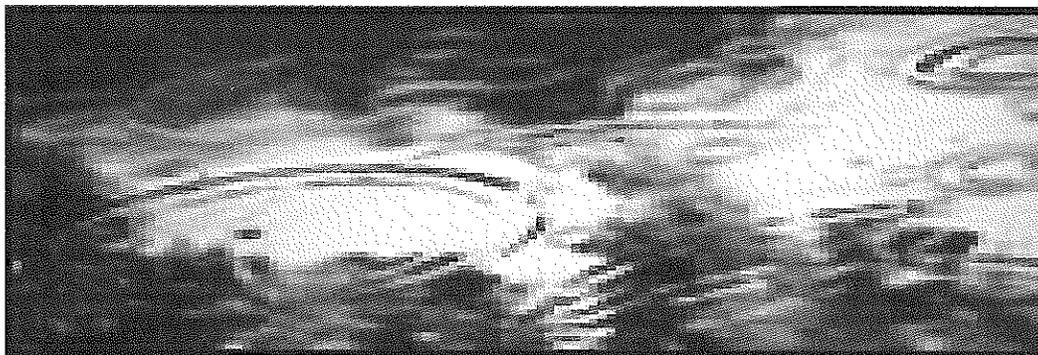


Stormwater Management Program 2015 Annual Report  
for March 10, 2015 through March 9, 2016

**The Town of LaGrange**  
**MS4 SPDES No. NYR20A200**

**120 Stringham Road**  
**LaGrangeville**  
**Dutchess County, New York**

April 1, 2016



Prepared by:

**Stormwater Management Consultants, Inc.**

P.O. Box 202

LaGrangeville, New York 12540

(845) 462-0022

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## **1. MS4 ANNUAL REPORT COVER PAGE**

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2 0 1 6

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

SPDES ID  
N Y R 2 0 A 2 0 0

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

T o w n o f L a G r a n g e

OR

This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

OR

This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition

SPDES ID  
N Y R 2 0 A

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2 0 1 6

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

SPDES ID  
N Y R 2 0 A

## **2. MS4 MUNICIPAL COMPLIANCE CERTIFICATION (MCC) FORM**



**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2 0 1 6

Name of MS4 TOWN OF LAGRANGE

SPDES ID  
N Y R 2 0 A 2 0 0

**Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

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

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

For each contact, select all that apply:

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

First Name MI Last Name  
M i c h a e l K e l l y

Title  
T o w n H i g h w a y S u p e r i n t e n d e n t

Address  
1 3 0 S t r i n g h a m R o a d

City State Zip  
L a g r a n g e v i l l e N Y 1 2 5 4 0 -

eMail  
m k e l l y @ l a g r a n g e n y . o r g

Phone County  
( 8 4 5 ) 4 5 2 - 2 7 2 0 D u t c h e s s

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2 0 1 6

Name of MS4 TOWN OF LAGRANGE

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

First Name W a n d a MI Last Name L i v i g n i

Title A d m . o f P u b l i c W o r k s / S M O

Address 1 2 0 S t r i n g h a m R o a d

City L a g r a n g e v i l l e State N Y Zip 1 2 5 4 0 -

eMail w l i v i g n i @ l a g r a n g e n y . o r g

Phone ( 8 4 5 ) 4 5 2 - 8 5 6 2 County D u t c h e s s



**MS4 Municipal Compliance Certification (MCC) Form**

MCC form for period ending March 9, 2 0 1 6

Name of MS4

SPDES ID

**Section 3 - Partner Information**

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  Yes  No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

-

State

Zip

eMail

Phone

(    )    -

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

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

- MM1
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2 0 1 6

Name of MS4 TOWN OF LAGRANGE

SPDES ID  
N Y R 2 0 A 2 0 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 MI Last Name  
M i c h a e l K e l l y

Title (Clearly print title of individual signing report)  
T o w n H i g h w a y S u p e r i n t e n d e n t

Signature  


Date  
0 5 / 0 9 / 2 0 1 6

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

### **3. WATER QUALITY TRENDS**



**4. MS4 STORMWATER MANAGEMENT PROGRAM  
(SWMP) ANNUAL REPORT FORM**



### MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

T	O	W	N	O	F	L	A	G	R	A	N	C	E
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SPDES ID  

N	Y	R	2	0	A	2	0	0
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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

- |  |                     |  |   |   |   |   |   |   |
|--|---------------------|--|---|---|---|---|---|---|
| <input checked="" type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>2</td><td>0</td><td>4</td></tr></table>           |   |   | 2 | 0 | 4 |   |
|  |                     | 2  | 0 | 4 |   |   |   |   |
| <input checked="" type="radio"/> Direct Mailings                     | # Mailings          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>5</td><td>9</td></tr></table>                     |   |   | 5 | 9 |   |   |
|  |                     | 5  | 9 |   |   |   |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays            | # Locations         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>4</td></tr></table>                     |   |   |   | 4 |   |   |
|  |                     |  | 4 |   |   |   |   |   |
| <input checked="" type="radio"/> List-Serves                         | # In List           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>5</td><td>8</td></tr></table>                     |   |   | 5 | 8 |   |   |
|  |                     | 5  | 8 |   |   |   |   |   |
| <input checked="" type="radio"/> Mailing List                        | # In List           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>6</td><td>1</td></tr></table>                     |   |   | 6 | 1 |   |   |
|  |                     | 6  | 1 |   |   |   |   |   |
| <input checked="" type="radio"/> Newspaper Ads or Articles           | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>2</td><td>2</td></tr></table>                     |   |   | 2 | 2 |   |   |
|  |                     | 2  | 2 |   |   |   |   |   |
| <input checked="" type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>6</td><td>0</td><td>0</td></tr></table>           |   |   | 6 | 0 | 0 |   |
|  |                     | 6  | 0 | 0 |   |   |   |   |
| <input type="radio"/> School Program                                 | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>           |   |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |   |
| <input type="radio"/> TV Spot/Program                                | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>           |   |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |   |
| <input checked="" type="radio"/> Printed Materials:                  | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>1</td><td>2</td><td>0</td><td>0</td></tr></table> |   |   | 1 | 2 | 0 | 0 |
|  |                     | 1  | 2 | 0 | 0 |   |   |   |

Locations (e.g. libraries, town offices, kiosks)

T	O	W	N		H	A	L	L	-	L	O	B	B	Y					
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C	O	R	N	E	L	L		C	O	O	P	.	E	X	T	.	D	C	

Other:

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Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

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URL

h	t	t	p	:	/	/	c	c	e	d	u	t	c	h	e	s	s	.	o	r	g										



### MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF LAGRANGE
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SPDES ID  

N	Y	R	2	0	A	2	0	0
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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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.

- |   |
|---|
| <ol style="list-style-type: none"> <li>1. Target specified audience for development of educational brochures.</li> <li>2. Continue to provide educational brochures to residential and commercial property owners</li> <li>3. Conduct Better Site Design / Green Infrastructure presentation - Open to public</li> <li>4. Provide contractor training sessions by DCSWCD and SWMP Coordinator (CPESC, CMS4S)</li> <li>5. Conduct Public Educational Billboard Campaign</li> </ol> |
|---|

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

<p>Attendance at presentations/training sessions and quality and quantity of educational brochures distributed is consistent with previous reporting period.</p>
--

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

		1	2
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

Yes    No

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

Yes    No

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

- |  |
|--|
| <ol style="list-style-type: none"> <li>1. Develop new target audience for educational brochures</li> <li>2. Continue Public Educational Billboard Campaign</li> <li>2. Continue to provide educational training sessions to public and other specified audiences.<br/>(See Implementation Schedule on following page)</li> </ol> |
|--|

# TOWN OF LAGRANGE SWMP IMPLEMENTATION SCHEDULE

## MMI: PUBLIC EDUCATION AND OUTREACH

- Develop new target audience for educational brochures as a combined effort with the Dutchess County Regulated MS4 Coordination Committee.
- Continue to distribute educational brochures previously developed to residential and commercial property owners, developers and contractors, landscape contractors, etc.
- Continue with public educational billboard campaign throughout Dutchess County.
- The Town of LaGrange SWMP Coordinator will provide quarterly updates on the Town of LaGrange SWMP to the Town of LaGrange Town Board. Town of LaGrange residents are typically in attendance.
- The Town of LaGrange Conservation Advisory Council (CAC) will continue to play a key role in the Town of LaGrange SWMP through educational efforts and the dissemination of educational materials and brochures.
- Maintain tracking method for number of educational brochures distributed and locations where brochures have been distributed.

### MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

T	O	W	N	O	F	L	A	G	R	A	N	G	E
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SPDES ID  

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

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

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

How many MS4s contributed to this report? 

--	--	--

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

<input checked="" type="radio"/> Cleanup Events	# Events	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>2</td></tr></table>					2																									
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<input checked="" type="radio"/> Community Hotlines	Phone #	( <table border="1" style="display: inline-table;"><tr><td>8</td><td>4</td><td>5</td></tr></table> ) <table border="1" style="display: inline-table;"><tr><td>4</td><td>5</td><td>2</td></tr></table> - <table border="1" style="display: inline-table;"><tr><td>8</td><td>5</td><td>6</td><td>2</td></tr></table>	8	4	5	4	5	2	8	5	6	2																				
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<input checked="" type="radio"/> Plantings	Sq. Ft.	<table border="1" style="display: inline-table;"><tr><td>2</td><td>8</td><td>3</td><td>1</td><td>5</td></tr></table>	2	8	3	1	5																									
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<input type="radio"/> Volunteer Monitoring	# Events	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																														
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W	a	p	p	i	n	g	e	r		C	r	e	e	k		W	a	t	e	r	s	h	e	d		I	.	C	.			

**2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?**

Yes     No

<input type="radio"/> List-Serve	# In List	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																													
<input type="radio"/> Newspaper Advertising	# Days Run	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																													
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Web Page URL: Enter URL(s) on the following two pages.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

SPDES ID

#### 2. URL(s) con't.:

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

URL

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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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 LAGRANGE

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

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

URL  
[Grid for URL entry]



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF LAGRANGE
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SPDES ID  

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

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

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**4.b. For how many days was/will this report be posted?**

3	6	5
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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

Yes  No

If Yes, what was the date of the meeting?

0	5
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 / 

2	7
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2	0	1	5
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If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

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

Yes  No

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

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF LAGRANGE
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SPDES ID  

N	Y	R	2	0	A	2	0	0
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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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.**

1. Strengthen partnerships with local watershed groups and committees.
2. Work with volunteer groups to encourage public participation in the Town's SWMP.
3. The Town of LaGrange CAC continued to take a lead role in the distribution of stormwater education materials at the annual Town of LaGrange Community Day.

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

The number of events conducted and the number of attendees participating in events and volunteer activities is consistent with the previous reporting period.

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

		1	2
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

1. Expand partnerships and activities with local watershed groups and committees.
2. Solicit volunteer groups and the Town of LaGrange CAC to continue to participate in the SWMP (See Implementation Schedule on following page)

# TOWN OF LAGRANGE SWMP IMPLEMENTATION SCHEDULE

## MM2: PUBLIC INVOLVEMENT/PARTICIPATION

- Expand partnerships and activities with local watershed groups and committees.
- The Town of LaGrange Conservation Advisory Council (CAC) will continue to play a key role in the Town of LaGrange SWMP through educational efforts, the dissemination of educational materials and brochures and public involvement efforts.
- Conduct a power-point educational training session on Better Site Design/Low Impact Development/Green Infrastructure that is open to the public and municipal officials and employees.
- The Town of LaGrange SWMP Coordinator will provide quarterly updates on the Town of LaGrange SWMP to the Town of LaGrange Town Board. Town of LaGrange residents are typically in attendance.
- The Town of LaGrange SWMP Annual Report will be made available to the public at the Town Clerk's office and on the Town of LaGrange website. The Town of LaGrange SWMP will also be made available on the DCSWCD Stormwater page website.
- Maintain tracking method for number of activities conducted and number of attendees participating.







**MS4 Annual Report Form**

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF LAGRANGE
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SPDES ID

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**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.**

1. Enforcement of IDDE ordinance where applicable.
2. Conduct required dry weather screening of outfalls.
3. Implement IDDE Procedures and Protocol.
4. Illicit Discharge Detection & Elimination Hotline Incident Tracking Sheet developed.

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

Two (2) illicit discharges detected and eliminated this reporting period.

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

		1	2
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(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

1. Additional public education measures relative to the hazards associated with illicit discharges.
2. Dry weather inspections of outfalls & development of permit mapping requirements.
3. Continue to identify and eliminate illicit discharges to the MS4 & conduct IDDE training for staff (See Implementation Schedule on following page)

## TOWN OF LAGRANGE SWMP IMPLEMENTATION SCHEDULE

### MM3: ILLICIT DISCHARGE DETECTION AND ELIMINATION (IDDE)

- Continue to provide educational brochures to residential and commercial property owners on the hazards associated with Illicit Discharges to the MS4.
- Continue to conduct and document dry weather inspections of outfalls.
- Conduct a training session for Town of LaGrange staff and employees on IDDE procedures.
- Commence planning of mapping requirements as defined in SPDES General Permit No. GP-0-15-003.
- Continue to identify and eliminate illicit discharges to the MS4 through enforcement measures as contained in the Town of LaGrange Code "Illicit Discharge Detection and Elimination" if applicable.
- Maintain tracking method for number outfall inspections and number of illicit discharges detected, identified and eliminated.
- Utilize the Town of LaGrange IDDE Hotline Incident Tracking Sheet for potential reported illicit discharges.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF LAGRANGE
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SPDES ID  

N	Y	R	2	0	A	2	0	0
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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? 

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**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

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

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

	1	0
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

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

		6
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

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

- |  |   |   |  |   |  |  |   |                                    |
|--|---|---|--|---|--|--|---|------------------------------------|
| <input type="radio"/> Notices of Violation             | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>  |  |   |  |  |   | <input type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |                                    |
| <input type="radio"/> Stop Work Orders                 | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>  |  |   |  |  |   | <input type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |                                    |
| <input type="radio"/> Criminal Actions                 | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>  |  |   |  |  |   | <input type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |                                    |
| <input type="radio"/> Termination of Contracts         | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>  |  |   |  |  |   | <input type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |                                    |
| <input type="radio"/> Administrative Fines             | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>  |  |   |  |  |   | <input type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |                                    |
| <input type="radio"/> Civil Penalties                  | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>  |  |   |  |  |   | <input type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |                                    |
| <input checked="" type="radio"/> Administrative Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>2</td></tr></table> |  |   |  |  | 2 | <input type="radio"/> No Authority |
|  |   |   |  | 2 |  |  |   |                                    |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>  |  |   |  |  |   |                                    |
|  |   |   |  |   |  |  |   |                                    |
| <input checked="" type="radio"/> Other                 | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>2</td></tr></table> |  |   |  |  | 2 | <input type="radio"/> No Authority |
|  |   |   |  | 2 |  |  |   |                                    |

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF LAGRANGE
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SPDES ID  

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

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

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

How many MS4s contributed to this report? 

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

		6
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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		8
--	--	---

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

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

 %

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

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

 %

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

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 2 0 0

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

T o w n o f L a g r a n g e - P l a n n i n g D e p t .

Address

1 2 0 S t r i n g h a m R o a d

City

L a g r a n g e v i l l e

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Zip

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Phone

( ) -

Library

Address

City

Zip

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Phone

( ) -

Other

Address

City

Zip

-

Phone

( ) -

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

URL

URL

**MS4 Annual Report Form**

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

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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 LAGRANGE
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SPDES ID

N	Y	R	2	0	A	2	0	0
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**7. Evaluating Progress Toward Measurable Goals MCM 4**

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

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

1. Town staff/consultant training on new General Construction Permit requirements.
2. Better Site Design and Green Infrastructure training session to town staff/consultants.
3. Contractor training sessions conducted by DCSWCD and SWMP Coordinator (CPESC, CMS4S).
4. Diligent stormwater construction compliance inspections and enforcement by Town.
5. Detailed review of SWPPPs in accordance with new General Construction Permit requirements.

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

Increased awareness of Town staff/consultants re: Better Site Design principles, Low Impact Development and Green Infrastructure measures and techniques. Increased attendance at training sessions. As a result of contractor training sessions and increased stormwater compliance inspections by the Town, it has been observed that construction sites have improved their implementation of erosion and sediment control measures and BMPs.

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

		5	2
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(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

1. Continue to provide Town staff/consultant training sessions on Better Site Design, Low Impact Development, Green Infrastructure and General Construction permit requirements.
2. Continue to provide contractor training sessions.
3. SWPPP reviews and stormwater compliance inspections in accordance with GP-0-15-002.  
(See Implementation Schedule on following page)

## TOWN OF LAGRANGE SWMP IMPLEMENTATION SCHEDULE

### MM4: CONSTRUCTION SITE STORMWATER RUNOFF CONTROL

- Continue to conduct contractor training sessions through the efforts of the Dutchess County Soil & Water Conservation District and the Town of LaGrange SWMP Coordinator (CPESC).
- The Town of LaGrange SWMP Coordinator (CPESC, CMS4S) will conduct a presentation on the requirements of SPDES General Construction Permit No. GP-0-10-001 and Better Site Design/Low Impact Development techniques and measures & Green Infrastructure.
- The Town of LaGrange will continue to conduct reviews of Stormwater Pollution Prevention Plans (SWPPPs) in strict accordance with the permit requirements of SPDES General Construction Permit GP-0-15-002 and the technical standards thereof, the “New York State Standards and Specifications for Erosion and Sediment Control” and the “New York State Stormwater Management Design Manual” in addition to the MS4 requirements as defined in SPDES General MS4 Permit GP-0-15-003.
- The Town of LaGrange will implement a mechanism for “stormwater credits” in accordance with NYSDEC guidelines if applicable.
- The Town of LaGrange will continue to acknowledge public input into SWPPPs during the Planning Board application review process.
- The Town of LaGrange will continue to conduct diligent construction stormwater compliance inspections of active construction sites in the Town of LaGrange.
- The Town of LaGrange will continue to enforce construction site violations in accordance with the Code of the Town of LaGrange, “Stormwater Management and Erosion and Sediment Control.”
- Maintain a tracking method for number of SWPPPs reviewed and approved; the number of construction stormwater compliance inspections, and the number and type of enforcement actions undertaken.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID

**Minimum Control Measure 5. Post-Construction Stormwater Management**

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

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

How many MS4s contributed to this report?

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

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<input type="radio"/> Filter Systems	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<input checked="" type="radio"/> Infiltration Basins	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="4"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="4"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="4"/>
<input checked="" type="radio"/> Open Channels	<input type="text" value=""/> <input type="text" value="6"/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value="1"/> <input type="text" value="4"/>	<input type="text" value=""/> <input type="text" value="1"/> <input type="text" value="0"/>
<input checked="" type="radio"/> Ponds	<input type="text" value=""/> <input type="text" value="2"/> <input type="text" value="9"/>	<input type="text" value=""/> <input type="text" value="1"/> <input type="text" value="8"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="8"/>
<input type="radio"/> Wetlands	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<input type="radio"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

**2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?**  Yes  No

**3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?**

- Building Codes
- Municipal Comprehensive Plans
- Overlay Districts
- Open Space Preservation Program
- Zoning
- Local Law or Ordinance
- None
- Land Use Regulation/Zoning
- Watershed Plans
- Other Comprehensive Plan
- Other:

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF LAGRANGE
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SPDES ID  

N	Y	R	2	0	A	2	0	0
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes    No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes    No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes    No

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

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period? 

1	0	0
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 %

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF LAGRANGE
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SPDES ID  

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**6. Evaluating Progress Toward Measurable Goals MCM 5**

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.**

- |  |
|--|
| <ol style="list-style-type: none"> <li>1. Town staff/consultant training on General Construction Permit requirements.</li> <li>2. Better Site Design and Green Infrastructure training session to town staff/consultants.</li> <li>3. Contractor training sessions conducted by DCSWCD and SWMP Coordinator (CPESC, CMS4S).</li> <li>4. Detailed review of SWPPP post-construction permanent stormwater management facilities and development of inspection and maintenance agreements.</li> </ol> |
|--|

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

<p>A standard inspection and maintenance agreement for permanent post-construction stormwater management facilities has been developed. Increased awareness by Planning Board members/Town staff/consultants of Better Site Design principles, Low Impact Development and Green Infrastructure measures and techniques.</p>
---

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

		1	2
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(ex.: samples/participants/events)

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

Yes     No

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

Yes     No

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

- |   |
|---|
| <ol style="list-style-type: none"> <li>1. Continue to provide Town staff/consultant training on new General Construction Permit requirements and NYS Stormwater Design Manual updates.</li> <li>2. Continue to provide Better Site Design, Low Impact Development and Green Infrastructure training session to town staff/consultants.<br/>(See Implementation Schedule on following page)</li> </ol> |
|---|

## TOWN OF LAGRANGE SWMP IMPLEMENTATION SCHEDULE

### MM5: POST-CONSTRUCTION SITE STORMWATER RUNOFF CONTROL

- The Town of LaGrange SWMP Coordinator (CPESC, CMS4S) will conduct a presentation on the requirements of SPDES General Construction Permit No. GP-0-15-002 and Better Site Design/Low Impact Development techniques and measures & Green Infrastructure.
- The Town of LaGrange will continue to conduct reviews of Stormwater Pollution Prevention Plans (SWPPPs) in strict accordance with the permit requirements of SPDES General Construction Permit GP-0-15-002 and the technical standards thereof, the “New York State Standards and Specifications for Erosion and Sediment Control” and the “New York State Stormwater Design Manual” in addition to the MS4 requirements as defined in SPDES General Permit GP-0-15-003.
- The Town of LaGrange will implement a mechanism for “stormwater credits” in accordance with NYSDEC guidelines if applicable.
- The Town of LaGrange will continue to develop “Stormwater Management Facilities Maintenance Agreements” and “Stormwater Management Facilities inspection and Maintenance Easements” for permanent post-construction stormwater management facilities.
- The Town of LaGrange will continue to maintain an inventory of permanent post-construction stormwater management facilities to include periodic inspection and maintenance of the facilities.
- Maintain a tracking method of permanent post-construction stormwater management facilities inspection and maintenance activities.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF LAGRANGE
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SPDES ID  

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

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

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

How many MS4s contributed to this report? 

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

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

**MS4 Annual Report Form**

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

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Name of MS4/Coalition

SPDES ID

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres
  - Streets Swept (Number of miles X Number of times swept) # Miles
  - Catch Basins Inspected and Cleaned Where Necessary #
  - Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #
  - Phosphorus Applied In Chemical Fertilizer # Lbs.
  - Nitrogen Applied In Chemical Fertilizer # Lbs.
  - Pesticide/Herbicide Applied # Acres
- (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

**4. What was the date of the last training?**   /   /

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

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

**MS4 Annual Report Form**

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: 

TOWN OF LAGRANGE
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SPDES ID  

N	Y	R	2	0	A	2	0	0
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (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.**

- |  |
|--|
| <ol style="list-style-type: none"> <li>1. Continued inspection and maintenance of conveyance systems within the MS4.</li> <li>2. Identify facilities or operations in need of modification, improvement or replacement.</li> <li>3. Prioritize good housekeeping efforts based upon geographic areas.</li> </ol> |
|--|

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

Ongoing inspection and maintenance of conveyance systems and cleaning of catch basins has improved water quality and drainage conditions.
---

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

		1	2
--	--	---	---

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

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

Yes    No

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

Yes    No

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

- |   |
|---|
| <ol style="list-style-type: none"> <li>1. Provide Municipal Operations/Good Housekeeping training session to municipal employees.</li> <li>2. Continue street sweeping program, conveyance system inspection and maintenance and catch basin cleaning program.</li> <li>3. Incorporate Green Infrastructure in upgrades of conveyance system if applicable to the MEP.<br/>(See Implementation Schedule on following page)</li> </ol> |
|---|

## TOWN OF LAGRANGE SWMP IMPLEMENTATION SCHEDULE

### MM6: POLLUTION PREVENTION/GOOD HOUSEKEEPING FOR MUNICIPAL OPERATIONS

- Conduct a training session for Town of LaGrange staff and employees on Pollution Prevention/Good Housekeeping for Municipal Operations.
- The Town of LaGrange Highway Department will continue to inspect, maintain and/or repair the MS4 conveyance system.
- The Town of LaGrange Highway Department will continue an annual catch basin cleaning program.
- The Town of LaGrange Highway Department will continue an annual street sweeping program.
- The Town of LaGrange will continue to implement its road maintenance plan.
- The Town of LaGrange Highway Department will continue to maintain municipal operations and facilities.
- The Town of LaGrange will consider and incorporate cost effective runoff reduction techniques and green infrastructure in the routine upgrade of the existing stormwater conveyance systems and municipal operations to the maximum extent practicable (MEP).
- Maintain a tracking method for the number of training sessions for municipal employees and attendance.
- Maintain a tracking method for the acres of parking lots swept, miles of streets swept, number of catch basins inspected and maintained, post-construction stormwater management facilities inspected and maintained, etc.

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

TOWN OF LAGRANGE
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SPDES ID 

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

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

MS4 Description	Answer	Check NA	(POC)
<b>NYC EOH Watershed</b>			
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
<b>Onondaga Lake Watershed</b>			
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
<b>Greenwood Lake Watershed</b>			
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
<b>Oyster Bay</b>			
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
<b>Peconic Estuary</b>			
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
<b>Oscawana Lake Watershed</b>			
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
<b>LI 27 Embayments</b>			
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	1,2,3,4,7a-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?  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. 

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 %

Estimate what percentage was mapped in this reporting period. 

--	--	--

 %

### MS4 Annual Report Form

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

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Name of MS4/Coalition 

TOWN OF LAGRANGE
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SPDES ID 

N	Y	R	2	0	A	2	0	0
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?  Yes  No  N/A

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

--	--	--

 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) 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

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?  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 completed in this reporting period? 

--	--	--

 %

7d. What percent of projects planned in previous years have been completed? 

--	--	--

 %  
 No Projects Planned

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	2	0	0
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- 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