

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2016

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

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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4

Town of Brunswick

SPDES ID

N Y R 2 0 A 0 1 5

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

V i l l a g e o f C a s t l e t o n - o n - H u d s o n

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 3 9 3

Address

8 5 S o u t h M a i n S t r e e t

City

C a s t l e t o n

State

N Y

Zip

1 2 0 3 3 -

eMail

Phone

(5 1 8) 7 3 2 - 2 2 1 1

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 M u l t i p l e T a s k s

MM2

MM3

MM4

MM5

MM6 T r a i n i n g

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, 2016

Name of MS4

SPDES ID

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

eMail

Phone

Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.? Yes No

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

MM1

MM2

MM3

MM4

MM5

MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4

SPDES ID
N Y R 2 0 A 0 1 5

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 A 3 7 2

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, 2016

Name of MS4

SPDES ID

N	Y	R	2	0	A	0	1	5
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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	A	1	2	5
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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, 2016

Name of MS4

SPDES ID

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

eMail

Phone

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

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

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

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4

SPDES ID

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

-

eMail

Phone

() -

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

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

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

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4

SPDES ID
N Y R 2 0 A 0 1 5

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

T o w n o f S a n d L a k e

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 1 1 9

Address

P . O . B o x 2 7 3

City

State

Zip

S a n d L a k e N Y 1 2 1 5 3 -

eMail

m w a g e r @ s a n d - l a k e . u s

Phone

(5 1 8) 6 7 4 - 2 0 2 6

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 M u l t i p l e T a s k s
- MM2
- MM3
- MM4
- MM5
- MM6 T r a i n i n g

Additional tasks/responsibilities

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Brunswick

SPDES ID

N	Y	R	2	0	A	0	1	5
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Water Quality Trends

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

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

How many MS4s are contributed to this report?

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- 1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.**

Yes No

If Yes, choose one of the following

- Report(s) attached to the annual report
- Web Page(s) where report(s) is/are provided below

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

URL

URL

URL

URL

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID

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

Title (Clearly print title of individual signing report)

Signature



Date

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	6
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Name of MS4/Coalition

Town of Brunswick

SPDES ID

N	Y	R	2	0	A	0	1	5
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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.

Develop Educational Materials to educate the public about the impacts stormwater can have on local water bodies and the steps the public can take to reduce pollutants in stormwater runoff.

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

Used Town New Letter to direct mail information to all households in the Town of Brunswick information on water conservation, stormwater reduction and management, rain gardens and floatables. Provide information at Town Board Meetings on Stormwater Program. Provide literature in building department to help contractors and builders reduce erosion and control sedimentation.

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

		2	5
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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).

Continue to handout literature to building permit applicants. Continue to write and publish information for the homeowner on how they can manage stormwater on their own property and in the community using the bi annual Town newsletter directed mailed to all property owners in the Town.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID
N Y R 2 0 A 0 1 5

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" value="5"/> <input type="text" value="1"/> <input type="text" value="8"/>) <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="9"/> - <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="1"/>	Phone # (<input type="text"/>) <input type="text"/> - <input type="text"/>
Phone # (<input type="text"/>) <input type="text"/> - <input type="text"/>	Phone # (<input type="text"/>) <input type="text"/> - <input type="text"/>
Phone # (<input type="text"/>) <input type="text"/> - <input type="text"/>	Phone # (<input type="text"/>) <input type="text"/> - <input type="text"/>
Phone # (<input type="text"/>) <input type="text"/> - <input type="text"/>	Phone # (<input type="text"/>) <input type="text"/> - <input type="text"/>
Phone # (<input type="text"/>) <input type="text"/> - <input type="text"/>	Phone # (<input type="text"/>) <input type="text"/> - <input type="text"/>
- Community Meetings # Attendees
- 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
- 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, 2016

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

Name of MS4/Coalition

SPDES ID
N Y R 2 0 A 0 1 5

2. URL(s) con't.:

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

URL

w w w . t o w n o f b r u n s w i c k . o r g / b u i l d i n g

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 6

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 0 1 5

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 / 3 1 / 2 0 1 6

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

3 6 5

If submitting a report for single MS4, answer 5.a.. If 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	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Brunswick

SPDES ID

N	Y	R	2	0	A	0	1	5
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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.

To involve the public in the development of the Stormwater Management Plan and to generate participation by the public in the implementation of the SWMP.

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

Present information on the MS4 program to the public at the Town Board Meetings. Using town news letter to get the stormwater message to the public. There is an active road side clean up program in the Town, but the Town at this time does not take a direct roll in this process.

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

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

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

Yes No

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

Yes No

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

Find better ways to get public participation and involvement in program. Town purchase 20+ acres of land in 2015 and will be the recipient of an additional 160+ acres of land in 2016. These properties include a large wetland area and will be center piece of substantial natural trail. This will be a opportunity for the Town to get more public involvement and provide education information to the public.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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. Enter the number and approx. percent of outfalls mapped:** 9 5 # 9 0 %
- 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?** 3 3

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- | | |
|--|--|
| <input type="radio"/> Auto Recyclers | <input type="radio"/> Landscaping (Irrigation) |
| <input type="radio"/> Building Maintenance | <input type="radio"/> Marinas |
| <input type="radio"/> Churches | <input type="radio"/> Metal Plateing Operations |
| <input checked="" type="radio"/> Commercial Carwashes | <input type="radio"/> Outdoor Fluid Storage |
| <input type="radio"/> Commercial Laundry/Dry Cleaners | <input checked="" type="radio"/> Parking Lot Maintenance |
| <input checked="" type="radio"/> Construction Vehicle Washouts | <input type="radio"/> Printing |
| <input type="radio"/> Cross-Connections | <input type="radio"/> Residential Carwashing |
| <input type="radio"/> Distribution Centers | <input checked="" type="radio"/> Restaurants |
| <input type="radio"/> Food Processing Facilities | <input type="radio"/> Schools and Universities |
| <input type="radio"/> Garbage Truck Washouts | <input type="radio"/> Septic Maintenance |
| <input type="radio"/> Hospitals | <input type="radio"/> Swimming Pools |
| <input type="radio"/> Improper RV Waste Disposal | <input checked="" type="radio"/> Vehicle Fueling |
| <input type="radio"/> Industrial Process Water | <input type="radio"/> Vehicle Maint./Repair Shops |
| <input type="radio"/> Other: | <input type="radio"/> None |

Sewersheds:

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Brunswick

SPDES ID

N	Y	R	2	0	A	0	1	5
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12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Mapping of stormwater outfalls and discharges from stormwater management structures. Establish procedures to detect and eliminate illicit discharge and establish training procedures for town employees and interested stake holder to detect and report illicit discharges.

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

Mapped additional outfall locations. Purchase used vacuum truck to facilitate catch basin cleaning and sewer maintenance. The Town expended approximately \$50,000 dollars on this program in 2015. Trained Highway crews cleaning catch basins and looked for potential illicit discharges. All catch basins in the Town were cleaned this reporting period using a the Vacuum Truck.

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

	4	0	0
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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).

Highway Department to check 100% of, clean catch basins, maintain ditches. Check for illegal cross connection or overflows. Written observation report and condition report to be done through out the year. Continue toward the goal of training 100% of Highway and Water Department employees in Illicit discharge detection.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Brunswick

SPDES ID

N	Y	R	2	0	A	0	1	5
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

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

How many MS4s contributed to this report?

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

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

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

09/2004 03/2006 NT

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

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

		5
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? Yes No NT

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

		0
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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 checked="" type="radio"/> Notices of Violation | # | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value="3"/> | <input type="radio"/> No Authority |
| <input checked="" type="radio"/> Stop Work Orders | # | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value="1"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Criminal Actions | # | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input checked="" type="radio"/> No Authority |
| <input type="radio"/> Termination of Contracts | # | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input checked="" type="radio"/> No Authority |
| <input checked="" type="radio"/> Administrative Fines | # | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="radio"/> No Authority |
| <input type="radio"/> Civil Penalties | # | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input checked="" type="radio"/> No Authority |
| <input type="radio"/> Administrative Orders | # | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input checked="" type="radio"/> No Authority |
| <input checked="" type="radio"/> Enforcement Actions or Sanctions | # | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | |
| <input type="radio"/> Other | # | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="radio"/> No Authority |

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Brunswick

SPDES ID

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?
 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
 3. What percent of active construction sites were inspected during this reporting period? NT %
 4. What percent of active construction sites were inspected more than once? NT %
 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,

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Name of MS4/Coalition

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6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

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○ Other

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○ 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

Town of Brunswick

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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

SWPPP Review, on site inspections, implement inspection and document tracking in computerized database (Integrated Property System). Provide Training to key employees for inspecting and review qualified inspector reports. Provide contractors with training information and verify contractors have a certified person on site during soil disturbance.

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

Construction sites in compliance with approved SWPPP and correct supporting documentation. Provided Contractor Training to two employees. Inspected construction sites and provided training information to contractors. Cited or stopped work when contractors were in violation.

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

	1	5	0
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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 SWMP?

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).

Complete development of new web site with relevant low impact development guidance and construction site controls and inspection procedures. Inspect all stormwater control structures and retention facilities in the next three year. Continue at least weekly inspections and review of all active construction projects requiring a SWPPP.

MS4 Annual Report Form

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

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Name of MS4/Coalition

SPDES ID
N Y R 2 0 A 0 1 5

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 checked="" type="radio"/> Filter Systems	<input type="text" value="3"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Infiltration Basins	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="radio"/> Open Channels	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="radio"/> Ponds	<input type="text" value="2"/> <input type="text" value="2"/>	<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:

P l a n n i n g B o a r d R e v i e w s

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 Brunswick

SPDES ID

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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes No

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

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

		0
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 %

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Brunswick

SPDES ID

N	Y	R	2	0	A	0	1	5
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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

Local Law No. 5 of 2007 establishes the authority by which the Town of Brunswick has to regulate and control stormwater runoff from newly constructed facilities in the Town and to maintain new and existing stormwater facilities. The local law aims to reduce pollutant in stormwater and to control stormwater to reduce erosion and sediment entrainment in run off from impervious surfaces. The Town has developed a robust post construction maintenance easement agreement that will be

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

Town has completed a Town Stormwater management plan which addresses post construction maintenance and inspection procedures. Mapping of all existing stormwater facilities is complete and maintenance responsibility is being determined. Town continues to improve on the tracking and monitoring of stormwater practices in it's jurisdiction.

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

		1	0
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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 SWMP?
 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).

Inspect 50% of installed stormwater management practices at least once per year or after a storm event in excess of the 100 year storm event. Provide written inspection report for each site. Develop information on web site to assist owners of stormwater facilities to properly maintain their stormwater assets.

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 Brunswick

SPDES ID

N	Y	R	2	0	A	0	1	5
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Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

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

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

MS4 Annual Report Form

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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

SPDES ID

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

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

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

4. What was the date of the last training?

/ /

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

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

%

MS4 Annual Report Form

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

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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 Brunswick

SPDES ID

N	Y	R	2	0	A	0	1	5
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7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

To develop and implement an operation and maintenance program designed to reduce and prevent discharge of pollutants from municipal operations. To perform self audit of operations and identify areas of concern.

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

The Town saw its second year of operation of the new constructed salt shed which allows complete containment of all salt storage. Constructed a berm around all outside temporary stockpiles of sand, and spoils from road work and upgraded stormwater practice to bio filter to improve water quality. The Town is in the eminent domain process to acquire an additional 2 acres of land adjacent to the Town property to construct new maintenance facilities. This will include new fueling and truck

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

		4	0
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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 SWMP?
 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).

Sweep roads, clean catch basins and ditches, install culvert pipes where require to maintain stormwater flow, Schedule training and document. Continue to act on items identified in Self Assessment.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Brunswick

SPDES ID

N	Y	R	2	0	A	0	1	5
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Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

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

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed			
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed			
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
Greenwood Lake Watershed			
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
Oyster Bay			
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary			
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed			
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments			
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

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 %

Estimate what percentage was mapped in this reporting period.

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 %

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Brunswick

SPDES ID

N	Y	R	2	0	A	0	1	5
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? Yes No N/A
4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

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 %
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?

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

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

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 %
- 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

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Name of MS4/Coalition

Town of Brunswick

SPDES ID

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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