . m a n h a s s e t b a y p r o c o m m i t t e e . o r g / w a t e r q u a 1 i t  w w . g e t p u m p e d 1 i . o r g / r e s o u r  t t p : / / w w w . m a n h a s s e t b a y p r o c o m m i t t e e . o r g / P D F P U B L I C /	b Page con't.: Provide specific web addresses - not home page.  t t p : / / w w w . m a n h a s s e t b a y p r o t c o m m i t t e e . o r g / w a t e r q u a 1 i t y  w w . g e t p u m p e d 1 i . o r g / r e s o u r c  t t p : / / w w w . m a n h a s s e t b a y p r o t c o m m i t t e e . o r g / P D F P U B L I C /  b t e - t h e r e s h o u 1 d b e u n d e r s	b Page con't.: Provide specific web addresses - not home page.  t t p : / / w w w . m a n h a s s e t b a y p r o t e c o m m i t t e e . o r g / w a t e r q u a l i t y .  w w . g e t p u m p e d l i . o r g / r e s o u r c e c o m m i t t e e . o r g / P D F P U B L I C /  b t e - t h e r e s h o u l d b e u n d e r s c	b Page con't.: Provide specific web addresses - not home page.  t t p : / / w w w . m a n h a s s e t b a y p r o t e c c o m m i t t e e . o r g / w a t e r q u a l i t y . h  w w . g e t p u m p e d l i . o r g / r e s o u r c e s  t t p : / / w w w . m a n h a s s e t b a y p r o t e c  c o m m i t t e e . o r g / P D F P U B L I C /	b Page con't.: Provide specific web addresses - not home page.  t t p : / / w w w . m a n h a s s e t b a y p r o t e c t c o m m i t t e e . o r g / w a t e r q u a l i t y . h t  w w . g e t p u m p e d l i . o r g / r e s o u r c e s /  t t p : / / w w w . m a n h a s s e t b a y p r o t e c t c o m m i t t e e . o r g / P D F P U B L I C /  t t e - t h e r e s h o u l d b e u n d e r s c o r	b Page con't.: Provide specific web addresses - not home page.  t t p : / / w w w . m a n h a s s e t b a y p r o t e c t i c o m m i t t e e . o r g / w a t e r q u a 1 i t y . h t m  w w . g e t p u m p e d 1 i . o r g / r e s o u r c e s /  t t p : / / w w w . m a n h a s s e t b a y p r o t e c t i c o m m i t t e e . o r g / P D F P U B L I C /

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 

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

Name of MS4/Coalition Inc. Village of Manorhaven	N Y R 2 0 3 3 8
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMFIII.C.1. Submit additional pages as needed.	•
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
The Village goal continues to be to increase number and variety of	of education materials.
B. Briefly summarize the observations that indicated the over	rall effectiveness of this Measurable
Goal.	
Increased page hits	
C. How many times was this observation measured or evaluate	1
D. Has your MS4 made progress toward this Measurable Goa	(ex.: samples/participants/event
	Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in t	he SWMPP?
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	· ·
Village added several new resource links to website. Website wil	l be redesigned next year.
3	

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

Name of Manorhaven				N	YR	2	0	3	3	8	
Name of MS4/Coatition									اد	-	
Minimum Control Measure 2. I	<u>Public I</u> 1	nvolv	<u>emen</u>	t/P	<u>'artici</u>	pa	<u>tio</u>	<u>n</u>			
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 re	port?										
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	the Stor	mwate	r Mai	nag			)gı	ran	1		
Cleanup Events					# Event	is [					1
O Comments on SWMP Received				# C	omment	ıs	T		$\Box$		
Community Hotlines	Phone #	( 5	1 6	)	8 6	9	-[	7	9	8	3
Phone # ( )	Phone #			)			-[				
Phone # ( )	Phone #			)			-[				
Phone # ( )	Phone #			)			-[				
Phone # ()	Phone#			)			-[				
Phone # ( ) -	Phone #			)			-[				
Community Meetings				# #	Attendee	s			1	0	0
O Plantings					Sq. F	t.		1	0	0	0
O Storm Drain Markings					# Drain	s					
Stakeholder Meetings				# 8	Attendee	s			1	2	0
● Volunteer Monitoring					# Event	s				1	3
Other:											
2. Was public notice of availability of this annua Program (SWMP) Plan provided?	al report	and St	ormw	ate	er Man	age		ent Ye		0	No
○ List-Serve					# In Lis	st					
O Newspaper Advertising				# I	Days Ru	n [					
○ TV/Radio Notices				# I	Days Ru	n [					
Other: v i l l a g e b u l l e t	in	b o	a r	d	s						
O Web Page URL: Enter URL(s) on the following tw	vo pages.										

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 & 9 \end{bmatrix}$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

ne c	fΜ	S4/6	Coa	litic	on_l	nc. V	'illag	c of l	Man	orhav	ven												N	Y	R	2	0	3	3	8	
UI Pl	RL(	(s)	cor	ı't.:	:							wł	ier	e ne	otic	e(s	) ca	ın 1	be a	acc	ess	ed -	- ne	ot b	on	1e p	ag	e.			
URI W	w	w		m	a	n	0	r	h	a	v	е	n		0	r	g	/	s	t	0	r	m	W	a	t	_	r	r	e	Ι,
		t		⊨	h	+	m	1		<u></u>			1			_	9	_						**	-	_		-			
0	r	_	s	/	11	-	III	1		<u> </u>		<u> </u>												_						_	L
											_													_							L
URI	200 1						9									-								_							Τ
									+	I																					L
_						<u> </u>	<u> </u>	<u> </u>		<u> </u>			-						_								_				L
															_																L
JRI	26			Γ		Т			Τ		1			_													_				Τ
_				ļ T	<u> </u>					<u> </u>																	_			_	I
				_	L	L									_		_			_											L
			_	L			L		L						L				i												
JRI			_			<u> </u>	T		_		Ī			1		1	-														Т
_				_		L																								_	L
_				Ļ					_				<u>_</u>	_											_					_	L
_				L		L																									
JRI									!								-		_												
_																															
				Ļ																											
_																															
JRI		-		_	T				_	l		_														-					_
						L	_	L																							
JRI					_							1																	_		
																														_	

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

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

Name of MS4/Coalition Inc. Village of Manorhaven N Y R 2 0 3 3 8 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL URL URL

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 

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

SPDES ID

Name of MS4/Coalition Inc. Village of Manorhaven

Name of MS4/Coalition Inc. Village of Manorhaven

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.

	ter ac ether																												d	
O MS4																		al F				_	_		Plar		0 (		ıme	nts
D	epart	men	t						_								_													
Ā	ddres	S																									$\equiv$			_
C	ity		_				_				_			_							Zip									
																										_				
P	hone										-					i										!				
-	(			1				_																						
,	<b>`</b>			<i>,</i>			<u> </u>	,		-	1		ļ																	
○ Libra	ry ddres														C	) A	กกน	al F	tep	ort		) S1	$W_{N}$	IP I	Plar	l .	$\circ$	Con	ıme	nts
Ê	duics	3					Г							Π																_
	ity																				7:-									
	Hy															1			$\neg$	İ	Zip					1				
L																	L									-				
P	hone						1	١.		1			l																	
(	( 🖳			)			<u> </u>	-																						
Other	r .dd <b>re</b> s														C	) A:	nnu	al F	\ep	ort		) S1	VΝ	IP I	Plar	1	0 (	Con	ıme	nts
	3 3	3	М	a	n	0	r	h	а	v	e	n		В	1	v	đ													_
	ity		1-1		11			11		_	_					_					Zip		_							
			4-	Γ	W			h	i		_	t		_		Ì	Ī,	7 Z	7		21p	1	0	5		1				
_	Po	r	t		W	a	s	11	т_	n	g		0	n			1	N I .	L		Τ.	т	U	) >	0	_				_
P	hone		_		_	_	1 -	)	_				l																	
(	( 5	1	6	)	8	8	3	-	7	0	0	0																		
																											_	_		
○ Web_	Page	UR	L:								_	,—	_			) A	nnu	al F	(ep	ort		2 5	WN	IP I	Plar	1	0 (	Con	ıme	nts
1	w w	w		m	a	n	0	r	h	a	v	е	n		0	r	g	1	s	t	0	r	m	w	a	t	e	r	r	е
Ī			t		,	h	t	-	1					İ																
LI.	0 0	r	L	s	/	11	٢	m		<u>_</u>		_			<u></u>				_								=			
F	Please	e pr	ovi	de	spe	cif	ic a	ddı	ess	of	pa	ge v	<i>v</i> he	ere	rep	ort	can	be	ac	ces	sed	- n	ot	hor	ne	pag	e.			
○ eMai		•			•						• •	_			*											. –	, O (	ີ ດກ	ıme	nte
	-																										- "			

CIAI	all														$\cup$ (	_OII	nme	ans

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

	SPDES ID
Name of MS4/Coalition Inc. Village of Manorhaven	N Y R 2 0 3 3 8
4.a. If this report was made available on the internet, what of	date was it posted?
Leave blank if this report was not posted on the internet.	0 5 / 2 0 / 2 0 1 9
4.b. For how many days was/will this report be posted?	3 6 5
If submitting a report for single MS4, answer 5.a If submi	nitting a joint report, answer 5.b
5.a. Was an Annual Report public meeting held in this repo	orting period? • Yes O No
If Yes, what was the date of the meeting?	05/23/2019
If No, is one planned?	○ Yes ○ Ne
5.b. Was an Annual Report public meeting held for all MS4	4s contributing to this report during
this reporting period?	O Yes O No
If No, is one planned for each?	O Yes O 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.	

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 9 \mid$ 

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

Name of MS4/Coalition	Inc. Village of Manorhaven		N Y R 2	0 3 3 8
Use this page to repo	gress Toward Measurable (	ect plans toward		
	ormwater Management Prog tional pages as needed.	ram Plan (SWMI	PP), including requiren	nents in Part
A. Briefly summar	ize the Measurable Goal id	lentified in the S	WMPP in this report	ing period.
Continue to provide	e opportunities for residents t	o participate in m	neaningful activities	
B. Briefly summar Goal.	ize the observations that in	dicated the over	all effectiveness of th	is Measurable
	via the Village website, Facel ne Native Garden Planting an			there were
C. How many time	es was this observation mea	sured or evaluat	ted in this reporting r	period?
,				2
			(ex.; s	amples/participants/event:
D. Has your MS4 r	made progress toward this	measurable goal	during this reportin	g period?
				● Yes ○ No
E. Is your MS4 on	schedule to meet the deadl	ine set forth in t	he SWMPP?	
				● Yes ○ No
	ize the stormwater activition in a cycle (including an impl			CM during
Continue to provide Garden	e opportunities through event	s; Earth Day , Na	tive plant garden, Con	nmunity
		1000		

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

Name of MS4/Coalition Inc. Village of Manorhaven	N Y R 2 0 3 3 8
Minimum Control Measure 3	3. Illicit Discharge Detection and Elimination
The information in this section is being report	ed (check one):
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed</li> </ul>	to this report?
1. Enter the number and approx. perce	nt of outfalls mapped: # %
2. How many of these outfalls have been reporting period (outfall reconnaissa	n screened for dry weather discharges during this nce inventory)?
3.a. What types of generating sites/sewer reporting period?	sheds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
Building Maintenance	<ul><li>Marinas</li></ul>
O Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
Commercial Laundry/Dry Cleaners	Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	<ul><li>Restaurants</li></ul>
O Food Processing Facilities	○ Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	○ None
O Sewersheds:	

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

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

		SPDESID			
Name of MS4/Coalition Inc. Village of Manorhaven		N Y R	2 0 3	3 3	8
3.b. What types of illicit discharges have	been found during th	is reporting period	đ?		
O Broken Lines From Sanitary Sewer	O Industrial Connection	ns			
O Cross Connections	O Inflow/Infiltration				
O Failing Septic Systems	O Pump Station Failure	;			
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Over	flows			
O Illegal Dumping	O Straight Pipe Sewer	Discharges			
Other:	None				
4. How many illicit discharges/potentia reporting period?	il illegal connections h	ave been detected	during	this	0
5. How many illicit discharges have be	en confirmed during t	his reporting perio	d?		0
6. How many illicit discharges/illegal c	onnections have been	eliminated during	this re	porti	<b>n</b> ø
period?		g			0
7. Has the storm sewershed mapping b	een completed in this	reporting period?	ΟY	'es	O No
If No, approximately what percent was	-			5	0 %
8. Is the above information available in	CIS?		0 Y	r <sub>oc</sub>	— ● No
Is this information available on the v	= -		0 Y		• No
If Yes, provide URL(s):					
Please provide specific address of page URL	where map(s) can be a	ccessed - not home	page.		
v i 1 1 a g e i s p a	rt of a	coali	t i c	n	
with Town of	North	Hempst	e a d		t o
map, report n	ot fina	l y e t			
URL					
				$\dashv$	4
				4	4
					1

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 \end{bmatrix} 1 \begin{bmatrix} 9 \end{bmatrix}$ 

									-					+					井	_
			$\dagger$																$\exists$	
RL		T		T											Ī					
					Ì															_
RL				T				T			-		П							
İ																				
RL											I									
											+	-							4	_
RL.								100	1_		1								_	
I																				_
+							2		+			<u> </u>							+	_
Has	an IDDE	E law t	een a	adopt	ed fo	r eac	h tra	aditi	onal	MS	4 an	d/o	r ha	ve II	DI	E pr	oc	edv	ıres	
appı	roved for	all no	n-tra	ditio	nal M	1S4s	cont	ribu	ting	to t	his r	epo	rt?				•	Ye	S	(

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 

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

Name of MS4/Coalition Inc. Village of Manorhaven	N Y R 2 0 3 3 8
12. Evaluating Progress Toward Measurable Goals MCM 3	
12. Evaluating 110gless 10 ward ividus diable Goals ivicing 5	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.	•
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
The Village will continue to monitor new construction sites and i discharges from existing structures.	dentify, locate and eliminate illicit
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
THe Village has chosen to evaluate the number of illicit discharg detected during this reporting period.	es detected. There were none
C. How many times was this observation measured or evaluate	ted in this reporting period?
or and the second secon	
	· 1
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/eve during this reporting period?
	(ex.: samples/participants/eventh during this reporting period?  • Yes • No
	(ex.: samples/participants/eventh during this reporting period?  • Yes • No
E. Is your MS4 on schedule to meet the deadline set forth in t	(ex.: samples/participants/events   during this reporting period?  ■ Yes ○ No  he SWMPP?  ■ Yes ○ No  eet the goals of this MCM during
<ul><li>E. Is your MS4 on schedule to meet the deadline set forth in t</li><li>F. Briefly summarize the stormwater activities planned to me</li></ul>	(ex.: samples/participants/events   during this reporting period?  ■ Yes ○ No  he SWMPP?  ■ Yes ○ No  eet the goals of this MCM during
<u></u>	(ex.: samples/participants/events   during this reporting period?  ■ Yes ○ No  he SWMPP?  ■ Yes ○ No  eet the goals of this MCM during
<ul> <li>E. Is your MS4 on schedule to meet the deadline set forth in t</li> <li>F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation schedule).</li> </ul>	(ex.: samples/participants/events   during this reporting period?  ■ Yes ○ No  he SWMPP?  ■ Yes ○ No  eet the goals of this MCM during

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

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

	SPI	DES	<u>ID</u>						
Name of MS4/Coalition Inc. Village of Manorhaven	N	Y	R	2	0	2	2	8	

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

	Construction Site and Post-Construction Control		
The	e 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 remechanism that provides equivalent protection to the NYS SPDES General Per Stormwater Discharges from Construction Activities?	-	
1b	.Has each Town, City and/or Village contributing to this report documented that equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney cerfification or using the NYSDE Analysis Workbook?	Erosion C Gap	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La 0 09/2004 0 0	aw. 03/2006	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	• Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have reviewed in this reporting period?	ve been	0
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of pocomments related to construction SWPPPs?  • Yes	ublic No	O 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 SWPPP process?	the loc	al ● 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:

O Notices of Violation	#		1	0	O No Authority
O Stop Work Orders	#				O No Authority
O Criminal Actions	#				O No Authority
O Termination of Contracts	#				O No Authority
O Administrative Fines	#				O No Authority
O Civil Penalties	#				O No Authority
O Administrative Orders	#				O No Authority
O Enforcement Actions or Sanctions	#				
Other	#				O No Authority

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

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

	SPI	DES	ID		_				
Name of MS4/Coalition Inc. Village of Manorhaven	N	Y	R	2	0	3	3	8	

# Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The	information in this section is being reported (check one):		
0 0	n behalf of an individual MS4 n behalf of a coalition How many MS4s contributed to this report?		
1.	How many construction projects have been authorized for disturbances of one a during this reporting period?	icre or n	nore 0
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	r jurisd	o o
3.	What percent of active construction sites were inspected during this reporting p	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 Construction Stormwater Inspection Manual?  • Yes	the NY	S O NT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prever (SWPPPs) of construction projects that are subject to MS4 review and approva	ntion Plant! Al? O No	
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made av public review?	ailable i	O No
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	d.	

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

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

																							SPI	DES	ID						
Name	of M	S4/	Coa	litie	on_1	Inc. V	/illag	ge of	Man	orha	ven												N	Y	R	2	0	3	3	8	
6. c	om të																														
	ubn		ada	1:4:	000	1				ada	v.J																				
3	uon	ш	auc	11110	OHa	ıı pa	age	s as	ne	CUt	a.																				
$\circ$ MS	4/C	oal	itio	n C	Offic	ce																									
	Dep	artı	men	t	т—	_	т—	_		1		1	_	_	_	_	_	1	_	_		T	T	_	_			!			
				_								_																			
	Add	res	s	т—		т—		т—	Г	1		_	1					1		1		_		_			_	1	_		
		_								L		<u> </u>					L									_	_				
	City				_		1										1	_		_		Zip	_				1				
																											_				
	Pho	ne		,	1			,	ı			,	_																		
	(				)				-																						
O Lib	rary	,																													
	Add		s																												
	City	-	_										_	_	_	_				_		Zip									
																											_				
	Pho	ne	1		_	_	-										J			_						-	J		1		
	1				)				_																						
					,																										
Oth																															
	Add	res	<u>s_</u>		_	Τ	Τ_		_		-	_					_		_		_		_	_	<u> </u>	_		Ţ			
										_		_				<u></u>			_		_	_	_			_					
	City					Π														7		Zip					1			-	
									_																		_				
	Pho	ne		1	1.	_		1		_		1																			
	([				)				-																						
○ We	h Pa	ıge	UF	a. Ele	s):	Р	leas	se n	rov	ide	spe	ecifi	c a	ddre	ess	wh	ere .	SW	PP	Ps c	an	he a	icce	esse	d -	not	hoi	me '	pag	e.	
	URL	-0-		(	) -	_		г																	-				PB	-	
	n	0		s	W	P	P	s		h	a	v	e		b	ę	е	n		f	i	1	е	s		a	S		0	f	
	У	e	t		b	u	t		i	f		0	_	е	_	С		m	e		u			i	t		w	i	1	1	一
	b	e		p	0	s	t	е	d		0	n		t	h	e		v	i	1	1		g	е		w	e	b	s	i	t
	URL	-		_	-																										
																				<u> </u>											
		_				1									_		_	<u>—</u>	_	<u> </u>	_		_		=				$\dashv$		=
				_															_	_											

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

Inc. Village of Manorhaven		SPDES ID  N Y R 2 0	3 3 8
Name of MS4/Coalition Inc. Village of Manornaven			
7. Evaluating Progress Toward Meas	surable Goals MCM 4		
Use this page to report on your progress identified in your Stormwater Managements. 1. Submit additional pages as needed.	ent Program Plan (SWM ed.	(IPP), including requirement	nts in Part
A. Briefly summarize the Measurable	Goal identified in the	SWMPP in this reportin	g period.
THe Village will provide equivalant prowill review any SWPPPs received. Goo within the Village.	otection to the NYSDEC and engineering practices a	SPDES General Permit. Tare required of all constructions	The Village stion
B. Briefly summarize the observation Goal.	is that indicated the ove	erall effectiveness of this	Measurable
The threshold for SPDES permit has no review or enforce.	ot been met within the Vi	illage. There were zero (0)	permits to
C. How many times was this observa	tion measured or evalu	ated in this reporting pe	riod?
		(⊕x.: san∓	les/participants/event
D. Has your MS4 made progress tow	ard this measurable go	al during this reporting	period? • Yes ○ No
E. Is your MS4 on schedule to meet t	he deadline set forth in		Yes O No
F. Briefly summarize the stormwater the next reporting cycle (including	r activities planned to n g an implementation sc	neet the goals of this MC hedule).	M during
The Village is prepared to review and e	enforce any SPDES Perm	nits that might be filed in	he future.

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 9$ 

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

Name of MS4/Coalition	lnc. Village of Mano	rhaven		N Y R	2 0 3 3 8
Minimum	Control Mea	sure 5. Post	-Constructio	on Stormwater M	<u> Ianagement</u>
The information in th	nis section is beir	ng reported (che	ck one):		
<ul><li>On behalf of an inc</li><li>On behalf of a coa</li><li>How m</li></ul>		ributed to this	report?		
•	· · · · ·			nagement practices leporting period?	has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	es		Inspections		
O Filter Systems					
O Infiltration Basins					
Open Channels					
O Ponds					
O Wetlands					
Other					
2. Do you use an BMPs, inspecti			abase, spreads	heet) to track post-	construction ○ Yes • No
3. What types of Development/E		-		implement Low Imnciples?	ıpact
<ul><li>Building Codes</li></ul>	O Municipal C	Comprehensive P	lans		
Overlay Districts	Open Space	Preservation Pro	ogram		
<ul><li>Zoning</li></ul>	• Local Law o	or Ordinance			
O None	O Land Use R	egulation/Zoning	3		
<ul><li>Watershed Plans</li></ul>	Other Comp	rehensive Plan			
Other:					

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

	31	DEO 1					
Name of MS4/Coalition Inc. Village of Manorhaven	N	Y	2	0	3 3	8	
4a. Are the MS4s contributing to this report involved in a regional/waters	hed v	wide <sub>l</sub>	plan		effoi Yes		No
4b. Does the MS4 have a banking and credit system for stormwater mana	gemo	nt pr	actio		Yes	•	No
4c. Do the SWMP Plans for each MS4 contributing to this report include and approval of banking and credit of alternative siting of a stormwater.	a pro er m	tocol anag	for emei	at pr	uatio actic Yes	e?	No
4d. How many stormwater management practices have been implemented reporting period?	l as p	art o	f thi	s sys	tem i	in th	is ]
5. What percent of municipal officials/MS4 staff responsible for program training on Low Impace Development (LID), Better Site Design (BSD) Infrastructure principles in this reporting period?	n im and	oleme othe	ntat r Gr	ion a een	atten		9/0

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

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

Name of MS4/Coalition	Inc. Village of Manorhaven		N Y R 2 0	3 3 8
6. Evaluating Prog	gress Toward Measurable Goals N	1CM 5		
identified in your St	ort on your progress and project plar ormwater Management Program Pla tional pages as needed.		_	
A. Briefly summar	rize the Measurable Goal identified	d in the SWMP	P in this reporting	g period.
The Village Post Conew development a	onstruction program is prepared to a nd redevelopment.	ddress stormwat	er run off from reg	ulated
B. Briefly summar Goal.	ize the observations that indicated	l the overall eff	ectiveness of this l	Measurable
The threshold for a	regulated project has not been met d	luring this report	ting period.	
C. How many time	es was this observation measured o	or evaluated in t	this reporting per	iod?
				1
D. Hannama MCA				les/participants/events)
D. Has your MIS41	made progress toward this measur	abie goai durin		Yes O No
E. Is your MS4 on	schedule to meet the deadline set	forth in the SW		Yes ○ No
	ize the stormwater activities plan ng cycle (including an implementa			
THe Village will co	ontinue to be prepared to evaluate an	y regulated proje	ect.	

This report is being submitted for the reporting period ending March 9, 2 0 1 9 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	24.	SPI	DES	ID						_
Name of MS4/Coalition	Inc. Village of Manorhaven	N	Y	R	2	0	3	3	8	
· · · · · · · · · · · · · · · · · · ·							_			

# Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (chec	ck one):			
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this</li> </ul>	report?			
1. Choose/list each municipal operation/facility Pollutants of Concern to the MS4 system. It operation/facility has been addressed in the Program(SWMP) Plan and whether a self-reporting period. A self-assessment is performentially generated by the permittee's operativeness of existing programs and 3) it that will be addressed by the pollution prevnot done already.	For each ope MS4's/Coa assessment lormed to: 1) erations and dentify the I	eration/fac lition's Ste has been p determin l facilities; nunicipal	cility indicate whe brmwater Manag erformed during e the sources of po (2) evaluate the operations and fa	ther the ement the ollutants cilities n, if it's ment ty/Facility
Operation/Activity/Facility	Addressed i	n SWMP?		
Street Maintenance			• Yes	O No
Bridge Maintenance		O No	○ Yes	● No
Winter Road Maintenance	• Yes	O No	• Yes	O No
Salt Storage		• No	O Yes	<ul><li>No</li></ul>
Solid Waste Management	17. 200	• No	O Yes	<ul><li>No</li></ul>
New Municipal Construction and Land Disturbar		O No	• Yes	O No
Right of Way Maintenance	• Yes	O No	• Yes	O No
Marine Operations		• No	○ Yes	<ul><li>No</li></ul>
Hydrologic Habitat Modification	O Yes	● No	O Yes	<ul><li>No</li></ul>
Parks and Open Space		○ No	• Yes	$\circ$ No
Municipal Building		○ No	● Yes	O No
Stormwater System Maintenance		○ No	• Yes	○ No
Vehicle and Fleet Maintenance		O No	• Yes	O No
venicle and riect Maillenance	U I Ca	O 140		- 110

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 9$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID				
Name of MS4/Coalition Inc. Village of Manorhaven	N Y R 2	0	3 3	8	
2. Provide the following information about municipal operations	good housekeep	ing	prog	ran	ns:
O Parking Lots Swept (Number of acres X Number of times swept)	# Acres				6
O Streets Swept (Number of miles X Number of times swept)	# Miles		4	8	0
O Catch Basins Inspected and Cleaned Where Necessary	#			4	8
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#				0
O Phosphorus Applied In Chemical Fertilizer	# Lbs.				0
O Nitrogen Applied In Chemical Fertilizer	# Lbs.				0
O Pesticide/Herbicide Applied	# Acres			0].	
(Number of acres to which pesticide/herbicide was applied X Numb times applied to the nearest tenth.)	er or				
3. How many stormwater management trainings have been provi	ided to municing	l em	ınlas	, 665	
during this reporting period?	ided to manicipa				1
					_
4. What was the date of the last training?	0 4 /	1	2 0	1	8
5. How many municipal employees have been trained in this repo	orting period?				4
6. What percent of municipal employees in relevant positions and	d departments re	eceiv	e		
stormwater management training?	p		1 0	0	%

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

Name of MS4/Coalition Inc. Village of Manorhaven	N         Y         R         2         0         3         3         8
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward achieved in your Stormwater Management Program Plan (SWMPP), its III.C.1. Submit additional pages as needed.	eving measurable goals including requirements in Part
A. Briefly summarize the Measurable Goal identified in the SWM	PP in this reporting period.
The Village will address operations that collect, store or release sedim pollutants.	nents, wastes, and other
B. Briefly summarize the observations that indicated the overall e	ffectiveness of this Measurable
Catch Basin clean out and inspection was continued	
C. How many times was this observation measured or evaluated i	n this reporting period?
	(ex.: samples/participants/eve
D. Has your MS4 made progress toward this measurable goal du	
The second secon	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the S	• Yes O No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedule	he goals of this MCM during
The Village will continue this program. 90 % of the Village Stormwagravity curb and gutter, so catch basins are the only potential source of	of illicit connections.

If N/A, go to question 3.

#### **MS4 Annual Report Form**

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

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

of Manorhaven		SPDES ID  N Y R 2 0 3 3 8
shed Improvemen	t Strategy Best Mai	nagement Practices
is being reported (check	cone):	
IS4		
s contributed to this re	eport?	
,		
Answer	Check NA	(POC)
1224547-10-010	10.11.12	Phaselesses
		Phosphorus
		Phosphorus Phosphorus
1,2,774-0,04,00,9	3,4,3,10,11,12	Phosphorus
1679 499 0	2 2 4 5 95 10 11 12	Phosphorus
<u> </u>		Phosphorus
<del>    -    </del>		Phosphorus
1,0,74-4,84,9	2,3,4,3,80,10,11,12	Phosphorus
1.4.6.7a.d.8a.0	23595101112	Phosphorus
·		Phosphorus
<del>                                     </del>		Phosphorus
	2,3,3,00,10,11,12	r Hospitorus
1.4.79-4.9 (0.11.12	7 3 5 6 8n 8h	Pathogens
		Pathogens
		Pathogens
-	= = = = = = = = = = = = = = = = = = = =	•
1.4.7a-d.8a.9.10.11.12	2.3.5.6.8b	Pathogens and Nitrogen
	_,	Pathogens and Nitrogen
		Pathogens and Nitrogen
-	•	-
1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
<del>                                     </del>	2,3,5,86,10,11,12	Phosphorus
1 1,4,6,7a-d,8a,9		
1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
· - · - · - · - · - · - · - · - · - · -	2,3,5,8b,10,11,12	Phosphorus -
· - · - · - · - · - · - · - · - · - · -	2,3,5,8b,10,11,12 5,6,8a,8b	Phosphorus - Pathogens
1,4,6,7a-d,8a,9	-	
]	is being reported (check S4 s contributed to this re	Scontributed to this report?    Answer   Check NA

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

Estimate what percentage was mapped in this reporting period.

O Yes

● No ○ N/A

0 %

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

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

Na	me of MS4/Coalition Inc. Village of Manorhaven	SPDES ID NYR2	0 3 3	8
3.	Does your MS4/Coalition have a Stormwater Conveyance and Maintenance Plan Program?	System (infrastructur O Yes	e) Inspe	ection N/A
4.	Estimate the percentage of on-site wastewater treatment sy and maintained or rehabilitated as necessary in this repor	ystems that have been ting period?	inspect	ed %
5.	Has your MS4/Coalition developed a program that provid NYSDEC SPDES General Permit for Stormwater Dischar (GP-0-08-001) to reduce pollutants in stormwater runoff f disturb five thousand square feet or more?	ges from Constructio	n Activi vities th	ties
6.	Has your MS4/Coalition developed a program to address runoff from new development and redevelopment projects equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Act the New York State Stormwater Design Manual Enhanced Standards?	s that disturb greater le NYS DEC SPDES ( tivities (GP-0-08-001),	than or General includi al	
<b>7</b> a	Does your MS4/Coalition have a retrofitting program to r phosphorus/nitrogen/pathogen loading?	reduce erosion or O Yes	O No	• N/A
7k	. How many projects have been sited in this reporting perio	od?		
	. What percent of the projects included in 7b have been cor		ng peri	od?
70	I. What percent of projects planned in previous years have		Parinata	Named
84	n. Has your MS4/Coalition developed and implemented a tuper procedures policy that addresses proper fertilizer applications?	rf management practi	wned	
81	b. Has your MS4/Coalition developed and implemented a tu procedures policy that addresses proper disposal of grass municipally owned lands?	orf management pract clippings and leaves O Yes	ices and from O No	• N/A

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 9$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Inc. Village of Manorhaven	N Y R 2	0 3 3	3 8		
Name of MS4/Coantion					
9. Has your MS4/Coalition developed and implemented a program of native planting?					
	O Yes	O No	• N/A		
10. Has your MS4/Coalition enacted a local law prohibiting pet was					
prohibiting goose feeding?	O Yes	O No	● N/A		
11. Does your MS4/Coalition have a pet waste bag program?	O Yes	O No	• N/A		
12. Does your MS4/Coalition have a program to manage goose populations?	O Yes	O No	• N/A		