



**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2012

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

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A



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

MCC form for period ending March 9, 

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

SPDES ID

Name of MS4 

V	i	l	l	a	g	e	o	f	I	s	l	a	n	d	P	a	r	k
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

**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
H a n s		V o h s

Title
S u p e r i n t e n d e n t

Address
1 2 7 L o n g B e a c h R o a d

City	State	Zip
I s l a n d P a r k	N Y	1 1 5 5 8 -

eMail
c l c o n r o y @ v i l l a g e o f i s l a n d p a r k . c o m

Phone	County
( 5 1 6 ) 4 3 1 - 0 6 0 0	N a s s a u



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

MCC form for period ending March 9, 

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

Name of MS4 

Village of Island Park
------------------------

SPDES ID

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

**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."

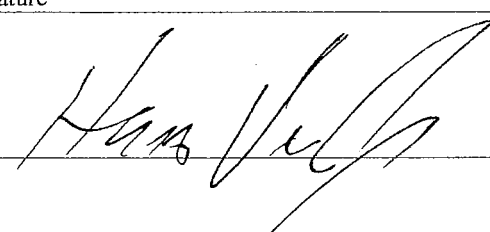
This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name	MI	Last Name
H a n s		V o h s

Title (Clearly print title of individual signing report)

S u p e r i n t e n d e n t
-----------------------------

Signature



Date

0	6	1	0	1	2
---	---	---	---	---	---

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







**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Village of Island Park														
------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID								
N	Y	R	2	0	A	3	8	4

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

- Construction Site Operators Trained
- Direct Mailings
- Kiosks or Other Displays
- List-Serves
- Mailing List
- Newspaper Ads or Articles
- Public Events/Presentations
- School Program
- TV Spot/Program
- Printed Materials:

# Trained				
# Mailings				
# Locations				
# In List				
# In List				
# Days Run				
# Attendees				
# Attendees				
# Days Run				
Total # Distributed				

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


Other: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

URL

w	w	w	.	v	i	l	l	a	g	e	o	f	i	s	l	a	n	d	p	a	r	k	.	c	o	m														

URL


**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Village of Island Park																																							
------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

3. Web Page cont.: Provide specific web addresses - not home page.

URL


URL


URL


URL


URL


URL


URL


**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Village of Island Park
------------------------

SPDES ID

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

**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.**

To continue to provide educational opportunities to the community and public employees through 1) printed information such as brochures, presentations, etc. and 2) through utilization of the village Web Site.

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

Public participation indicated through questions at village Board meetings, e-mails and written correspondence remains minimal; however, the annual report as well as the Stormwater Brochure were posted on the village website to maintain information availability for the residences and the village employees.

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

			1
--	--	--	---

*(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).**

The Mayor and the Village Board will consider additional public education and outreach efforts in line with available budgeted funds.





MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition: Village of Island Park

SPDES ID

NYR20A384

2. URL(s) con't.:

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

URL  
[Grid for URL input]

URL  
[Grid for URL input]

URL  
[Grid for URL input]

URL  
[Grid for URL input]

URL  
[Grid for URL input]

URL  
[Grid for URL input]

URL  
[Grid for URL input]

### MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

V	i	l	l	a	g	e	o	f	I	s	l	a	n	d	P	a	r	k
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID  

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

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

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

- MS4/Coalition Office
  Annual Report
  SWMP Plan
  Comments

Department

V i l l a g e o f I s l a n d P a r k H a l l

Address

1 2 7 L o n g B e a c h R o a d

City

I s l a n d P a r k N Y 1 1 5 5 8 -

Phone

( 5 1 6 ) 4 3 1 - 0 6 0 0

- Library
  Annual Report
  SWMP Plan
  Comments

Address

City

Phone

( ) -

- Other
  Annual Report
  SWMP Plan
  Comments

Address

City

Phone

( ) -

- Web Page URL:
  Annual Report
  SWMP Plan
  Comments

w w w . v i l l a g e o f i s l a n d p a r k . c o m

Please provide specific address of page where report can be accessed - not home page.

- eMail
  Comments

c l c o n r o y @ v i l l a g e o f i s l a n d p a r k . c o

m

### MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

Village of Island Park
------------------------

SPDES ID  

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

**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.

0	6
---	---

 / 

0	1
---	---

 / 

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

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

	3	0
--	---	---

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?

--	--

 / 

--	--

 / 

--	--	--	--

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, 

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

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

Name of MS4/Coalition 

Village of Island Park
------------------------

SPDES ID

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

**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.**

Low attendance at Public Meetings continue with low interest in the SM4. The village continues to rely on the village website to increase public awareness and participation.

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

Indicates continue that the website has not increase public participation given the priority of other residences concerns. However, it also reflects the continuing efforts by the village to maintain a well operated MS4 system.

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

			1
--	--	--	---

*(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).**

The Mayor and Village Board will consider additional public involvement and participation efforts in line with available budgeted funds.







**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Village of Island Park

SPDES ID

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

**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.**

The Village of Island Park Public Works employees are working throughout the Village each work day mindful of any suspicious circumstances that may be an illicit discharge into the street or directly into a waterbody. MS4 training was provided on May 19, 2010 where the need to be aware of the possibility of an illicit discharge was communicated along with specific examples of possible illicit discharges. Training for new employees and a refresher for previously trained employees will be scheduled and provided in 2010.

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

Progress is measured during meetings with the Public Works employees whereby they share their experiences on the job identifying possible illicit discharges.

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

			1
--	--	--	---

(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).**

- Village Public Works employees training was held on May 19, 2010 during which it was emphasized that the need to identify illicit discharges was critical in lowering the runoff of pollutants into the surrounding waterbodies.
- The Village has recognized that illicit discharges may also occur during public works maintenance activities by utilities not reporting to the Incorporated Village of Island Park. Consequently, the Village sent letters out to the local electric/gas and water utilities requesting their procedures for

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Village of Island Park

SPDES ID

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

**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? 

--	--	--

**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?**

		0
--	--	---

**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? 

--	--	--

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

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

- Notices of Violation # 

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

 ○ No Authority
- Stop Work Orders # 

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

 ○ No Authority
- Criminal Actions # 

--	--	--	--	--

 ● No Authority
- Termination of Contracts # 

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

 ○ No Authority
- Administrative Fines # 

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

 ○ No Authority
- Civil Penalties # 

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

 ○ No Authority
- Administrative Orders # 

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

 ○ No Authority
- Enforcement Actions or Sanctions # 

				0
--	--	--	--	---
- Other # 

--	--	--	--	--

 ○ No Authority

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Village of Island Park
------------------------

SPDES ID  

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report? 

--	--	--

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

		0
--	--	---

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

		0
--	--	---

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

		0
--	--	---

 %

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

		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, 2012

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	3	8	4
---	---	---	---	---	---	---	---	---

**6. con't.:**

Submit additional pages as needed.

MS4/Coalition Office

Department

Address

City  Zip  -

Phone  
(  )  -

Library

Address

City  Zip  -

Phone  
(  )  -

Other

Address

City  Zip  -

Phone  
(  )  -

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

URL

URL

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Village of Island Park

SPDES ID

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

**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.**

Local Law 7 was established to provide enforcement capabilities for regulated construction activities within the Village. The law's enforcement, via the issuing of Code Violations, should provide information as to the ability/willingness of contractors to comply with the Village's Local Law 7.

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

The Village of Island Park covers an area of 0.4 square miles with an estimated population of 4,732 resident. Consequently, the availability of large areas of land for development is minimal. However, Local Law 7 is in place and is part of Code Enforcement here in the Village of Island Park.

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

			1
--	--	--	---

(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).**

Continue with Local Law 7 Code Enforcement and when warranted, institute the necessary reviews and approvals.



**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Village of Island Park
------------------------

SPDES ID  

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

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
--	--	---

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?

		0
--	--	---

 %

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Village of Island Park
------------------------

SPDES ID

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

**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.**

Village of Island Park Local Law 7, Section 4.3, Maintenance after Construction, details the requirements for Post Construction Activities.
---

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

No post construction Stormwater Management Programs have been initiated during the period of this report.
---

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

			1
--	--	--	---

*(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).**

Village of Island Park Local Law 7, Section 4.3, Maintenance after Construction, details the requirements for Post Construction Activities.
---

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Village of Island Park
------------------------

SPDES ID  

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

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

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

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

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Right of Way Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Village of Island Park
------------------------

SPDES ID

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

**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 

			1	0
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

	2	5	0
--	---	---	---
- 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?**

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

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

0	5	/	1	9	/	2	0	1	0
---	---	---	---	---	---	---	---	---	---

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

		0
--	--	---

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

	9	0	%
--	---	---	---

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Village of Island Park
------------------------

SPDES ID

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

**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.**

Continue efforts at inspection of facilities and operations to ensure continued compliance with the MS4 Permit GP-0-10-002.

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

Informal inspections of village facilities indicate that Public Works operations are in general compliance with the SWMP.

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

			1
--	--	--	---

*(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).**

The 2009-2010 report indicated that the Village was considering requesting budgetary approval for contracting with a third party environmental firm to perform a program audit/inspection; however, this did not occur due to budgetary constraints. Nonetheless, this is still under consideration should the budget allow for sufficient funds to be allocated for this audit/review.



### MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

Village of Island Park
------------------------

SPDES ID  

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

### Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report? 

--	--	--

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

MS4 Description	Answer	Check NA	(POC)
<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. 

		0
--	--	---

 %

Estimate what percentage was mapped in this reporting period. 

		0
--	--	---

 %

### MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of Island Park

SPDES ID

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

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? 

		0
--	--	---

 %

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? 

		0
--	--	---

7c. What percent of the projects included in 7b have been completed in this reporting period? 

		0
--	--	---

 %

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	2
---	---	---	---

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

Name of MS4/Coalition 

Village of Island Park
------------------------

SPDES ID

N	Y	R	2	0	A	3	8	4
---	---	---	---	---	---	---	---	---

- 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