

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2011

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

SPDES ID
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Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

T O W N O F H U N T I N G T O N

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

[Empty grid for 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

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MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

TOWN OF HUNTINGTON

SPDES ID

N Y R 2 0 A 2 9 7

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4 TOWN OF HUNTINGTON

SPDES ID
N Y R 2 0 A 2 9 7

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
FRANK P PETRONE

Title
SUPERVISOR

Address
100 MAIN STREET

City State Zip
HUNTINGTON NY 11743

eMail
FPETRONE@TOWN.HUNTINGTON.NY.US

Phone County
(631) 351-3030 SUFFOLK

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4 TOWN OF HUNTINGTON

SPDES ID
N Y R 2 0 A 2 9 7

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 ROBERT MI Last Name LITZKE

Title ENVIRONMENTAL PROGRAMS COORDINATOR

Address 100 MAIN STREET

City HUNTINGTON State NY Zip 11743

eMail RLITZKE@TOWN.HUNTINGTON.NY.US

Phone (831) 351-3049 County SUFFOLK

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

Name of MS4 TOWN OF HUNTINGTON

SPDES ID
N Y R 2 0 A 2 9 7

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
N Y R 2 0

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, 2011

Name of MS4 TOWN OF HUNTINGTON

SPDES ID
N Y R 2 0 A 2 9 7

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 FRANK MI P Last Name PETRONI

Title (Clearly print title of individual signing report)
SUPERVISOR

Signature
Patricia DeCicco, Supervisor

Date
05/31/2010

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, 2011

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 HUNTINGTON

SPDES ID
N Y R 2 0 A 2 9 7

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- Construction Sites
- General Stormwater Management Information
- Household Hazardous Waste Disposal
- Illicit Discharge Detection and Elimination
- Infrastructure Maintenance
- Smart Growth
- Storm Drain Marking
- Green Infrastructure/Better Site Design/Low Impact Development
- Other:
- Pesticide and Fertilizer Application
- Pet Waste Management
- Recycling
- Riparian Corridor Protection/Restoration
- Trash Management
- Vehicle Washing
- Water Conservation
- Wetland Protection
- None

| | |
|-------|--|
| Other | |
|-------|--|

2. Specific audiences targeted during this reporting period:

- Public Employees
- Residential
- Businesses
- Restaurants
- Other:
- Contractors
- Developers
- General Public
- Industries
- Agricultural

| | |
|-------|--|
| Other | |
|-------|--|

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011

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 HUNTINGTON

SPDES ID

| | | | | | | | | |
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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:

Construction Site Operators Trained

Trained

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Direct Mailings

Mailings

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Kiosks or Other Displays

Locations

| | | | |
|--|--|--|---|
| | | | 6 |
|--|--|--|---|

List-Serves

In List

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Mailing List

In List

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Newspaper Ads or Articles

Days Run

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Public Events/Presentations

Attendees

| | | | |
|--|---|---|---|
| | 2 | 0 | 0 |
|--|---|---|---|

School Program

Attendees

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

TV Spot/Program

Days Run

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Printed Materials:

Total # Distributed

| | | | |
|--|---|---|---|
| | 6 | 5 | 0 |
|--|---|---|---|

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

HUNTINGTON LIBRARIES

HUNTINGTON TOWN HALL

Other:

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

URL

HTTP://TOWN.HUNTINGTON.NY.US/DEP

ARTMENT_DETAILS.CFM?ID=61

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 HUNTINGTON |
|--------------------|

SPDES ID

| | | | | | | | | |
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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.

| |
|---|
| - INCREASED OUTREACH EFFORTS TO THE GENERAL PUBLIC. |
|---|

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

| |
|--|
| - THE TOWN INCREASED THE AMOUNT OF PRINTED OUTREACH MATERIALS DISTRIBUTED TO THE GENERAL PUBLIC. |
|--|

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

| | | | |
|--|--|--|---|
| | | | / |
|--|--|--|---|

(ex.: samples/participants/events)

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

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).

| |
|---|
| - PROVIDE ADDITIONAL PUBLIC OUTREACH MATERIAL TO THE GENERAL PUBLIC BY THE END OF THE 2011-2012 REPORTING PERIOD. |
|---|

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011

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 HUNTINGTON

SPDES ID
N Y R 2 0 A 2 9 7

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:

- Cleanup Events # Events
- Comments on SWMP Received # Comments
- Community Hotlines

| | |
|---|---|
| Phone # (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Phone # (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Phone # (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Phone # (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Phone # (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
- Community Meetings # Attendees 29
- Plantings Sq. Ft.
- Storm Drain Markings # Drains
- Stakeholder Meetings # Attendees
- Volunteer Monitoring # Events
- Other:

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

Yes No

- List-Serve # In List
- Newspaper Advertising # Days Run 14
- TV/Radio Notices # Days Run
- Other:

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, 2011

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 HUNTINGTON

SPDES ID
N Y R 2 0 A 2 9 7

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
 DEPARTMENT OF MARITIME SERVICES

Address
 100 MAIN STREET

City
 HUNTINGTON

Zip
 NY 11743 -

Phone
 (631) 351-3192

- Library
- Annual Report
- SWMP Plan
- Comments

Address

City

Zip

Phone

- Other
- Annual Report
- SWMP Plan
- Comments

Address

City

Zip

Phone

- Web Page URL:
- Annual Report
- SWMP Plan
- Comments

HTTP://TOWN.HUNTINGTON.NY.US/DEPARTMENT-DETAIL.CFM?ID=61

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

- eMail
- Comments

STORMWATER@TOWN.HUNTINGTON.NY.U

S

MS4 Annual Report Form

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

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

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 HUNTINGTON

SPDES ID

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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.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 5 | / | 1 | 2 | / | 2 | 0 | 1 | 1 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | |
|--|---|---|
| | 1 | 4 |
|--|---|---|

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 | / | 2 | 7 | / | 2 | 0 | 1 | 1 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
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| TOWN OF HUNTINGTON | | | | | | | | | |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 2 | 9 | 7 |
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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.

| |
|------|
| NONE |
|------|

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

| |
|-----|
| N/A |
|-----|

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

| | | | |
|--|--|--|---|
| | | | 0 |
|--|--|--|---|

(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).

| |
|-----|
| N/A |
|-----|

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, **2011**

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 HUNTINGTON**

SPDES ID
N Y R 2 0 A 2 9 7

8. URL(s) con't.:

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

URL
[Empty grid for URL entry]

URL
[Empty grid for URL entry]

URL
[Empty grid for URL entry]

URL
[Empty grid for URL entry]

URL
[Empty grid for URL entry]

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

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? Yes No NT

11. What percent of staff in relevant positions and departments has received IDDE training? **62** %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011

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 HUNTINGTON

SPDES ID
N Y R 2 0 7 2 9 7

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.

- INCREASE THE QUALITY AND FREQUENCY OF SWP TRAINING TO TOWN EMPLOYEES.

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

- N/A

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

-

(ex.: samples/participants/events)

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

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).

- EVALUATE OFFERING IN-HOUSE SWP TRAINING TO TOWN EMPLOYEES ON A QUARTERLY BASIS.

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

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|---|---|--|---|---|---|---|---|---|---|---|---|---|
| T | O | W | N | | O | F | | H | U | N | T | I | N | G | T | O | N |
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SPDES ID

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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?

| | | |
|--|--|--|
| | | |
|--|--|--|

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?

| | | |
|--|--|--|
| | | |
|--|--|--|

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?

| | | |
|--|--|--|
| | | |
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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 type="radio"/> Administrative 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"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Other | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | / | / |
|---|---|---|---|

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

Name of MS4/Coalition

| | | |
|------|----|------------|
| TOWN | OF | HUNTINGTON |
|------|----|------------|

SPDES ID

| | | | | | | | | |
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| N | Y | R | 2 | 0 | A | 2 | 9 | 7 |
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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?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

| | | |
|--|---|---|
| | 1 | 5 |
|--|---|---|

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

| | | |
|--|---|---|
| | 1 | 5 |
|--|---|---|

 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

| | | |
|--|---|---|
| | 8 | 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, 2011

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Name of MS4/Coalition: TOWN OF HUNTINGTON

SPDES ID
N Y R 2 0 A 2 9 7

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department
ENGINEERING SERVICES

Address
100 MAIN STREET

City
HUNTINGTON NY Zip
11743

Phone
(631) 351-3204

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,

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Name of MS4/Coalition

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| TOWN OF HUNTINGTON |
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SPDES ID

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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.

- ALL SWPPP'S SUBMITTED TO THE TOWN DURING THIS REPORTING PERIOD WERE REVIEWED.
- 100% OF ACTIVE CONSTRUCTION SITES IN THE TOWN WERE INSPECTED AT LEAST ONCE.

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

- REVIEW OF ENGINEERING SERVICES RECORDS.

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).

- N/A

MS4 Annual Report Form

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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"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Filter Systems | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input checked="" type="radio"/> Infiltration Basins | 400 | 400 | 1 |
| <input type="radio"/> Open Channels | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Ponds | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Wetlands | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Other | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

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Name of MS4/Coalition TOWN OF HUNTINGTON

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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?

24

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?

100 %

MS4 Annual Report Form

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Name of MS4/Coalition

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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.

- NONE

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

- N/A

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

| | | | |
|--|--|--|---|
| | | | 0 |
|--|--|--|---|

(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).

- N/A

MS4 Annual Report Form

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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?

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

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

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

MS4 Annual Report Form

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

| | | | | |
|--|--|--|---|---|
| | | | 2 | 5 |
|--|--|--|---|---|
- Streets Swept (Number of miles X Number of times swept) # Miles

| | | | | |
|--|--|--|---|---|
| | | | 9 | 4 |
|--|--|--|---|---|
- Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|---|---|
| | | | 2 | 2 |
|--|--|--|---|---|
- 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 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

| | | | | | | |
|--|--|--|--|--|---|--|
| | | | | | . | |
|--|--|--|--|--|---|--|

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?

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | / | | | / | | | | |
|--|--|---|--|--|---|--|--|--|--|

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?

| | | | |
|--|--|---|---|
| | | 0 | % |
|--|--|---|---|

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MS4 Annual Report Form

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Name of MS4/Coalition

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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