9340259080

MS4 Annual Report Form

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

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 NORTH SALEM

SPDES ID: NYR20A056

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: ___0 # ___0 %

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

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

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

○ Sewersheds:

2649259085

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: TOWN OF NORTH SALEM

SPDES ID: NYR20A056

3.b. What types of illicit discharges have been found during this reporting period?

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

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 5

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

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 5

7. **Has the storm sewershed mapping been completed?** ○ Yes ● No
   If No, approximately what percent has been completed? %

8. **Is the above information available in GIS?** ○ Yes ● No
   Is this information available on the web? ○ Yes ● No
   If Yes, provide URL(s):

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

URL

URL

URL

MS4 Annual Report Form

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Name of MS4/Coalition: TOWN OF NORTH SALEM

SPDES ID: NYR20A056

8. URL(s) con't.:

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

URL

URL

URL

URL

URL

URL

URL

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

10. Has an attorney certified law(s) adopted by traditional MS4s to be equivalent to the NYS Model IDDE law? ● Yes ○ No

11. What percent of staff in relevant positions and departments has received IDDE training? 86 %

7305406195

MS4 Annual Report Form

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Name of MS4/Coalition: TOWN OF NORTH SALEM

SPDES ID: NYR20A056

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/OR ELIMINATED

Began Tracking: 2006 *(year)* ***Frequency:*** WHEN NEEDED OR REPORTED *(ex.: annual, monthly, biweekly)*

\# 5 *(ex.: samples/participants/events)*

Results: SINCE 2006 FIVE (5) ILLICIT DISCHARGES WERE IDENTIFIED, REPAIRED AND ELIMINATED.

Submit additional pages as needed.

4416634154

MS4 Annual Report Form

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

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 NORTH SALEM

SPDES ID: NYR20A056

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

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

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? [ ]

1. **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?** 8

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? 1

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	#		○ No Authority
○ Stop Work Orders	#		○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		● No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
● Other	#	3	○ No Authority

3674357184

MS4 Annual Report Form

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

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 NORTH SALEM

SPDES ID: NYR20A056

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?** 5

3. **What percent of active construction sites were inspected during this reporting period?** 100 %

4. **What percent of active construction sites were inspected more than once?** 100 %

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.

2674118032

MS4 Annual Report Form

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

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 NORTH SALEM

SPDES ID: NYR20A056

6. con't.:

Submit additional pages as needed.

○ MS4/Coalition Office

Department: BUILDING DEPARTMENT

Address: 270 TITICUS ROAD

City: NORTH SALEM NY Zip: 10560-

Phone: (914) 669-5952

○ Library

Address:

City: Zip: -

Phone: ( ) -

● Other

Address: PLANNING BOARD 270 TITICUS ROAD

City: NORTH SALEM NY Zip: 10560-

Phone: (914) 669-5661

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

URL:

URL:

2805124361

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: TOWN OF NORTH SALEM

SPDES ID: NYR20A056

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: SWPPP REVIEWED

Began Tracking: 2006 *(year)* ***Frequency:*** AS SUBMITTED *(ex.: annual, monthly, biweekly)*

(ex.: samples/participants/events)

Results: 100% REVIEWED AND COMMENTED ON UNTIL SATISFACTION OBTAINED, THEN PERMIT ISSUED. PRE-APPLICATION SITE INSPECTION AND POST-CONSTRUCTION REQUIRES SEEDING AND SODDING PRIOR TO ISSUANCE OF CO.

Submit additional pages as needed.

7992379781

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: TOWN OF NORTH SALEM

SPDES ID: NYR20A056

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
○ Alternative Practices			
● Filter Systems	4	4	
● Infiltration Basins	1	1	
○ Open Channels			
○ Ponds			
● Wetlands	1	1	
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● 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: PLANNING BOARD REVIEW

5146406130

MS4 Annual Report Form

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

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 NORTH SALEM

SPDES ID: NYR20A056

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: Number of reports of flooding during storm events from business district

Began Tracking: 2005 *(year)* ***Frequency:*** Annual Summary *(ex.: annual, monthly, biweekly)*

\# 18 *(ex.: samples/participants/events)*

Results: During this reporting period, we experienced average rainfall, but DPW records show that the number of incidences of flooding in the business district fell 25%. This is attributable to increased inspection and maintenance of post construction BMPs.

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

Indicator: STORM EVENTS AND COMPLAINTS

Began Tracking: 2005 *(year)* ***Frequency:*** AS OCCURRING AND AS RECEIVED *(ex.: annual, monthly, biweekly)*

\# *(ex.: samples/participants/events)*

Results: SINCE REGULATING STORMWATER AND FULFILLMENT OF CONDITIONS, THE NUMBER OF COMPLAINTS ARE FEWER IN NUMBER AND THE SEVERITY OF COMPLAINTS HAS DIMINISHED

Submit additional pages as needed.

3624001703

MS4 Annual Report Form

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

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 NORTH SALEM

SPDES ID: NYR20A056

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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	● Yes	○ No	● Yes	○ No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	○ Yes	○ No	○ Yes	○ No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Right of Way Maintenance	● Yes	○ No	○ Yes	○ No
Marine Operations	○ Yes	○ No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	○ No	○ Yes	○ No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

2276001705

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: TOWN OF NORTH SALEM

SPDES ID: NYR20A056

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

● Parking Lots Swept	# Acres	7
● Streets Swept	# Miles	34
● Catch Basins Inspected and Cleaned Where Necessary	#	368
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
● Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
● Nitrogen Applied In Chemical Fertilizer	# Lbs.	0
● Pesticide/Herbicide Applied As Pure Product	# Lbs.	5

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 2

4. What was the date of the last training? 08 / 00 / 2008

5. How many municipal employees have been trained in this reporting period? 14

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 86 %

2648230757

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: TOWN OF NORTH SALEM

SPDES ID: NYR20A056

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: Catch basins inspected and cleaned

Began Tracking: 2005 *(year)* ***Frequency:*** monthly *(ex.: annual, monthly, biweekly)*

40 catch basins cleaned *(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: CATCH BASINS INSPECTED AND CLEANED

Began Tracking: 1987 *(year)* ***Frequency:*** ANNUALLY *(ex.: annual, monthly, biweekly)*

ALL 368 *(ex.: samples/participants/events)*

Results: EVERY CATCHBASIN IS INSPECTED ANNUALLY AND THOSE THAT NEED CLEANING ARE DONE AS NEEDED

Submit additional pages as needed.

6730413936

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: TOWN OF NORTH SALEM

SPDES ID: NYR20A056

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. 75 %

   Estimate what percentage was mapped in this reporting period. 10 %

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

5339413930

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: TOWN OF NORTH SALEM

SPDES ID: NYR20A056

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