#### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 8

This cover page:	must be completed	by the report preparer.
Joint reports req	uire only one cover	r page.

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#### Choose one:

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

Fill in SPDES ID in upper right hand corner.

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#### **OR**

## O This report is being submitted on behalf of a Single Entity

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

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#### 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.

Name of Coalition		
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## MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 8

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

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MCC form for period ending March 9, 2 0 1 8

	SPDES ID
Name of MS4 City of Beacon	N Y R 2 0 A 0 4 0
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 bin	nding agreements.
If Joint Report, enter coalition name:	

MCC form for period ending March 9, 2 0 1 8

	SPDES ID
Name of MS4 City of Beacon	N Y R 2 0 A 0 4 0

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

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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MCC form for period ending March 9, 2 0 1 8

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For each contact, select all that apply:

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

First Name	MI Last Name
Reuben	Simmons Jr.
Title	
H i g h w a y S u p e r i n t	e n d e n t
Address	
1 Municipal Plaz	a
City	State Zip
B e a c o n	State Zip  N Y 1 2 5 0 8 -
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MCC form for period ending March 9, 2 0 1 8

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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

First Name M	II Last Name
J o h n	R u s s o
Title	
City Engineer, La	n c a n d T u l l y
Address	
P.O. BOX 687	
City	State Zip
G o s h e n	N Y 1 0 9 2 4 -
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MCC form for period ending March 9, 2 0 1 8

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MCC form for period ending March 9, 2 0 1 8

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#### 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.

	N 10 1710 10 21 737 10	MI Last Nar	ne
Anthony	У	Ru	ggiero
Title (Clearly print title	de of individual signing	report)	
C i t y A	d m i n i s	rator	
Signature	gun -		Date 0 5 1 2 1 2 0 1 8

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

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 8$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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Other

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 1 8

	SPDES ID
Name of MS4/Coalition City of Beacon	N Y R 2 0 A 0 4 0
Minimum Control Measure 1. Pub	olic Education and Outreach
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>	
1. Targeted Public Education and Outreach Best Ma	nagement Practices
Check all topics that were included in Education and Our	treach during this reporting period:
• Construction Sites	Pesticide and Fertilizer Application
● General Stormwater Management Information	Pet Waste Management
Household Hazardous Waste Disposal	<ul><li>Recycling</li></ul>
● Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	<ul><li>Trash Management</li></ul>
O Smart Growth	<ul><li>Vehicle Washing</li></ul>
Storm Drain Marking	<ul><li>Water Conservation</li></ul>
• Green Infrastructure/Better Site Design/Low Impact Development	opment • Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting p	period:
● Public Employees ● Contractors	
● Residential • Developers	
● Businesses ● General Public	
○ Restaurants • Industries	
Other: Agricultural	
Rain Down the Drain	banners

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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This report is being submitted for the reporting period ending March 9, 2 0 1 8

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This report is being submitted for the reporting period ending March 9, 2 0 1 8

	SPDES ID
Name of MS4/Coalition City of Beacon	N Y R 2 0 A 0 4 0
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	101
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Monitor numbers of brochures taken from events and kiosks. Pub meetings. Educate construction site contractors and public emplo training events. Educate general public.	<u> </u>
B. Briefly summarize the observations that indicated the overa Goal.	all effectiveness of this Measurable
Monitoring brochures distributed by Dutchess County Stormwater construction site contractors trained, and number of presentations reporting period are generally the same as previous reporting period held during this reporting period. Billboard campaign on NYS Ro	to public. Observations in this od. 9 committee meetings were
C. How many times was this observation measured or evaluate	ed in this reporting period?
	9
D. Has your MS4 made progress toward this Measurable Goa	(ex.: samples/participants/even  l during this reporting period?  Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the	ne SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation scheduler)	
Contractor training continued. Continue use of SWPPP/IDDE tra Continue billboard campaign. SMO training will be provided.	ining DVDs for municipal use.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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 City of Beacon					N	Y	R	2	0	A	0	4	0
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The information in this section is being reported (check	one):												
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this rep</li> </ul>	port?												
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	the Stori	nw	ate	r Ma	nag				•	ran	<b>a</b>		
● Cleanup Events						# E	ven	ts					1
O Comments on SWMP Received					# C	omr	nen	ts					
• Community Hotlines	Phone #	(	8	4 5	)	8	3	1	-	0	9	3	2
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O Community Meetings					# .	Atte	nde	es					
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O Storm Drain Markings						# D	raiı	ns					
• Stakeholder Meetings					# ,	Atte	nde	es			1	0	8
O Volunteer Monitoring						# E	ven	ts					
Other:													
2. Was public notice of availability of this annua Program (SWMP) Plan provided?	al report	ano	l St	orm	vate	er N	1aı	nag	•	ent Ye		0	No
O List-Serve						# Iı	n Li	st					
O Newspaper Advertising					#	Days	s Ru	ın					
O TV/Radio Notices					#	Days	s Ru	ın					
● Other: M e e t i n g m i n u t e	s												

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

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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This report is being submitted for the reporting period ending March 9, 2 0 1 8

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Enter address/contact info and select radio button to indicate whi whether comments may be submitted at that location. Submit ad																								ıd							
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This report is being submitted for the reporting period ending March 9, 2 0 1 8

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4.a. If this report was made available on the internet, what da	ite was it	t po	stec	1?					
Leave blank if this report was not posted on the internet.		5	1	2	1	1	2	0	1 8
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 submitti	ing a joir	at re	epor	t, a	nsv	<i>v</i> ei	: 5.1	b	
5.a. Was an Annual Report public meeting held in this report	ing peri	od?	•			0	Ye	s	No
If Yes, what was the date of the meeting?			1			1			
If No, is one planned?						0	Ye	S	• No
5.b. Was an Annual Report public meeting held for all MS4s	contribu	ıtin	g to	thi	is r	ер	ort	du	ring
this reporting period?						0	Ye	S	<ul><li>No</li></ul>
If No, is one planned for each?						0	Ye	S	• No
6. Were comments received during this reporting period?  If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.						0	Ye	s	• No

This report is being submitted for the reporting period ending March 9, 2 0 1 8

	SPDES ID
Name of MS4/Coalition City of Beacon	N Y R 2 0 A 0 4 0
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM) III.C.1. Submit additional pages as needed.	· ·
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
Strengthen partnerships with area watershed groups and MS4 Stoencourage participation. Advertise cleanup events.	ormwater Committees and
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
Continue to support local watershed groups and work with the Decommittee. The number of events and attendees participating in consistent with previous reporting period. 9 committee meetings period.	events and activities is generally
C. How many times was this observation measured or evaluation	ted in this reporting period?  (ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal	
E. Is your MS4 on schedule to meet the deadline set forth in t	he SWMPP?  • Yes • No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	eet the goals of this MCM during
Continue to support outreach with watershed partnerships and inc Continue cleanup events. Continue to revise SWMPP.	crease attendance at events.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

	SPDES ID													
Name of MS4/Coalition City of Beacon	N Y R 2 0 A 0 4 0													
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 t	his report?													
110 W Maily 1410 13 contributed to t	ms report.													
1. Enter the number and approx. percent	of outfalls mapped: 4 5 # 1 0 0 %													
2 How many of these outfalls have been so	creened for dry weather discharges during this													
reporting period (outfall reconnaissance	·													
3.a. What types of generating sites/sewershe	eds were targeted for inspection during this													
reporting period?														
O Auto Recyclers	O Landscaping (Irrigation)													
O Building Maintenance	○ Marinas													
○ Churches	O Metal Plateing Operations													
O Commercial Carwashes	Outdoor Fluid Storage													
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance													
O Construction Vehicle Washouts	O Printing													
<ul> <li>Cross-Connections</li> </ul>	O Residential Carwashing													
O Distribution Centers	○ Restaurants													
O Food Processing Facilities	O Schools and Universities													
○ 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													
Areasofrout	ine maintenance													
O Sewersheds:														

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition City of Beacon	N Y R 2	0 A 0 4 0
3.b. What types of illicit discharges have	been found during this reporting period?	<b>.</b>
O Broken Lines From Sanitary Sewer	O Industrial Connections	
• Cross Connections	O Inflow/Infiltration	
O Failing Septic Systems	O Pump Station Failure	
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows	
O Illegal Dumping	O Straight Pipe Sewer Discharges	
reporting period?  5. How many illicit discharges have bee		?
URL		○ Yes ● No ○ Yes ● No nge.
URL		

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 \end{bmatrix} 1 \mid 8$ 

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													$\perp$									

This report is being submitted for the reporting period ending March 9, 2 0 1 8

Name of MS4/Coalition	City of Beacon			N Y R 2	0 A 0 4 0
12. Evaluating Pro	gress Toward Me	easurable Goal	s MCM 3		
Use this page to rep dentified in your St III.C.1. Submit addi	tormwater Manage	ement Program			
A. Briefly summa	rize the Measural	ble Goal identif	ied in the SWM	PP in this report	ing period.
Locating all stormy	water and sanitary	sewer structures	s. Discovery of i	llicit discharges.	
3. Briefly summai Goal.	rize the observati	ons that indica	ted the overall e	ffectiveness of th	is Measurable
All stormwater and inspected during the his reporting period	is reporting period				
C. How many time	es was this observ	vation measure	d or evaluated in	this reporting n	eriod?
J				1 81	0
). Has your MS4	made progress to	ward this meas	surable goal dur		amples/participants/e g period?
N N N N N N N N N N N N N N N N N N N				IVII EDDO	Yes O No
E. Is your MS4 on	schedule to meet	t the deadline s	et forth in the S	WMPP?	● Yes ○ No
F. Briefly summan	rize the stormwat ing cycle (includi	_		•	CM during
Continue inspection	ns of stormwater a	nd sanitary stru	ctures. Continue	search for illicit d	lischarges.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

	SPDES ID
Name of MS4/Coalition City of Beacon	N Y R 2 0 A 0 4 0
Minimum Control Measures 4 and	<del></del>
Construction Site and Post-Construction	1 Control
The information in this section is being reported (check one):	
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>	
How many MS4s contributed to this report?	
1a. Has each MS4 contributing to this report adopted a law, ordina mechanism that provides equivalent protection to the NYS SPD	<b>.</b>
Stormwater Discharges from Construction Activities?	• Yes O No
1b. Has each Town, City and/or Village contributing to this report of equivalent to a NYSDEC Sample Local Law for Stormwater Massediment Control through either an attorney cerfification or using Analysis Workbook?	anagement and Erosion and
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 p	lace? • Yes • No
3. How many Construction Stormwater Pollution Prevention Plans reviewed in this reporting period?	s (SWPPPs) have been
4. Does your MS4/Coalition have a mechanism for receipt and concomments related to construction SWPPPs?	sideration of public  ● Yes ○ No ○ NT
If Yes, how many public comments were received during this report	ing period?
5. Does your MS4/Coalition provide education and training for con SWPPP process?	ntractors about the local  O 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:

<ul><li>Notices of Violation</li></ul>	#	0	<ul><li>No Authority</li></ul>
<ul><li>Stop Work Orders</li></ul>	#	0	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 8

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SPDES ID

Nar	me of MS4/Coalition City of Beacon N Y R 2 0 A 0 4 0
	Minimum Control Measure 4. Construction Site Stormwater Runoff 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?
1.	How many construction projects have been authorized for disturbances of one acre or more during this reporting period?
2.	How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
3.	What percent of active construction sites were inspected during this reporting period? $\bigcirc$ NT $\boxed{1\ 0\ 0\ }$ %
4.	What percent of active construction sites were inspected more than once?  ONT  100%
5.	Do all inspectors working on behalf of the MS4s contributing to this report use the NYS  Construction Stormwater Inspection Manual?  • Yes O No O 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?
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 8$  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 City of Beacon																N	Y	R	2	0	A	0	4	0							
6 c	6. con't.:																														
	Submit additional pages as needed.																														
• IVIS	MS4/Coalition Office Department																														
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	Add	res	3								_	·—								-											_
	1		M	u	n	i	С	i	р	a	1		P	1	a	z	a														
	City																			7		Zip					1				_
	В	е	a	С	0	n												N	I Y	<u>.                                     </u>		1	2	5	0	8	-				
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This report is being submitted for the reporting period ending March 9,

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Name of MS4/Coalition City of Beacon SPDES ID  N Y R 2 0 A 0 4 0
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 Dutchess County Soil Conservation District held four training sessions for construction site contractors. SWPPPs are reviewed and if found acceptable, a MS4 SWPPP Acceptance Form is provided.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
188 construction site contractors attended 4 training sessions. 4 SWPPPs were reviewed during this reporting period.
C. How many times was this observation measured or evaluated in this reporting period?
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
<ul> <li>Yes ○ No</li> <li>F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).</li> </ul>
Continue training construction site contractors. Continuing reviewing SWPPPs for projects.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

				SP	DES ID			
Name of MS4/Coalition	City of Beacon			N	YR	2 0 F	0	4 0
<u>Minimum</u>	Control Mea	sure 5. Post	-Constructio	on Stormw	ater M	[anag	<u>eme</u>	<u>nt</u>
The information in th	nis section is beir	ng reported (chec	ck one):					
<ul><li>On behalf of an income</li><li>On behalf of a coan How m</li></ul>		ributed to this 1	report?					
1. How many and MS4/Coalition i				~ -		nas you	r	
		# Inventoried	# Inspections	# Times Maintained	1			
O Alternative Practic	ces							
Filter Systems			2	2				
O Infiltration Basins		C						
Open Channels								
<ul><li>Ponds</li></ul>			6	6				
O Wetlands								
Other								
<ul> <li>2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance?</li> </ul>								
3. What types of Development/E					Low Im	pact		
<ul><li>Building Codes</li></ul>	• Municipal C	omprehensive P	lans					
<ul><li>Overlay Districts</li></ul>	Open Space	Preservation Pro	ogram					
● Zoning	O Local Law o	r Ordinance						
○ None	O Land Use Ro	egulation/Zoning	5					
O Watershed Plans	Other Comp	rehensive Plan						
Other:				ı <del></del>	T & T			

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 8 \end{vmatrix}$ 

		SE	$D$ L $^{\circ}$	עו י						
Nan	ne of MS4/Coalition City of Beacon	N	Y	R	2	0	A	0 4	4	0
4a.	Are the MS4s contributing to this report involved in a regional/w	atershed	wide	e pl	ann	ing	effo	ort?		
						0	Yes	s (		No
4b.	Does the MS4 have a banking and credit system for stormwater	managemo	ent p	orac	etico	es?				
						0	Yes	5 (	0	No
4c.	Do the SWMP Plans for each MS4 contributing to this report inc	_								
	and approval of banking and credit of alternative siting of a stor	mwater m	ana	gen	tent	-	action Yes		<b>9</b> 1	Νο
										_
4d.	How many stormwater management practices have been implem reporting period?	ented as p	art	of t	his	syst	em	in t	his —	3
	reporting period.							(	)	
5.	What percent of municipal officials/MS4 staff responsible for protraining on Low Impace Development (LID), Better Site Design (	-					tten	ıded	l _	
	Infrastructure principles in this reporting period?									%

This report is being submitted for the reporting period ending March 9, 2 0 1 8

SPDE	ES ID
Name of MS4/Coalition City of Beacon	R 2 0 A 0 4 0
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward achieving measure identified in your Stormwater Management Program Plan (SWMPP), including III.C.1. Submit additional pages as needed.	_
A. Briefly summarize the Measurable Goal identified in the SWMPP in thi	is reporting period.
Review of proposed stormwater management practices at the Planning Board le maintenance of stormwater management practices.	evel. Inspection and
B. Briefly summarize the observations that indicated the overall effectivened Goal.	ess of this Measurable
The 6 stormwater management practices at 4 locations maintained and inspecte Beacon during this reporting period.	ed by the City of
C. How many times was this observation measured or evaluated in this rep	porting period?
D. Has your MS4 made progress toward this measurable goal during this r	(ex.: samples/participants/events
D. Has your 14154 made progress toward this measurable goar during this i	● 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 o the next reporting cycle (including an implementation schedule).	f this MCM during
Continue post-construction inspections of stormwater management practices to operation of the facilities. Also, continue reviewing plans for proposed stormw facilities by Planning Board Engineer.	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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	City of Beacon	N	Y	R	2	0	Α	0	4	0

#### Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>	

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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

			<u>periormea within</u>	tne past 3
Operation/Activity/Facility	Addressed in	n SWMP?	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 Disturbat	nce O Yes	● No	O Yes	No
Right of Way Maintenance	• Yes	○ No	Yes	○ No
Marine Operations	• Yes	○ No	• Yes	$\circ$ No
Hydrologic Habitat Modification	○ Yes	● No	O Yes	<ul><li>No</li></ul>
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	O Yes	• No	O Yes	<ul><li>No</li></ul>

This report is being submitted for the reporting period ending March 9, 2 0 1 8

	SPDES ID
Name of MS4/Coalition City of Beacon	N Y R 2 0 A 0 4 0
2. Provide the following information about municipal operati	ons good housekeeping programs:
• Parking Lots Swept (Number of acres X Number of times swept	# Acres 1 1 1
• Streets Swept (Number of miles X Number of times swept)	# Miles 3 6 0
<ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>	# 2 0 0
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	# 6
O Phosphorus Applied In Chemical Fertilizer	# Lbs.
O Nitrogen Applied In Chemical Fertilizer	# Lbs.
Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Nu times applied to the nearest tenth.)	# Acres 3 0.
3. How many stormwater management trainings have been producing this reporting period?	rovided to municipal employees
4. What was the date of the last training?	10/12/2017
5. How many municipal employees have been trained in this r	reporting period?
6. What percent of municipal employees in relevant positions stormwater management training?	and departments receive 5 8 %

This report is being submitted for the reporting period ending March 9, 2 0 1 8

	SPDES ID
Name of MS4/Coalition City of Beacon	N Y R 2 0 A 0 4 0
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Cleaning of catch basins and sweeping of roads.	
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
All roads and municipal parking areas were swept twice during th basins were inspected, cleaned, and repaired as necessary.	ne last reporting period. 200 catch
C. How many times was this observation measured or evaluat	red in this reporting period?
	(ex.: samples/participants/events)
D. Has your MS4 made progress toward this measurable goal	
E. Is your MS4 on schedule to meet the deadline set forth in the	● Yes ○ No he SWMPP?
	• Yes O No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	· ·
Continue further training of municipal employees with regards to good housekeeping measures. Continue inspections of stormwate necessary.	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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me of MS4/Coalition City of Be	acon		SPDES ID           N         Y         R         2         0         A         0         4
Additional Wate	rshed Improvemen	nt Strategy Best Ma	anagement Practices
ne information in this section	n is being reported (check	k one):	
On behalf of an individual ! On behalf of a coalition How many MS	MS4 4s contributed to this re	enort?	
(S4s must answer the qu			e below.
MS4 D	<b>A</b>	Ch. 1 NA	7000
MS4 Description NYC EOH Watershed	Answer	Check NA	(POC)
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	224501101110	-
Traditional Land Use Traditional Non-Land Use	1,6,7a-d,8a,9 1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,86,10,11,12	Phosphorus Phosphorus
Greenwood Lake Watershed	1,0,74-4,04,7	2,3,4,3,60,10,11,12	- Triosphorus
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	- adiogonia dire (viciogoni
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments		-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional  Does your MS4/Coaliti phosphorus/nitrogen/p  Has 100% of the MS4/	oathogens on waterboo	dies?	○ Yes ○ No ● Nin GIS?
If N/A, go to question 3			O Yes O No • N

Estimate what percentage was mapped in this reporting period.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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		S	PDES ID		
Na	me of MS4/Coalition City of Beacon	[1	N Y R 2	0 A	0 4 0
3.	Does your MS4/Coalition have a Stormwater Conveyance Sy and Maintenance Plan Program?	ystem (ir	ofrastructu O Yes	re) Insp	ection N/A
4.	Estimate the percentage of on-site wastewater treatment syst and maintained or rehabilitated as necessary in this reporting			n inspec	cted %
5.	Has your MS4/Coalition developed a program that provides NYSDEC SPDES General Permit for Stormwater Discharge (GP-0-08-001) to reduce pollutants in stormwater runoff from disturb five thousand square feet or more?	s from (	Constructio	on Activ	ities
6.	Has your MS4/Coalition developed a program to address porunoff from new development and redevelopment projects the equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Activithe New York State Stormwater Design Manual Enhanced PStandards?	hat distu NYS DE ities (GP	rb greater C SPDES ( -0-08-001)	than or General , includi	r l
7a.	Does your MS4/Coalition have a retrofitting program to red phosphorus/nitrogen/pathogen loading?	uce eros	ion or O Yes	○ No	• N/A
7b	.How many projects have been sited in this reporting period?	•			
7c.	. What percent of the projects included in 7b have been comp	leted in	this report	ing peri	od?
7d	. What percent of projects planned in previous years have bee	en compl		Duningto	%
8a	.Has your MS4/Coalition developed and implemented a turf r procedures policy that addresses proper fertilizer application lands?	_	nent practi	ces and wned	Planned  • N/A
8b	.Has your MS4/Coalition developed and implemented a turf in procedures policy that addresses proper disposal of grass climunicipally owned lands?	~		from	● N/A

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition City of Beacon	SPDES ID N Y R 2 0 A 0	4 0
9. Has your MS4/Coalition developed and implemented a progra	2 -	• N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet w prohibiting goose feeding?	50 7 10 170	ties and
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?	○ Yes ○ No	• N/A