

MS4 Annual Report Cover Page

MCC form for period ending March 9,

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

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MS4 Annual Report Cover Page

MCC form for period ending March 9,

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Required Forms

- > Municipal Compliance Certification
- > Water Quality Trends
- > Minimum Measure 1
- > Minimum Measure 2
- > Minimum Measure 3
- > Minimum Measure 4
- > Minimum Measure 4 and 5
- > Minimum Measure 5
- > Minimum Measure 6
- > MS4s in impaired watersheds included in GP-0-08-002 Part IX must also complete the form *Additional Watershed Improvement Strategy Best Management Practices*.

Reporting Requirements

- * **Permittees submitting an annual report for an individual MS4 must complete and submit all required forms.**
- * **Joint reports may be submitted by permittees with legally binding agreements as follows:**
 - > *Each* MS4 contributing to a joint report must submit a Municipal Compliance Certification (MCC) form with an original signature. The MCC forms must be attached to the report.
 - > A coalition may submit information on behalf of its members as follows:
 1. Submit one form for each of the Minimum Measures (and if required, Additional Watershed Improvement Strategy Best Management Practices) on behalf of all the MS4s in the coalition, or
 2. Complete some of the required forms on behalf of all the MS4's in the coalition and for other Minimum Measures, attach completed forms from each of the MS4s.

For example, a joint report for a coalition including four permitted MS4s may contain one form for *each* of the Minimum Measures 1-5, representing the combined work of all four participating MS4s, and *in addition*, include four separate Minimum Measure 6 forms and four separate *Additional Watershed Improvement Strategy Best Management Practices* forms provided by each of the participating permittees.

The Department will *not* accept a report form from a participating MS4 *in addition to* a combined report form submitted for the same Minimum Measure.

Instructions for completing forms

These forms may be completed on a computer or by hand. If completing the forms by hand, fill in circles completely and print clearly.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	0	9
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Name of MS4

Town of Bedford

SPDES ID

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Section 2 - Contact Information

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

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

Submit a separate sheet for each contact.

For each contact, select all that apply:

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

First Name	MI	Last Name
L e e		R o b e r t s

Title
S u p e r v i s o r

Address
4 2 5 C h e r r y S t r e e t

City	State	Zip
B e d f o r d H i l l s	N Y	1 0 5 0 7 -

eMail
S u p e r v i s o r @ B e d f o r d N Y . i n f o

Phone	County
(9 1 4) 6 6 6 - 6 5 3 0	W e s t c h e s t e r

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2009

Name of MS4

SPDES ID
N Y R 2 0 A 2 1 8

Section 3 - Partner Information - Submit a separate sheet for each partner.

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

Yes No

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C n t y o f W e s t c h e s t e r P l a n n i n g D e p t

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

1 4 8 M a r t i n e A v e n u e

City

W h i t e P l a i n s

State

N Y

Zip

1 0 6 0 1 -

eMail

c c a l @ w e s t c h e s t e r g o v . c o m

Phone

(9 1 4) 9 9 5 - 3 7 8 2

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 G e n e r a l S t o r m w a t e r I n f o r m a t i o n

MM2

MM3

MM4

MM5

MM6

Additional tasks/responsibilities

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

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 Bedford

SPDES ID

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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 type="radio"/> Construction Site Operators Trained | # Trained | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> Direct Mailings | # Mailings | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>7</td><td>4</td></tr></table> | | | | 7 | 4 |
| | | | 7 | 4 | | | |
| <input type="radio"/> List-Serves | # In List | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> 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 type="radio"/> Newspaper Ads or Articles | # Days Run | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Public Events/Presentations | # Attendees | <table border="1" style="display: inline-table;"><tr><td> </td><td>1</td><td>1</td><td>0</td><td>0</td></tr></table> | | 1 | 1 | 0 | 0 |
| | 1 | 1 | 0 | 0 | | | |
| <input type="radio"/> 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="radio"/> TV Spot/Program | # Days Run | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>1</td><td>2</td><td>0</td></tr></table> | | | 1 | 2 | 0 |
| | | 1 | 2 | 0 | | | |
| <input checked="" type="radio"/> Printed Materials: | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td> </td><td>2</td><td>6</td><td>3</td><td>2</td></tr></table> | | 2 | 6 | 3 | 2 |
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Locations (e.g. libraries, town offices, kiosks)

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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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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

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4. Evaluating/Measuring Progress MCM 1

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

Example:*

Indicator:

Began Tracking:

(year)

Frequency:

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

Results:

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

Indicator:

Began Tracking:

(year)

Frequency:

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

Results:

Submit additional pages as needed.

MS4 Annual Report Form

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

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

Name of MS4/Coalition Town of Bedford

SPDES ID
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2. URL(s) con't.:

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

URL

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MS4 Annual Report Form

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

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Name of MS4/Coalition

SPDES ID

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

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

MS4/Coalition Office Annual Report SWMP Plan Comments

Department

Address

City

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,

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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 Bedford

SPDES ID

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4. Were comments received during this reporting period? Yes No
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

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

5.a. Was an Annual Report public meeting held in this reporting period? Yes No
If Yes, what was the date of the meeting?

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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

MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

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6. Evaluating/Measuring Progress MCM 2

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

Example*:

Indicator:

Began Tracking:

(year)

Frequency:

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

Results:

Attendance at public events has increased 200% since 2005.

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

Indicator:

Began Tracking:

(year)

Frequency:

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

Results:

Submit additional pages as needed.

MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

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Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

On behalf of an individual MS4

On behalf of a coalition

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped:

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1	0	0
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 %

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

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

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

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Sewersheds:

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MS4 Annual Report Form

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Name of MS4/Coalition

Town of Bedford

SPDES ID

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12. Evaluating/Measuring Progress MCM 3

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

Example*:**Indicator:**

Number of illicit discharges identified/eliminated

Began Tracking:

2005

*(year)***Frequency:**

Monthly inspections

(ex.: annual, monthly, biweekly)

#

25 illicit discharges identified/24 eliminated

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

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

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

Indicator:

Number of Illicit Discharges Identified and Eliminated

Began Tracking:

2008

*(year)***Frequency:**

Annually

(ex.: annual, monthly, biweekly)

#

17 this reporting period

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

Submit additional pages as needed.

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

Town of bedford

SPDES ID

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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?

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

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

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

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

		7
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? Yes No

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

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

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

- Notices of Violation #

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 No Authority
- Stop Work Orders #

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 No Authority
- Criminal Actions #

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 No Authority
- Termination of Contracts #

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 No Authority
- Administrative Fines #

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 No Authority
- Civil Penalties #

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 No Authority
- Administrative Orders #

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 No Authority
- Other #

--	--	--	--	--

 No Authority

MS4 Annual Report Form

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

2	0	0	9
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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 Bedford

SPDES ID

N	Y	R	2	0	A	2	1	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?

--	--	--

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

		5
--	--	---

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

		7
--	--	---

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

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

 %

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

	6	0
--	---	---

 %

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

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?

Yes No

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

MS4 Annual Report Form

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

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Name of MS4/Coalition

SPDES ID

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

Address

City

Zip

Phone

() -

Library

Address

City

Zip

-

Phone

() -

Other

Address

City

Zip

-

Phone

() -

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

URL

URL

MS4 Annual Report Form

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

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Name of MS4/Coalition

Town of Bedford

SPDES ID

N	Y	R	2	0	A	2	1	8
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7. Evaluating/Measuring Progress MCM 4

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

Example*:**Indicator:**

Percent SWPPPs reviewed

Began Tracking:

2005

*(year)***Frequency:**

Upon submission

(ex.: annual, monthly, biweekly)

#

50 SWPPPs

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

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

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

Indicator:

Projects under construction and tracked

Began Tracking:

2008

*(year)***Frequency:**

Annually

(ex.: annual, monthly, biweekly)

#

7 projects under construction and tracked

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

Submit additional pages as needed.

MS4 Annual Report Form

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

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Name of MS4/Coalition

Town of Bedford

SPDES ID

N	Y	R	2	0	A	2	1	8
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Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

--	--	--

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

	# Inventoried	# Inspections	# Times Maintained									
<input type="radio"/> Alternative Practices	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Filter Systems	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Infiltration Basins	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Open Channels	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Ponds	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Wetlands	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input checked="" type="radio"/> Other	<table border="1"><tr><td> </td><td>4</td><td>1</td></tr></table>		4	1	<table border="1"><tr><td> </td><td>4</td><td>1</td></tr></table>		4	1	<table border="1"><tr><td> </td><td>4</td><td>2</td></tr></table>		4	2
	4	1										
	4	1										
	4	2										

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
- Comprehensive Planning
- Overlay Districts
- Zoning
- None

Other:

B	e	d	f	o	r	d		T	w	e	n	t	y		b	y		2	0	2	0							
---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	--	---	---	---	---	--	--	--	--	--	--	--

MS4 Annual Report Form

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

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

4. Evaluating/Measuring Progress MCM 5

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

Example:*

Indicator:

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

(ex.: samples/participants/events)

Results:

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

Indicator:

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

(ex.: samples/participants/events)

Results:

Submit additional pages as needed.

MS4 Annual Report Form

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

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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 Bedford

SPDES ID

N	Y	R	2	0	A	2	1	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?

--	--	--

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"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

MS4 Annual Report Form

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

2	0	0	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 Bedford

SPDES ID

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

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

- Parking Lots Swept # Acres

				8
--	--	--	--	---
- Streets Swept # Miles

			9	8
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		7	1	4
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			4	2
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

			8	0
--	--	--	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

		2	0	0
--	--	---	---	---
- Pesticide/Herbicide Applied As Pure Product # Lbs.

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

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

				6
--	--	--	--	---

4. What was the date of the last training?

1	0
---	---

 /

2	2
---	---

 /

2	0	0	8
---	---	---	---

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

	2	8
--	---	---

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

	9	7
--	---	---

 %

MS4 Annual Report Form

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

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Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	2	1	8
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7. Evaluating/Measuring Progress MCM 6

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

Example*:

Indicator:

Began Tracking: **Frequency:**

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

#

(ex.: samples/participants/events)

Results:

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

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

Indicator:

Began Tracking: **Frequency:**

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

#

(ex.: samples/participants/events)

Results:

Submit additional pages as needed.

MS4 Annual Report Form

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Name of MS4/Coalition Town of Bedford

SPDES ID
N Y R 2 0 A 2 1 8

Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

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

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

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

Estimate what percentage was mapped in this reporting period. 1 0 0 %

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

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Name of MS4/Coalition

Town of Bedford

 SPDES ID

NYR20A218

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

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

 %
5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? Yes No N/A
6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? Yes No N/A
7. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A
- 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A
- 8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? Yes No N/A
9. Has your MS4/Coalition developed and implemented a program of native planting? Yes No N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding? Yes No N/A
11. Does your MS4/Coalition have a pet waste bag program? Yes No N/A
12. Does your MS4/Coalition have a program to manage goose populations? Yes No N/A