

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 7

Name of MS4

SPDES ID

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

Title

Address

City

State

Zip

-

eMail

Phone

() -

County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2017

Name of MS4 VILLAGE OF BREWSTER

SPDES ID

NYR 20A 256

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

First Name MI Last Name
J O H N E F O L C H E T T I

Title
P R O F E S S I O N A L E N G I N E E R

Address
3 1 S O D O M R O A D

City State Zip
B R E W S T E R N Y 1 0 5 0 9 -

eMail
j o h n . f o l c h e t t i @ j r f a . c o m

Phone County
(8 4 5) 3 6 3 - 1 5 6 0 P U T N A M

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	7
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Name of MS4

VILLAGE OF BREWSTER

SPDES ID

N	Y	R	2	0	A	2	5	6
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Section 4 - Certification Statement

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

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

First Name	MI	Last Name
J A M E S	J	S C H O E N I G

Title (Clearly print title of individual signing report)

M A Y O R

Signature

Date

		/			/			
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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	7
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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

VILLAGE OF BREWSTER

SPDES ID

N	Y	R	2	0	A	2	5	6
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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 type="radio"/> Construction Site Operators Trained | # Trained | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Direct Mailings | # Mailings | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td>4</td></tr></table> | | | | | 4 |
| | | | | 4 | | | |
| <input type="radio"/> Kiosks or Other Displays | # Locations | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> List-Serves | # In List | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Mailing List | # In List | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td>4</td><td>0</td><td>0</td><td> </td></tr></table> | | 4 | 0 | 0 | |
| | 4 | 0 | 0 | | | | |
| <input type="radio"/> Newspaper Ads or Articles | # Days Run | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Public Events/Presentations | # Attendees | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td>6</td><td>0</td><td> </td></tr></table> | | | 6 | 0 | |
| | | 6 | 0 | | | | |
| <input type="radio"/> School Program | # Attendees | <table border="1" style="width: 100%; height: 20px;"><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="width: 100%; height: 20px;"><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="width: 100%; height: 20px;"><tr><td> </td><td>1</td><td>6</td><td>0</td><td>0</td></tr></table> | | 1 | 6 | 0 | 0 |
| | 1 | 6 | 0 | 0 | | | |

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

V	I	L	L	A	G	E		H	A	L	L								
V	I	L	L	A	G	E		P	U	B	L	I	C		W	O	R	K	S

Other:

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

URL

W	W	W	.	B	R	E	W	S	T	E	R	V	I	L	L	A	G	E	-	N	Y	.	G	O	V	/				
W	A	T	E	R		S	E	W	E	R		&		S	O	L	I	D		W	A	S	T	E	/	M	S	4		

URL

MS4 Annual Report Form

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

2	0	1	7
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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

VILLAGE OF BREWSTER

SPDES ID

N	Y	R	2	0	A	2	5	6
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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.

IDDE training and good housekeeping measures.

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

Documentation of training and updated good housekeeping practices; Non-stormwater discharges not present on site during inspections.

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

			1
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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).

The Village will continue its current practices of educating its constituents. Upon receipt of the new permit, the Village will re-address its policies to comply, if necessary, with new directives.

MS4 Annual Report Form

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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

W	W	W	.	B	R	E	W	S	T	E	R	V	I	L	L	A	G	E	-	N	Y	.	G	O	V	/	I	M	A	G	E
S	/	S	T	O	R	I	E	S	/	P	D	F	S	/	M	S	4	/	2	0	1	7		M	S	4					
A	N	N	U	A	L		R	E	P	O	R	T	.	P	D	F															

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

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N	Y	R	2	0	A	2	5	6
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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	4
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0	6
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2	0	1	7
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4.b. For how many days was/will this report be posted?

3	0
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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?

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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

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2	0	1	7
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Name of MS4/Coalition

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N	Y	R	2	0	A	2	5	6
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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.

The Village DPW schedules Bulk Pick Up Days and Hazardous Waste pickups for residents and businesses. An Earth Day Clean Up is held annually. The Village website posts emergency phone numbers for spills, illicit discharges and sewer plant odors as well as anything else out of the ordinary that would effect water quality in the Village.

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

The policies currently in place continue to keep people involved in Village stormwater activities.

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

		1	1
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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).

The Village is in full compliance with MCM 2 and will continue its practices and adapt them as necessary.

