

# DRAFT

## MS4 Annual Report Cover Page

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

This cover page must be completed by the report preparer.  
Joint reports require only one cover page.

SPDES 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.

Name of MS4

V i l l a g e o f M a n o r h a v e n

OR

This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

OR

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.

Name of Coalition

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

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SPDES ID

N Y R 2 0 A



## MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID

### 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, 2021

Name of MS4

SPDES ID  
N Y R 2 0 A 3 3 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

N a s s a u C o u n t y S t o r m W a t e r

Partner/Coalition Name (con't.)

C o a l i t i o n

SPDES Partner ID - If applicable

N Y R 2 0 A 0 2 2

Address

1 1 9 4 P r o s p e c t A v e n u e

City

W e s t b u r y

State

N Y

Zip

1 1 5 9 0 - 2 7 2 3

eMail

S t o r m W a t e r 2 @ n a s s a u c o u n t y n y . g o v

Phone

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

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

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

- MM1 M u l t i p l e T a s k s
- MM2 M u l t i p l e T a s k s
- MM3 M u l t i p l e T a s k s
- MM4
- MM5
- MM6 M u l t i p l e T a s k s

Additional tasks/responsibilities

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

## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2021

Name of MS4

SPDES ID

### Section 4 - Certification Statement

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

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

First Name

MI

Last Name

Title (Clearly print title of individual signing report)

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,**

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	3	8
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### Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report? 

--	--	--

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

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

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Construction Sites</li> <li><input checked="" type="radio"/> General Stormwater Management Information</li> <li><input checked="" type="radio"/> Household Hazardous Waste Disposal</li> <li><input checked="" type="radio"/> Illicit Discharge Detection and Elimination</li> <li><input checked="" type="radio"/> Infrastructure Maintenance</li> <li><input checked="" type="radio"/> Smart Growth</li> <li><input checked="" type="radio"/> Storm Drain Marking</li> <li><input checked="" type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development</li> <li><input checked="" type="radio"/> Other:</li> </ul> | <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Pesticide and Fertilizer Application</li> <li><input checked="" type="radio"/> Pet Waste Management</li> <li><input checked="" type="radio"/> Recycling</li> <li><input checked="" type="radio"/> Riparian Corridor Protection/Restoration</li> <li><input checked="" type="radio"/> Trash Management</li> <li><input checked="" type="radio"/> Vehicle Washing</li> <li><input checked="" type="radio"/> Water Conservation</li> <li><input type="radio"/> Wetland Protection</li> <li><input type="radio"/> None</li> </ul> |
|--|---|

G o o s e M g t P l n , P o o l s

Other

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

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Public Employees</li> <li><input checked="" type="radio"/> Residential</li> <li><input checked="" type="radio"/> Businesses</li> <li><input checked="" type="radio"/> Restaurants</li> <li><input checked="" type="radio"/> Other:</li> </ul> | <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Contractors</li> <li><input checked="" type="radio"/> Developers</li> <li><input checked="" type="radio"/> General Public</li> <li><input checked="" type="radio"/> Industries</li> <li><input type="radio"/> Agricultural</li> </ul> |
|---|---|

S t u d e n t s , H o m e o w n e r s , L a n d s c a p e r s

Other

# DRAFT

## MS4 Annual Report Form

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 3 3 8

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

URL

www.manorhaven.org/documents/Manorhaven-Are%20You%20Ready%20for%20a%20Major%20Storm.pdf

URL

www.manorhaven.org/documents/Water%20Conservation%20-%20Handout%20-%20PWWD%20June%202016%20-%20v

URL

www.manorhaven.org/documents/Grease%20Brochure.pdf

URL

www.manorhaven.org/documents/greenlawncard%202-2018.pdf

URL

www.manorhaven.org/sanitation/

URL

www.manorhaven.org/village-forms/  
/

URL

www.nassaucountyny.gov/1876/Stormwater-Management-Program

# DRAFT

## MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Village of Manorhaven
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SPDES ID  

N	Y	R	2	0	A	3	3	8
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### Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report? 

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

- Cleanup Events # Events 

				0
--	--	--	--	---
- Comments on SWMP Received # Comments 

				0
--	--	--	--	---
- Community Hotlines
 

	Phone #	( <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> ) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											Phone #	( <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">5</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">6</td></tr></table> ) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">8</td><td style="width: 20px; height: 20px; text-align: center;">8</td><td style="width: 20px; height: 20px; text-align: center;">3</td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">7</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>	5	1	6	8	8	3	7	0	0	0
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- Community Meetings # Attendees 

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

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

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

		6	7
--	--	---	---
- Volunteer Monitoring # Events 

		1	0
--	--	---	---
- Other: 

M	B	P	C	B	o	a	t	T	o	u	r	s	,	S	T	O	P	P	r	o	g	r	a	m
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

**2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?**  Yes  No

- List-Serve # In List 

--	--	--	--
- Newspaper Advertising # Days Run 

--	--	--	--
- TV/Radio Notices # Days Run 

--	--	--	--
- Other: 

P	o	s	t	e	d	i	n	V	i	l	l	a	g	e	H	a	l	l							
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

Web Page URL: Enter URL(s) on the following two pages.



# DRAFT

## MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Village of Manorhaven
-----------------------

SPDES ID  

N	Y	R	2	0	A	3	3	8
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**2. URL(s) con't.:**

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

URL


URL


URL


URL


URL


URL


URL


**DRAFT****MS4 Annual Report Form**

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

2	0	2	1
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Name of MS4/Coalition 

Village of Manorhaven
-----------------------

 SPDES ID 

N	Y	R	2	0	A	3	3	8
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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

--	--

 / 

--	--

 / 

--	--	--	--

**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 submitting a joint report, answer 5.b..

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

Yes  No

If Yes, what was the date of the meeting?

--	--

 / 

--	--

 / 

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If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

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

Yes  No

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





# DRAFT

## MS4 Annual Report Form

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

2	0	2	1
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Name of MS4/Coalition 

Village of Manorhaven
-----------------------

SPDES ID

N	Y	R	2	0	A	3	3	8
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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?**

		0
--	--	---

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

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

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

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Village of Manorhaven
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SPDES ID

N	Y	R	2	0	A	3	3	8
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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report? 

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

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

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

		0
--	--	---

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

		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.

# DRAFT

## MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Village of Manorhaven
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SPDES ID

N	Y	R	2	0	A	3	3	8
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### 7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

The Village's Construction Site Storm Water Runoff Control program will provide equivalent protection to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activity. This includes reviewing SWPPPs submitted to the Village for project disturbing an acre or greater of land. The Village requires good engineering practices for all sites regardless of size.

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

The threshold for a SPDES General Permit for Stormwater Discharges from Construction Activity is rarely met within the Village. The Village has chosen to evaluate the percent of SWPPPs reviewed as an indicator for measuring the overall effectiveness of the Village's compliance with the Construction Site Storm Water Runoff Control program requirements. There were no SWPPPs submitted to the Village in this reporting cycle.

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

			1
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(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

The Village plans to continue evaluating the percent of SWPPPs reviewed as an indicator for measuring the overall effectiveness of the Village's compliance with the Construction Site Storm Water Runoff Control program requirements in the next reporting cycle. The Village will review SWPPPs as they are submitted to the Village for comment and approval. Staff will receive appropriate training in preparation of receiving a SWPPP.

# DRAFT

## MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Village of Manorhaven
-----------------------

SPDES ID

N	Y	R	2	0	A	3	3	8
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
--	--	---

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?

1	0	0
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 %



# DRAFT

## MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	3	8
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### Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? 

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

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

# DRAFT

## MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Village of Manorhaven
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SPDES ID

N	Y	R	2	0	A	3	3	8
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### 7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

The Village Pollution Prevention and Good Housekeeping for Municipal Operations program will address operations that collect, store or release sediments, wastes and other potential stormwater pollutants with special consideration of pollutant discharges into Sheets Creek and Manhasset Bay.

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

The Village has chosen to evaluate the number of streets swept and the number of catch basins cleaned annually as an indicator for measuring the overall effectiveness of the Village's compliance with the Pollution Prevention and Good Housekeeping for Municipal Operations program requirements. 1092 miles of streets were swept and 49 catch basins were cleaned in the Village in this reporting period.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

The Village plans to continue street sweeping and the catch basin inspections and cleaning schedule during the next reporting cycle. The Village will continue to follow the BMPs outlined in the NYSDEC Municipal Pollution Prevention and Good Housekeeping Assistance Document as necessary.