N Y R 2 0 A

MS4 Annual Report Cover Page

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

									-				_			-	_	_		1							
This cover page must be comp Joint reports require only one Choose one:								po	rt į	oreį	ar	er.				DES Y	1	T) [A	0	4	0			
Che	oose	one:																									
① 1	This 1	repoi	rt is	s be	ing	sul	bmit	ted	on	be	eha	alf	of :	an	in	div	/id	ua	l N	1S	4.						
	Fill in	SPD	ES :	ID in	ı upp	er 1	ight	han	d co	me	r.																
	Name o	f MS4 T Y		0	F	В	E	A C	0	N				12 20									1				
OR																											
\bigcirc 1	This 1	repoi	rt is	s be	ing	sul	bmit	ted	l on	be	eha	alf	of	a S	Sin	gle	E	nti	itv								
	(Per P	-			_											9			•								
	Name o				•	- 123.23	· _ ,																				
[Ι				
OD																											
OR																											
\bigcirc 1	his i	s a je	oin	t re	port	t be	eing	sul	bmi	tte	ed	on	be	hal	lf c	of a	a c	oa	liti	on	•						
	Provid	ie SPI	DE:	SID	of ea	ach	perm	itte	d M	S 4	inc	lud	led	in t	his	rep	or	t. T	Jse	ра	ge	2 i	fr	iee	de	d.	
1	Name o	f Coali	ition	i			•									_					_						
Ī									T			T	T								Γ	T	T	\Box			
ĺ							\Box			<u> </u>		Ť						T	T	T	⇈	Ŧ	T	寸			
l			<u> </u>								_				<u> </u>		l	l	<u></u>				1				<u></u>
ŕ	SPDES		Υ	1_1		1	1	ļ	DES :		_ [$\overline{}$	Т			Г	DES	$\overline{}$	$\overline{}$						
L	И У	R 2	0	A				N	Ш.	L	2	0	A					N					0 .	Α			
Г	SPDES		Τ.	1. 1	_	Т	1		DES I	$\overline{}$			_ T			_		$\overline{}$	DES	_	$\overline{}$	Τ.	$\overline{}$	_			
Ł	NY		0	A			J		1		2	0	A					_	Y			1	0	A		<u></u>	
E	SPDES		Τ,	1	\top	1	1		DES		$\overline{1}$	_	7	-	$\overline{}$	\neg			DE			<u> </u>		7			$\overline{}$
L	NY	R 2	0	A				N			2	0	A					N					0 .	A	—		_
;	SPDES N Y		0	A	Т.	Т	1	N	DES Y		2	0	A	Т		_		N	DE:	1	T	, [0	A	,		
Į	SPDES		U	<u>^</u>			J	-	DES :		۱ ک		~					Ь	DE:			<u>' '</u>	<u>'</u>	<u> </u>		<u> </u>	1
ſ	N Y		0	A		Τ		N	ТТ	-	2	0	A	Т	Т			N	T	т	Т	2 (0 .	A			
ι	SPDES			11			j	L	DES	- }	_							Ц_	DE:	٠			<u>. T.</u>			<u> </u>	
							-								-	$\overline{}$		-		_	$\overline{}$				_	-	_

N Y R 2 0 A

N Y R 2 0 A

MS4 Annual Report Cover Page

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

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

SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 O A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR2OA	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 CITY OF BEACON	Γ"	· T	YR	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 of an Annual Report for a single MS4	or acc	cepta	ance o	of:										
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 bine	ding	agre	eeme	nts.										
If Joint Report, enter coalition name:			_,_	, ,										
	ŤÍ	Ť	Ť		Ť	Ī	T							
	+	+	+			+								
	1 1	- 1												

eMail

Phone

a|r|u|g

(845

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 CITY OF BEACON SPDES ID 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:
 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
• •
First Name MI Last Name
Anthony Ruggiero
Title
C i t y A d m i n i s t r a t o r
Address 1 Municipal Plaza
City

o f b e a

5 0 0 9

8 3 8 -

con

Dutchess

County

o|r|g

MS4 Municipal Compliance Certification(MCC) Form

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

R	2	0	A	0	4	0
Y	Y R	Y R 2	Y R 2 0	Y R 2 0 A	Y R 2 0 A 0	Y R 2 0 A 0 4

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:

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

Firs	st Name														<u>MI</u>		Las	t Na	ame													
М	i	С	h	a	е	1												M	a	n	z	i										
Title	e						_												,											_	_	
Н	i	g	h	W	a	У		S	u	р	е	r	i	n	t	е	n	d	е	n	t											
Ado	lres	S														_																
1		М	u	n	i	С	i	p	a	1		₽	1	a	z	a																
City	/						-													<u>S</u>	tate		Zij)					_			
City	e	а	С	0	n															1 [\neg	Y	Zip	2	5	0	8] -			T	
В	е	а	С	0	n															1 [_		1	5	0	8] -				
\Box	е	a	c	0 w	n	У	@	С	í	t	У	0	f	b	е	a	c	0	n	1 [_		1	5	0	8]-				
B	e ii			 		У	@	С	i	t	У	0	f	b	е	а	С	O Col	Ь.,		1 .	Y	1	1	5	0	8]-				

MS4 Municipal Compliance Certification(MCC) Form

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

	SPI)ES	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).
- The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name	MI Last Name
John	Russo
Title	
C i t y E n g i n e e r , L	a n c a n d T u 1 1 y
Address	
P . O . B O x 6 8 7	
City	State Zip
0.1.7	3000 200
Goshen	N Y 1 0 9 2 4 -
G o s h e n	
G o s h e n eMail	N Y 1 0 9 2 4 -

MS4 Municipal Compliance Certification (MCC) Form

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

		_																				SPL	ES	ID						
Name of	MS	S4_	CITY	OF	BEA	CO	N								22		5.6	- 50				N	Y	R	2	0	A	0	4	0
Section	1 3	- P	ar	tn	er :	In	for	ma	tic	<u>on</u>																				
Did your i	MS	4 w	ork	wit	th p	artı	iers	/co	aliti	on	to c	om	ple	te s	ome	e or	all	per	mit	rec	quit	eme	ents	s du	ring		is r	-		g No
If Yes, co Subm accep coalit If No, pro	it a ted ion	se . If . It	par you is r	ate ur N 10t	she AS4 nec	et 4 ce ess	for oop sary	eac era to	h p ted inc	wi luc	th a le a	sej	ali par	tior ate	ı, sı she	ubn	nit	one	sh	eet	wi	th t	he	nar	ne (of t		2		
Partner/Co	aliti	on N	Jam	e																				1		_				
Dut	С	h	е	ន	s		C	0	u	n	t	У		S	t	0	r	m	W	a	t	e	r					L		
Partner/Co	aliti	ion ì	Vam	e(c	on't)												_			1	SPI	ES	Pa	rtne	· ID	- If	apr	lica	ble
Com	m	i	t	t	е	е					_						L	L	_	L		N	Y	R	2	0	L			
Address 2 7 1	5		R	0	u	t	е	8.1 .00	4	4											<u> </u>			Ī						
City					·									_	-		_	St	ate		Zip			-		_	3.0	21.00	33333	
M i 1	1	b	r	0	0	k			33												1	2	5	4	5	-				
eMail			V									- 1													31 - 12 31 - 15			197 1	1 22	77.000 52.—12.
e r i	n		ន	0	m	m	е	r	v	i	1	1	е	@	n	У	Ŀ	n	a	С	đ	е	t		n	е	t			
Phone (84	5)	6	7	7	-	8	0	1	1								_	-		_	Agre ? Pa					dan Ye		0	No
What tas	ks/ı	resp	on	sib	iliti	es	are	sha	rec	l w	ith	this	s pa	ırtn	er (e.g	. N	ΙM	1 S	cho	ol	Pro	gra	ms	or	Mι	ıltij	ple	Tas	ks)?
• MM1	В	r	0	С	h	u	r	е	ន	,		В	i	1	1	b	0	a	r	d	s									
● MM2	Р	u	b	1	i	С		E	v	е	n	t	ន							Г							Γ			
MM3	М	u	1	t	i	p	ī	е		Т	a	5	k	s																Ħ
● MM4	C		n			a			0	r		т	r	a	-	n	i	n	g		I									\exists
		_	_	_														 	L la				L		L			_		
• MM5			1	_		р	1	е		T	a	s	k	s				<u></u>					L	_				<u></u>		
• MM6	Τ	r	а	i	n	i	n	9																				<u></u>	<u></u>	
Addition	al t	ask	s/re	esp	ons	ibi	litie	es																						
O Wate			-	•									•	-	ien	t Pi	ac	tice	es re	equ	ire	d fo	r N	AS4	ls i	n in	npa	iire	d	
												347							onitio.		8.00									

MS4 Municipal Compliance Certification(MCC) Form

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

	5	SPI	DES	ID.						
Name of MS4 CITY OF BEACON		N	Y	R	2	0	Α	0	4	0

Section 4 - Certification Statement

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

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

First Name ANTHON	Y	MI Last Name R U G G I E R O
Title (Clearly print ti	tle of individual signing report)	
CITYA	D M I N I S T R A T	O R
Signature	gen	Date 05/08/0000

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

	SPL	/೭೦	עג						
Name of MS4/Coalition CITY O F BEACON	N	Y	R	2	0	A	0	4	0

Name of 1	V154/ C0a	ittion																•		,,,
						Y	<u>Vate</u>	r Qu	alit	<u>y T</u>	rene	<u>is</u>								
The info	rmation	in thi	s sect	tion i	is bein	g repo	orted (check	one)):										
On be On be		a coali	ition			uted 1	to this	s repo	ort?]								
1. Has	ted to s	S4/C storm	Coalit wate	tion er? I	produ (f not,	iced : ansv	any r ver N	eport o and	ts do d pro	cum ocee	enti d to	ng v Min	/ate imu	r qua m C	ality ont	tre rol N	Meas	ure Yes		• No
If Yes, o	choose o	ne of	the f	ollow	/ing															
O Repor	t(s) atta	ched 1	to the	annı	uai rep	ort														
O Web																				
	Please	prov	/ide s	speci	fic ad	dress	of pa	ge w	here	repo	rt(s)	can	be a	cces	sed	- not	t hom	ne pa	ge.	
	URL					_			_					_	7 1				_	
															Ш				_	
																				Щ
												T								
	URL								1		- 1010	_							_	
																			1	
		ÌŤ	T		11							T	П							
	URL	1 1		3:23																
			T																	
		1					II			1		Ī					T		T	
	URL						1-1	1 1				1-			_					
					83.0															
		Ħ		T							3	T		T						
				+	1		$\dagger \dagger$	++		1	T	Ť	\Box					ΤÌ	T	

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

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
Minimum Control Measure 1. Public Edu	cation and Outreach
The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 	
1. Targeted Public Education and Outreach Best Managemen	nt Practices
Check all topics that were included in Education and Outreach du	ring this reporting period:
Construction Sites	● Pesticide and Fertilizer Application
● General Stormwater Management Information	O Pet Waste Management
Household Hazardous Waste Disposal	Recycling
● Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	● Trash Management
O Smart Growth	● Vehicle Washing
O Storm Drain Marking	● Water Conservation
● Green Infrastructure/Better Site Design/Low Impact Development	• Wetland Protection
● Other: R A I N D O W N T H E D R A I N B	O None A N N E R S
2. Specific audiences targeted during this reporting period:	
Public Employees Contractors	
● Residential ● Developers	
● Businesses ● General Public	
○ Restaurants • Industries	
Other: OAgricultural Other	

																							S	SPD	ES I	lD						
Nan	ie o	fM:	S4/C	Coal	litio	n C	TY (OF B	EAC	ON														N	Y	R	2	0 .	A	0	4	0
3.										MS eck						e to	ac	hie	ve :	edu	ıcaı	tior	ar	ıd (out	rea	ch	goa	als	du	rin	g
• (Cons	stru	ctic	n S	Site	Ор	erat	tors	Tr	aine	d													#	Tra	aine	d			1	4	4
• [Dire	ct I	Mai	ling	gs																			#]	Mai	ling	şs [1	7
• k	Cios	ks	or (Oth	er I	Disp	lay	S																# L	oca	tion	ıs [4
01	ist-	Sei	ves	i																					# In	ı Li	st					
0 1	⁄Iai	ling	Lis	st																					# Ir	Lis	st					
01	lew	spa	per	Ac	is o	r A	rtic	les																# T	Days	Ru	n [
● F	ubl	lic	Eve	nts.	/Pre	esen	tati	ons																# A	tter	ndee	es			1	3	5
0.5	Scho	ool	Pro	gra	m																			# A	Atter	ndee	es [
01	Γ V :	Spc	t/Pi	rog	ram	ì																		# L	Days	Ru	ın [
• F																						To	tal	# Di	stri	bute	ed [1	9	9	7
	Г		T	$\neg \top$		$\overline{}$	\neg			ices,	kio		. T					\neg	Т		\neg											
	F	+	+	+	m	-	-	\dashv	- +	e		\dashv	-	+	=	井	r				_											
	F	+	e	a	-		n	+	С	+	1	У	1	+	\dashv	1	1	_	+	4	4											
	ļ	+	+	s	-	-	r	_	-	+	=	+	s	4	+	+	+	t	·	4	4											
• (L.		ַ ט	T	C	H	E	s	s		С	이	_	_	F	A	I	R		_												
	Г	$\overline{}$	A	С	E	В	0	0	K	T	С	A	м	P	A	I	G	N														
	L											L								`on'	 tinu		n ne	vt i	naa	e if	od.	litic	mal	en	ace	ie
• 1	W EL		ige.			edec		Jeci	IIIC	WEI	al	Juic	330	5 - 1	101	поп	ուշ բ	age	,	2011	tiilu	C O.	11 114	ואיי	hag	U 11	auv	41610	/11(41	- spi	200	13
	W	w	w		f	a	С	е	b	0	0	k		С	0	m	1	p	a	g	е	s	7	D	u	t	С	h	е	ន	ន	-
	C	0	u	n	t	У	-	М	s	4		С	0	0	r	đ	i	n	a	t	i	0	n	-	С	0	m	m	i	t	t	е
	е	/	2	4	6	7	4	0	0	2	5	5	2	0	0	8	9															
	URL	;														-	_															
	d	u	t	С	h	е	ន	ន	s	w	С	d		0	r	g	/	?	р	а	g	е		i	d	=	1	9	6			
	_						_					_	_																			
								L.																								

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

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

SPDES ID

Vam	e o	fΜ	S4/	Coa	litio	on C	YTI	OF	BEA	CON	ſ								_					N	Y	R	2	0	A	0	4	0
3. I.	W		Pag	ge (con	ˈt.:		Pro	ovio	ie s	pe	cifi	c w	eb	add	lres	ses	- n	ot l	hon	ne j	pag	e.									
	w	W	w		d	е	С		n	У		g	0	v	1	С	h	е	m	i	C	a	1	1								
Ī	8	4	6	8		h	t	m	1											Ī												
Ī		117			T	T			Ī										П	T												
U	IRL					5000	303		5.07.00							10.30		5 - 52 5 - 53			3340	2		E E								
	w	W	w		1	h	С	С	d	٠.	n	е	t													- 33						
ĺ																																
Ī					T			Ì																								
L	IRL																		2773h													
	W	W	w	Ŀ	c	w	р		0	r	g							0000														
Ī																																
ı	IRL						-								-													2000		9 25		
Ī												Ī	Ī																			
Ì		lance a			T		Ī	Ì				T					T						T	T						П		
	JRL			_	L	1		_		_	_					L	L					1	_	_		l	L		_			
Ì	-																															
r			<u> </u>		T	\vdash			\Box			T	T	 									T									
F			<u> </u>			\vdash			\vdash			╁	T	 										T	 	H						
L	mı		L	L		_	_			L	<u> </u>		_	1			_						1		L	<u>i </u>						
ľ	JRL	-			Γ		Γ	Г		_		Г	Г	Г																		
ļ		77.			\vdash			+				-			\vdash													_	\vdash			
Ĺ			<u> </u>		╁	\vdash			-	F		-	_	+			\vdash				-	-				+		_	<u> </u>			
1			_		_		1	L	1_	_	_	_		1			_	L	<u></u>		0					_				22	L	L
	JRL	-		Γ		Τ			Τ				Τ		Γ		Г		Γ													
Ĺ					1	+	_	 	\vdash		H	 	 	+	<u> </u>	_	\vdash	I			_			-		-			\vdash			
-	_		L		 	╀		-		H	<u> </u>	+	+	1	<u> </u>	<u> </u>	+							\vdash		 					_	
											1						1 3											l				

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

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

SPDES ID

4 0
Part
iod.
n. m.
urable
is vere
1 0
rticipants/even o d?
O No
O No
ring
nment

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

If submitting this form as part of a joint repo	ort on behalf	of a	coa	lition		ve S DES		ES I	Dŧ	olan	k.		
Name of MS4/Coalition CITY OF BEACON					N	Y	R	2	0	A	0	4 0	_
Minimum Control Measure 2.	Public I	nvo	lve	men	t/P	ar	tici	pa	tio	<u>n</u>			
The information in this section is being reported (chec	ck one):												
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this 	report?												
1. What opportunities were provided for public development, evaluation and improvement (SWMP) Plan during this reporting period	of the Stor	mw	ater	Ma	nag				ogr	am	ι		
● Cleanup Events						# E	vent	s		\prod		1	
O Comments on SWMP Received					# C	omi	ment	s					
● Community Hotlines	Phone #	(8	4 5])	8	3	1	<u>-</u> [0	9	3 2	
Phone # ()	Phone #	()				-[
Phone # (Phone #	()				-[
Phone # ()	Phone #	()				-[
Phone # ()	Phone #	()				_				
Phone # ()	Phone #	()				-[
O Community Meetings					# .	Atte	ndee	s [
Plantings						S	3q. F1	i. [1	9	6	0 2	
O Storm Drain Markings						# [Drain	s [
O Stakeholder Meetings					#.	Atte	ndee	s					
O Volunteer Monitoring						# F	event	s [-
Other:													
2. Was public notice of availability of this and Program (SWMP) Plan provided?	ıual report	and	d Ste	ormv	vat	er N	Man	age		ent Yes		O N (0
O List-Serve						# I	n Lis	st [
O Newspaper Advertising					#	Day	s Ru	n [
○ TV/Radio Notices					#	Day	s Ru	n [
● Other: C I T Y C O U N C I L	M I N U	Т	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, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

					-															,			SPI	DES	ID						_
e o	fΜ	S4/	Coa	litic	n	CITY	OF I	ВЕА	CON	?													N	Y	R	2	0	A	0	4	0
			cor																	2.7											
Plo	eas	e p	ros	ide	esp	peci	ific	ad	dre	ess(es)	wł	ier	e n	otic	e(s) ca	an l	be:	acc	ess	ed	- ne	ot k	on	ıe p	pag	e.			
IRL		_			_								,											,		_					
С	i	t	У	0	f	þ	е	a	С	0	n		0	r	g	/	i	n	d	е	x		р	h	р						
đ	е	р	a	r	t	m	е	n	t	ន	1	h	i	g	h	w	a	У	/												Γ
	All and the		-					İ					Ī	Ī	Ī	Ī															Ī
RL		-					-								1									_							
-						Π																									Γ
									Ì																						İ
		_	_			1	_	_	_			_			_			1	1				1		_						1_
		70000	- 10		_								_		_			_		_				_				107.00			
RL															Ι			F							Γ						
_																	l I			<u> </u>						_	L				
_		L			L			<u> </u>	<u> </u>	_								-	ļ	_	_										L
		L.,		L	L		100			L								L	L												
RL			_			_			_															_				_	_		_
																											_				
								Ī		Ī			Ī					Ī										П			Ī
RL							_	_									L						7 3						_		
																															T
											-				İ					Ì				┪							T
	-		\vdash		\vdash	-	-	-	-				_															_	Н		I
_			L	L	L_			1				L_	<u></u>			<u></u>	L_	1_						1		L		1			L
RL		_				T			Γ			Ī	T -		T	T			T					Γ-	Г	Г					T
						<u> </u>		<u> </u>	<u> </u>	_	1	<u> </u>		<u> </u>	1	\vdash	<u> </u>	_	<u> </u>			-	-	-					Н		T
						Ļ		<u> </u>	Ļ	_		L	1		1	<u> </u>		_	<u> </u>			<u> </u>		-							L
R1			_	-	_	т		Т	_		_	,	1		_		_	_	_			1		_				_			Т
		L													11/10			L													Į
- 1-								Γ		Ī	Í		Ī	Ī	T	I	I			1				T							T

e of M	S4/Coa	alition	CITY	OF	BEAC	ON														N	Y	R	2	U	A	υ	4
URL	(s) co e pro	n't.:	enos	ific	ad.	dro	ec (oe)	wk	OF.	. m-	ntio	- AB 4	nan	ho	94	OOF	e a d	- ا	not	ho	me	po	go			
RL	e hro	vide	spec	HIC	aut	ui C	35()	cs)	44 11	CIC	s me	Jeic	C 3 (CAH	De	ac	CES	scu	1	IUI	110	me	ha	Rc.	452		
Ť			Ť	Ť				\Box							T												
+			+	+																	_			_			-
		Ш					2 0		70 h					2000		3.9%		7				200					
JRL		П	1	т-	1						100				-						7.0	110					
			\perp	\perp									Щ		4												
				\perp																					3		
ЛL														-					_			-					
I I	П	П	T	T	П						-																
+	+	++	+	+			\dashv						H		\dashv	닉					3.00		_		H		
+	<u> </u>	 	+	-									Щ		4		-						_				
		Ш																									
JRL																											
				Г																							
		П	Ì	Ť											T	T											
-	-	\forall		+									Н			_		100		\vdash							
		Ш		1				L.,															_	_			
JRL [П	T	T					Г						-												
		Н		Ļ	Ш				<u> </u>															<u></u>			
				\perp																							
JRL			1		1						_											_			_		
		T	T	T						_																	
			-		H	9.4								Н		_			_			\vdash					
			+	1	Щ						L			Щ		_							<u> </u>	_			
		Ш							L													<u> </u>				000	
JRL																		111	S.L.				_		_		
						(52)																					
	Ì		Ť	T		Ì																					
+			1	Ť								 								H					一		

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

		If	sut	mi	ttin	g th	is f	orn	ı as	par	t of	aj	oin	re	port	on	bel	nalf	of	a co	oali			ive)ES		DES	ID	bl	ank.		
Name	ъfМ	\$4/6	് വഴ	litic	,,,	HTY	OF	BEA	CON	1									 .					Y		2	0	Α	0	4	0
3. W											nio	- of	F 4h	io c	. 20 20		1 200	m 0.1	nd !	j Sta		12/A	ton	M.		701		n#			
	rog				-						-							_	-					TAT	KIIS	igei	iii Ci	ш			
E	nter	ad	dre	ss/	con	ıtac	t in	fo :	and	se	lect	rae	dio	bu	ttor	to	inc	lica	ite '	whi	ch	do	cun	nen	t is	ava	ila	ble	and	d	
							nay	be	su	omi	itte	d at	th	at le	oca	tio	1. 5	Sub	mi	t ad	ldit	ion	al p	oago	es a	is n	eed	led.	•		
O MS	4/C Dep			-	ffic	e										•	Aı	nnu	al I	Rep	ort		S	WΝ	IP I	olan	ı	• (Com	me	nts
	C	I		Y	_	0	F		В	E	Α	С	0	N		С	I	Т	Y		Н	Α	L	L						Т	
	Add	res	3					!													_										
	1		M	U	N	I	С	I	Р	A	L		P	L	Α	Z	Α														
	City B	- 1	70	С	0	N			Γ	Ι -								Г,	. _τ ,	<u>.</u>		Zip	2	_	0	٥	[
	Pho	E ne	Α		U	N			<u> </u>									L	N	Y		1	2	5	0	8	-				
	7	8	4	5	1	8	3	8	_	5	0	0	0																		
O Lib		1			/				J		<u> </u>					_			1 1			_		CE PE	4D I				~		
O Lib	Ado	lress	3			1											/ AI	nnu	ai i	Rep	ort		2	WIV	IP I	Plan			Com	ıme	nts
							L		L																						
	City	, 																Г	Т	\neg		Zip					[_	\neg
	 Pho																	L		لــا		Ш					-		Ш		
	1				1				_																						
	\ [,	<u> </u>	<u> </u>	<u> </u>	I	l																					
O Oth	er Add	lress	3) A 1	nnu	al I	Rep	ort	C	S	W№	1P I	Plan	ļ.	0 (Con	ıme	nts
	City	,			I	1	1	·	I	I									1			Zip									
																		L									-				
	Pho	ne			\ \				l				,																		
)				-																						
• Wel	b Pa	age	UR	L:												•	A	nnu	al I	Rep	ort	C	S	W٨	1P I	Plan	ì	0	Con	me	nts
	С	i	t	У	0	f	b	е	a	С	0	n		0	r	g	/	i	n	d	е	x	•	р	h	p					
	đ	е	р	a	r	t	m	е	n	t	s	7	h	i	g	h	w	а	У	/											
																					_										司
	Ple	ase	pr	ovi	de	spe	cif	ic a	ıddı	ress	of	pa	ge v	whe	re	rep	ort	car	ı be	ac	ces	sec	l - r	ot	hor	ne j	pag	e.		ļ	
• eMa	ail																											• (Con	ıme	nts
																													~ ~		

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

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

	_	SPU	F2 ID					
Name of MS4/Coalition CITY OF BEACON		N	YR	2	0	A 0	4	0
4.a. If this report was made available on the internet, what da	ate was it	t po	sted?	,				
Leave blank if this report was not posted on the internet.	0	5	/ 1	8]/[2 0	2	0
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 submitt	ting a joir	nt re	port,	ans	wer	5.b		
5.a. Was an Annual Report public meeting held in this report	ting perio	od?			0	Yes	• 1	10
If Yes, what was the date of the meeting?			/[]/[
If No, is one planned?					0	Yes	• 1	10
5.b. Was an Annual Report public meeting held for all MS4s	contribu	ıtin	g to t	his	rep	ort d	urin	g
this reporting period?					0	Yes	• 1	10
If No, is one planned for each?					0	Yes	• 1	١o
6. Were comments received during this reporting period?					0	Yes	• 1	٩o
If Yes, attach comments, responses and changes made to								
SWMP in response to comments to this report.								

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

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
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 (SWMI 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. 10 committee meeting period.	events and activities is generally
C. How many times was this observation measured or evaluation	ted in this reporting period?
	1 0
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goal	• Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	the SWMPP?
	● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	<u> </u>
Continue to support outreach with watershed partnerships and inc Continue cleanup events. Continue to revise SWMPP.	crease attendance at events.

	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 continue is being reported	(ahaak ana)
The information in this section is being reported On behalf of an individual MS4	(check one):
On behalf of a coalition	
How many MS4s contributed to	this report?
1. Enter the number and approx. percent	of outfalls mapped: 45# 100%
2. How many of these outfalls have been s	screened for dry weather discharges during this
reporting period (outfall reconnaissanc	ce inventory)?
3.a. What types of generating sites/sewersh	neds were targeted for inspection during this
reporting period?	
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	O Marinas
O 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
O Cross-Connections	O Residential Carwashing
O Distribution Centers	O Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
• Other:	O None
AREAS OF ROUT	TINE MAINTENANCE
O Sewersheds:	

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

Name of MS4/Coalition CITY OF BEACON		SPDES ID N Y R 2	0 A 0 4 0
3.b. What types of illicit discharges have	been found during	this reporting period	?
O Broken Lines From Sanitary Sewer	O Industrial Connecti	ions	
O Cross Connections	O Inflow/Infiltration		
O Failing Septic Systems	O Pump Station Failu	ıre	
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Ov	erflows	
O Illegal Dumping	O Straight Pipe Sewer	r Discharges	
O Other:	● None		
4. How many illicit discharges/potentia reporting period?	l illegal connections	have been detected d	uring this
5. How many illicit discharges have bee	en confirmed during	this reporting period	1?
6. How many illicit discharges/illegal coperiod?	onnections have beer	n eliminated during t	his reporting
7. Has the storm sewershed mapping be If No, approximately what percent was	-		• Yes O No
8. Is the above information available in Is this information available on the walf Yes, provide URL(s):	veb?	accessed wat hower m	● Yes ○ No ○ Yes ● No
Please provide specific address of page	where map(s) can be	accessed - not nome pa	age.
URL			
URL			

JRL				<u></u>					<u></u>							
	+									<u> </u>		1	H	$\frac{1}{1}$	<u> </u>	<u> </u>
URL		1			Ш		1	Ш		1		<u>.</u>		 		
$\frac{1}{1}$	+						+			Ļ		1	ļ		+	L
						+				H		+		\dashv	+	<u> </u>
JRL			 725		1 1	1	-	-					1		_	_
			+	+		+	+			<u> </u>			H	\dashv	+	
+			+	+					+	+	Н	+	<u> </u>			
JRL							_						5205.00			Ī
					Н	$\frac{1}{1}$	<u> </u>			÷			T	$\frac{1}{1}$	+	<u> </u>
$\dagger \dagger$						1	\dagger								Ì	Ī
E-14	11						1						100			Т
URL				\pm			+					\pm		\dashv	+	T
URL I				- 1	, .			E. com		+	-	-	+	 		

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

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

SPDES ID

Name of MS4/Coalition CITY OF BEACON N Y R 2 0 A 0 4 0
12. Evaluating Progress Toward Measurable Goals MCM 3
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.
Locating all stormwater and sanitary sewer structures. Identification and correction of any illicit discharges.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
All stormwater and sanitary structures have been mapped in the City. All outfalls have been inspected during this reporting period. No illicit discharges or cross-connections were found during this reporting period.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/events) D. Has your MS4 made progress toward this measurable goal during this reporting period?
P. Has your 19154 made progress toward this measurable goal during this reporting period: ■ Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
Continue inspections of stormwater and sanitary structures. Continue investigation of possible illicit discharges.

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

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

		SF	'DE	S ID						
Name of MS4/Coalition	CITY OF BEACON	N	Y	R	2	0	A	0	4	0

	Minimum Control Measures 4 and 5.	
	Construction Site and Post-Construction Control	
The	e information in this section is being reported (check one):	
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?	
1a	. Has each MS4 contributing to this report adopted a law, ordinance or other regulator mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?	r
1b	Has each Town, City and/or Village contributing to this report documented that the lequivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosic Sediment Control through either an attorney cerfification or using the NYSDEC Gap	on and
	Analysis Workbook? • Yes O No	ONT
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. O 09/2004 • 03/2006	5 ONT
2.	Does your MS4/Coalition have a SWPPP review procedure in place? • Yes	s O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have bee reviewed in this reporting period?	n
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? • Yes • No.	ONT
	If Yes, how many public comments were received during this reporting period?	0
5.	Does your MS4/Coalition provide education and training for contractors about the loss SWPPP process?	

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

O Notices of Violation	#			0	O No Authority
O Stop Work Orders	#			0	O No Authority
O Criminal Actions	#			0	O No Authority
O Termination of Contracts	#			- 17	No Authority
O Administrative Fines	#			0	O No Authority
O Civil Penalties	#			0	O No Authority
O Administrative Orders	#			0	O No Authority
O Enforcement Actions or Sanctions	#			0	
O Other	#				O No Authority

							SPD	ES ID				
Nar	ne of MS4/Coalition	CITY OF BEACO	N .				N	YR	2	A 0	0 4	0
	Minimum C	ontrol Mea	sure 4. Co	onstructi	ion Site	Stormy	vat	er Ri	uno	ff Co	<u>ntr</u>	<u>ol</u>
The	e information in th	is section is be	ing reported (check one):	:							
	On behalf of an ind On behalf of a coal How m		ntributed to th	his report?]						
1.	How many cons during this repo	•	•	een autho	rized for	disturba	ance	es of o	ne a	acre oi	r mo	a 3
2.	How many cons during this repo	_	•	oing at lea	st one ac	re were	acti	ve in	you	r juris	diet	ion 3
3.	What percent of	of active cons	truction site	es were ins	spected di	uring th	is re	eporti	ng 1		? c	¬
4.	What percent of	of active cons	truction site	s were ins	spected m	ore than	n on	ce?		1	0 0	NT
5.	Do all inspector Construction S	_			contributi	ing to th	is r	eport ● Y		the N		NT
6.	Does your MS4 (SWPPPs) of co							l appi				NT
	If your MS4 is public review?	Non-Traditio	onal, are SW	/PPPs of c	constructi	on proje	ects	made	av:	ailable O Yes) No
	If Yes, use the fe	ollowing page	to identify l	ocation(s)	where SV	VPPPs ca	an b	e acce	essec	1.		

Name	of M	[S4/	Coa	litio	on	CITY	OF	BEA	CO	N														Y		2	0	Α	0	4	0
6. c	on'i ubn		adc	litic	ona	l pa	ige:	s as	ne	ede	ed.																				
• MS)ffic	e																									
	Dep		nen	t	_	1			_		<u>. </u>	\$				_	, -											,	_		
	С	i	t	У		0	f	L	В	е	a	С	0	n		C	i	t	У		Н	a	1	1							
	Add	lres				_				_	,				1		-	_			1			1							
	1		M	u	n	i	С	i	р	a	1		P	1	a	z	а														
	City														1							Zip					1	·		_	
	В	E	A	С	0	N												N	I Y	<u>. </u>		1	2	5	0	8	-				
	Pho													1																	
	(8	4	5)	8	3	8	-	5	0	0	0																		
O Lib	rary	,																													
	Add	Ires	S			_															_			,	,						
	City								_							_		_	_			Zip									
																											-				
	Pho	ne		_																_											
	()				-																						
O Oth	er																														
	Add	lres:	5																												
														ļ																	
	∟ City				Ш		L															Zip									
																											_				
	Pho	ne																													
	()				-																						
O Wel	b Pa	ıge	UR	Lís):	Р	leas	e n	rov	ide	sne	cifi		ddri	225	whe	ere S	sw	ppp) e C	ะดท	he s	icce	922	d	not	hoi	ne i	กดดะ	_	
	URL			_(-	,	_		·	- • •		P -				•00			<i>-</i> (1)			,,,,,,,			-	•				, u.p.		
ĺ																												\neg	\Box	\Box	
i		寸	T	_	\	1		\exists				_	_				\dashv	\dashv				_	\dashv	_					극	\dashv	\dashv
l	_						_				_	井					_					_	_			<u> </u>	<u> </u>		_	\dashv	\dashv
l																															
ľ	URL.	_	_		_			E	_				_				ī			_		_		- 1				,	1		_
Į																															
																														\top	
ĺ		Ī			$\overline{\Box}$						Ì						Ť		T					i					一	寸	\exists

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

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
7. Evaluating Pro	ogress Toward Measurable Goals	MCM 4	
identified in your S	port on your progress and project place to tormwater Management Program I itional pages as needed.		
A. Briefly summa	rize the Measurable Goal identif	ied in the SWMPP	in this reporting period.
	rt and advertise training through the wed by the City Engineer and if for		
B. Briefly summa Goal.	rize the observations that indicat	ed the overall effe	ctiveness of this Measurable
	were held by DCSCD. Attendance reviewed by the Planning Board at ons.		
C. How many tim	es was this observation measure	d or evaluated in th	nis reporting period?
			3
D. Has your MS4	made progress toward this meas	urable goal during	(ex.: samples/participants/ev this reporting period?
			● Yes ○ No
E. Is your MS4 or	n schedule to meet the deadline so	et forth in the SWA	MPP? ● Yes ○ No
•	rize the stormwater activities pla ing cycle (including an implemen		oals of this MCM during
Continue training of	construction site contractors. Cont	inuing reviewing SV	WPPPs for projects.
	A STATE OF THE STA		

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

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			NY	R 2 0 A 0 4 0
Minimum	Control Mea	sure 5. Post	-Construction	on Stormwater	Management
The information in th	nis section is bein	ng reported (che	ck one):		
On behalf of an incOn behalf of a coaHow m		ributed to this	report?		
1. How many and MS4/Coalition is				nagement practic eporting period?	es has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	es				
● Filter Systems				1	
• Infiltration Basins			3	3	
Open Channels					
Ponds			6	6	
O Wetlands					
O Other					
2. Do you use an BMPs, inspecti		` •	abase, spreads	heet) to track po	st-construction • Yes • No
3. What types of a Development/E		_		-	Impact
Building Codes	Municipal C	omprehensive F	Plans		
Overlay Districts	O Open Space	Preservation Pr	ogram		
Zoning	• Local Law o	r Ordinance			
O None	O Land Use R	egulation/Zonin	g		
O Watershed Plans	Other Comp	rehensive Plan			
O Other:					

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

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 NYR 2 0 A 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort? O Yes No 4b. Does the MS4 have a banking and credit system for stormwater management practices? O Yes No 4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice? O Yes 4d. How many stormwater management practices have been implemented as part of this system in this reporting period? 0 5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green

0

Infrastructure principles in this reporting period?

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

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

_			SPDES ID	
Name of MS4/Coalition CIT	TY OF BEACON		N Y R 2 0 A 0	4 0
6. Evaluating Progre	ess Toward Measurable Goals	MCM 5		
	on your progress and project pl mwater Management Program F nal pages as needed.		_	Part
A. Briefly summarize	the Measurable Goal identif	led in the SWMPP	in this reporting peri	od.
Inspection and mainter	nance of stormwater manageme	ent practices.		
Goal.	the observations that indicat	ed the overall effec	tiveness of this Measu	ırable
10 stormwater manage this reporting period.	ement practices were maintaine	d and inspected by t	he City of Beacon duri	ng
C. How many times w	vas this observation measured	l or evaluated in th	is reporting period?	
				1 0
D. Has your MS4 ma	de progress toward this meas	urahla gaal during	(ex.: samples/part	-
D. 1148 your 14154 ina	ne brogress toward this meas	ur abie goar uur ing	• Yes	
E. Is your MS4 on sci	hedule to meet the deadline so	et forth in the SWN	APP?	
			• Yes	O No
_	e the stormwater activities pla cycle (including an implemen		oals of this MCM dur	ing
	ction inspections of stormwater ies. Update stormwater manag			r

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

- 22	AND THE RESERVE OF THE PARTY OF	25	SPI	DES	ID						
Name of MS4/Coalition	CITY OF BEACON		N	Y	R	2	0	A	0	4	0

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.

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

			V.C. 11 E C E E E E E	the past o
Operation/Activity/Facility	Addressed in	a SWMP?	<u>vears?</u>	
Street Maintenance	• Yes	O No	Yes	O No
Bridge Maintenance	• Yes	O No	Yes	O No
Winter Road Maintenance	• Yes	O No	Yes	O No
Salt Storage	• Yes	O No	Yes	O No
Solid Waste Management	• Yes	O No	Yes	O No
New Municipal Construction and Land Disturba	nce O Yes	● No	O Yes	No
Right of Way Maintenance	• Yes	O No	Yes	O No
Marine Operations		O No	Yes	O No
Hydrologic Habitat Modification		● No	O Yes	No
Parks and Open Space	_	O No	Yes	O No
Municipal Building		O No	Yes	O No
Stormwater System Maintenance		O No	Yes	O No
Vehicle and Fleet Maintenance		O No	Yes	O No
Other		• No	O Yes	No

	SPDES II)			
Name of MS4/Coalition CITY OF BEACON	NYF	2 0	A 0	4	0
2. Provide the following information about municipal operations go	od housel	ceeping	prog	ram	ıs:
● Parking Lots Swept (Number of acres X Number of times swept)	# Ac	res		1	1
• Streets Swept (Number of miles X Number of times swept)	# M	iles	1 2	3	6
● Catch Basins Inspected and Cleaned Where Necessary		#	1	0	1
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 		#		1	0
O Phosphorus Applied In Chemical Fertilizer	# L	bs.			
O Nitrogen Applied In Chemical Fertilizer	# L	bs.	Ì		
Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)	# Acre of	es 📗		0.[1
3. How many stormwater management trainings have been provide during this reporting period?	ed to muni	cipal e	nploy	ees	1
4. What was the date of the last training?	1 1 / 1	. 3 /	2 0	1	9
5. How many municipal employees have been trained in this report	ing period	1?			1
6. What percent of municipal employees in relevant positions and d stormwater management training?	epartmen	ts recei	ve 5	8	%

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

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

Name of MOAIGLE Pales	CITY OF BEACON	SPDES ID N Y R 2 0 A 0 4 0
Name of MS4/Coalition		
7. Evaluating Pro	gress Toward Measurable Goals MCM 6	
identified in your St	ort on your progress and project plans toward tormwater Management Program Plan (SWM itional pages as needed.	
A. Briefly summar	rize the Measurable Goal identified in the	SWMPP in this reporting period.
Cleaning of catch b	pasins and sweeping of roads.	
B. Briefly summar Goal.	rize the observations that indicated the ove	erall effectiveness of this Measurable
	cipal parking areas were swept twice during ted and cleaned with 30 rebuilt during this re	
C. How many time	es was this observation measured or evalua	ated in this reporting period?
		(ex.: samples/participants/events
D. Has your MS4	made progress toward this measurable go	al during this reporting period? ● Yes ○ No
E. Is your MS4 on	schedule to meet the deadline set forth in	
-	rize the stormwater activities planned to m ing cycle (including an implementation sch	
	aining of municipal employees with regards to measures. Continue inspections of stormwa	

2.

MS4 Annual Report Form

			SPDES ID
me of MS4/Coalition CITY OF	BEACON		N Y R 2 0 A 0 4
Additional Wate	rehad Improvemen	at Stratogy Bost Mo	nagement Practices
Additional wate	ished improvemen	it bulategy Dest Ma	nagement Fractices
ne information in this section	n is being reported (check	c one):	
On behalf of an individual I On behalf of a coalition	MS4		
How many MS	4s contributed to this re	eport?	
110 111111, 1112		Point []	
IS4s must answer the qu	estions or check NA a	s indicated in the table	e below.
•			
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	1
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		11111111111	
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,86,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,86,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,86,10,11,12	Phosphorus
Greenwood Lake Watershed	-		
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	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		Annual Commence of the Commenc	
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
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	8 - 8	-	
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
Tooditional Nam Land Line	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use Non-Traditional	1,2,3,4,78-d,9	5,6,8a,8b,10,11,12	Pathogens

1.	Does your MS4/Coalition have an education program addressing impacts of					
	phosphorus/nitrogen/pathogens on waterbodies? O Yes	O No	• N/A			
2.	Has 100% of the MS4/Coalition conveyance system been mapped in GIS?					
		O No	● N/A			
	If N/A, go to question 3.					
	If No, estimate what percentage of the conveyance system has been mapped so far.		7%			
			+			
	Estimate what percentage was mapped in this reporting period.		%			

		SPDES ID		
Na	me of MS4/Coalition CITY OF BEACON	N Y R 2	0 A 0	4 0
3.	Does your MS4/Coalition have a Stormwater Conveyance S and Maintenance Plan Program?	ystem (infrastructu O Yes	-	ection N/A
4.	Estimate the percentage of on-site wastewater treatment sys and maintained or rehabilitated as necessary in this reporti		inspect	ed %
5.	Has your MS4/Coalition developed a program that provide NYSDEC SPDES General Permit for Stormwater Discharg (GP-0-08-001) to reduce pollutants in stormwater runoff fred disturb five thousand square feet or more?	es from Construction	n Activi	ties
6.	Has your MS4/Coalition developed a program to address prunoff from new development and redevelopment projects equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Active the New York State Stormwater Design Manual Enhanced Standards?	that disturb greater NYS DEC SPDES (vities (GP-0-08-001)	than or General includit	
7a	Does your MS4/Coalition have a retrofitting program to recphosphorus/nitrogen/pathogen loading?	duce erosion or O Yes	O No	● N/A
7b	.How many projects have been sited in this reporting period	?		
7e.	What percent of the projects included in 7b have been com	pleted in this report	ing perio	od?
7d	.What percent of projects planned in previous years have be	•		%
8a	Has your MS4/Coalition developed and implemented a turf procedures policy that addresses proper fertilizer application lands?	management pract	wned	● N/A
8b	.Has your MS4/Coalition developed and implemented a turf procedures policy that addresses proper disposal of grass claunicipally owned lands?			• N/A

	SPI	DES	ID			
Name of MS4/Coalition CITY OF BEACON	N	Y	R	2	0 A 0	0 4 0
9. Has your MS4/Coalition developed and implemented a program	n of na	tive	: pla	ınt	ing?	
		0	Yes	}	O No	● N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and						
prohibiting goose feeding?		0	Yes	3	O No	● N/A
11. Does your MS4/Coalition have a pet waste bag program?		0	Yes	3	O No	• N/A
12. Does your MS4/Coalition have a program to manage goose populations?		0	Yes	s	O No	● N/A