#### **MS4 Annual Report Cover Page**

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

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

SPI	DES	ID						
N	Y	R	2	0	A	3	1	1

#### Choose one:

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

Fill in SPDES ID in upper right hand corner.

Nar	ne c	of M	IS4																			
V	i	1	1	a	g	е	0	f	D	0	b	b	s	F	е	r	r	У				

#### OR

O This report is be	eing submitted	on behalf of a	<b>Single Entity</b>
---------------------	----------------	----------------	----------------------

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

Name of Coalition

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.

1		1	Juli	CIOI.			-	-											
			T	Ħ				$\top$	+	Ť				1				+	+
-	-	<u> </u>		_			_	4	4										
SP	DES	S ID				SPI	DES	S ID				SPI	)ES	: ID				-1	
N	Y	R	2	0	A	N	Y	R	2	0	A	N	Y	R	2	0	A	T	T
SPI	DES	Ю				SPI	DES	ID				SPI	DES	ID		_			_
N	Y	R	2	0	A	N	Y	R	2	0	A	N	Y	R	2	0	A		
SPI	DES	ID				SPI	DES	D	V			SPI	DES	ID					_
N	Y	R	2	0	A	N	Y	R	2	0	A	N	Y	R	2	0	A		
SPI	DES	ID				SPI	DES	ID				SPI	DES	ID					-
N	Y	R	2	0	A	N	Y	R	2	0	A	N	Y	R	2	0	A		
SPI	DES	ID				SPI	DES	ID				SPI	ES	ID					_
N	Y	R	2	0	A	N	Y	R	2	0	A	N	Y	R	2	0	A		
SPI	DES	ID				SPI	DES	ID				SPL	DES	ID					
N	Y	R	2	0	A	N	Y	R	2	0	A	N	Y	R	2	0	A	$\top$	

### **MS4 Annual Report Cover Page**

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

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

SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 0 A	N Y R 2 0 A

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

	- X	SPD	)E2 ]	ய					
Name of MS4 Village of Dobbs Ferry		N	Y	R 2	0	A	3	1	1
Each MS4 must submit an MCC form.									
Section 1 - MCC Identification Page									
Indicate whether this MCC form is being submitted to certify endorsement	ent or acc	cept	tanc	e of:					
<ul> <li>An Annual Report for a single MS4</li> </ul>									
○ 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	agı	reer	nents	<b>3.</b>				
If Joint Report, enter coalition name:	Ũ	Ü							
		=	$\pm$	-	$\vdash$		井	H	4

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

		S	DE	SID						
Name of MS4	Village of Dobbs Ferry	1		R	2	0	A	3	1	1

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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
- O Report Preparer

Firs	t Na	ame		,												MI	_	Las	t Na	ame												
C	h	a	r	1	е	n	е											I	n	đ	е	1	i	С	a	t	0					
Titl	е																															
V	i	1	1	a	g	е		A	d	m	i	n	i	s	t	r	a	t	0	r												
Add	ires	s																													-	
1	1	2		M	a	i	n		S	t	r	е	е	t																		
City	,																			Sı	ate		Zip							-	-	-
D	0	b	b	s		F	е	r	r	У										N	1 2	7	1	0	5	2	2	_				
eMa	ail																															
С	i	n	d	е	1	i	С	a	t	0	@	d	0	b	b	s	f	е	r	r	У		С	0	m							
Pho	ne																	Cou	inty												-	_
(	9	1	4	)	2	3	1	-	8	5	0	2						W	е	s	t	С	h	е	s	t	е	r				

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

		SPE	ES	ID						
Name of MS4	Village of Dobbs Ferry	N	Y	R	2	0	A	3	1	1

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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:

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

Firs	t Na	ame			_											MI		Las	t Na	ame											
G	е	0	r	g	е													P	0	m	m	е	r								
Titl	е																														
V		Р		,	Н	a	h	n		E	n	g	i	n	е	е	r	i	n	g	,		Р		C						
Ado	lres	s																													_
1	6	8	9		R	0	u	t	е		2	2																			
City	1																			S	tate		Zip								
В	r	е	W	s	t	е	r													1	1 .	Y	1	0	5	0	9	-			
eMa	ail																						1					Ei		-	-
g	р	0	m	m	е	r	@	h	a	h	n	-	е	n	g		С	0	m												
Pho	ne																	Cou	ınty												
(	8	4	5	)	2	7	9	-	2	2	2	0						P	u	t	n	a	m								

period?

Name of MS4 Village of Dobbs Ferry

**Section 3 - Partner Information** 

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

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

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting

SPDES ID

N Y R 2 0 A 3 1 1

● Yes ○ No

If '		8, C(	-											T	£						1 !		1	. c		.4	:1	1	- 4 <b>1</b> .			
																ma tior																
		-														ate	-												uic	;		
If l									-						_	ent.		,	101	Cut	,,,,,	<b>VI</b> .				our	1010					
Par	tner	/Co	aliti	onl	Vam	e													_													
C	0	u	n	t	У		0	f		W	е	s	t	С	h	е	s	t	е	r												
Par	tnei	r/Co	aliti	ion]	Nan	ne (c	on't	)																SPI	DES	Pa	rtne	тΠ	)-]	If ap	plic	able
I	n	f	0	r	m	a	t	i	0	n		Т	е	С	h	n	0	1	0	g	У			N	Y	R	2	0				
Ado	ires	s																					-2								-	
1	4	8		M	a	r	t	i	n	е		A	v	е	n	u	е															
Cit	у																			St	ate		Zip									
W	h	i	t	е		P	1	a	i	n	s									N	1   3	Z	1	0	6	0	1	-				
eМ	ail																					_						<u> </u>				
s	t	W	1	@	w	е	s	t	С	h	е	s	t	е	r	g	0	v	8.0	С	0	m										
Pho	ne									_								-	T a	gg 11	D	:4:		Agre			:				-	
(	9	1	4	)	9	9	5	-	3	0	4	7												Agre 2 Pa					Y		С	No
***		4	1 /	ė <b>′</b>		- 21-	1114	ੱ 		_1_		1	() (41.	41. 1.				<i>.</i>	1	n r	1 0	.1	,	n					1	. 1	т.	1 \0
W	nat	tas	KS/1	resj	pon	SID	1110	les	are	sna	arec	ı w	ıtn	tnis	s pa	artn	er (	e.g	, IV.	llVI	1 2	cno	100	Pro	gra	ıms	or	M	ulti	ple	Ia	sks)?
0 1	MM	11																														
0 ]	MM	12																														
• ]	MM	13	М	a	p	р	i	n	g																							
O 1	MM	14									1.																					
0 1	ΜM	15																														
• ]	MM.	16	М	a	р	р	i	n	g																							
A	ldiı	tion	al t	ask	rs/r	esn	ons	eihi	litie	20																						
0						•					tom	, P.	ost	Ma	110.01	o o n	1011	+ D.	va o	tine	201	201	ita	d fo	N	ÆQ.	10 i	<b>.</b> .		aire	s.d	
		vate															ien		uci	iice	3 I	υqι	шС	u ic	11 11	V10-	†S 1	11 11	шþ	ant	XI.	
														I	MC	CI	Pag	e 3														

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

-	SPDES ID
Name of MS4 Village of Dobbs Ferry	N Y R 2 0 A 3 1 1

# **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.

Fir	stN	ama	r	1	e	n	e	T			Т			M	[	La		ame	-	7.	T.	-1-			ı		-		·	-	
Tit	1	1	<u> </u>	/ pr		1	findiv	idu	ıl sig	ning	z rep	ort)		L	_	I	n	d	е	1	i	L		a	t	е					
V	i	1	1	a	g	е	A		m			. 1	- 1	tı	a	t	0	r			I		T				Г	T		Γ	T
Sig	nat	ure	-				-	_							-											*		1:		J	
	<	_		7	-							_				_	_				Da	ate	7	. [		ī	٠.		7		11

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

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

Nar	ne of	MS	54	Villa	ge of	f Dob	bs F	erry															N	Y	R	2	0	A	3	1	1
Se	ction	3	- F	) ar	tn	er i	Tní	for	ms	atio	n																				
	your l											to o	com	ple	te s	ome	e or	all	per	mii	t rec	auiı	em	ents	du	rin	g th	is r	epoi	rtin	<u>o</u>
peri						1													1			1					_	Υe	_		No
If Y	es, co	omj	olet	e ii	ıfoı	rma	tio	n b	elo	w.																					
	Subm									_							_												9		
	accep																											he			
	coalit o, pro																et	tor	eac	n r	V154	4 1r	i th	e co	alı	t101	n.				
						1101.	1 7	- 0	CILI	.1104	ш	מ חני	otai	CIII	CIII.	•															
_	ier/Co	aliti															-														_
-	a w		M	i	1	1		R	i	V	е	r		C	0	a	1	i	t	i	0	n									
Parti	1er/Co	aliti	ion l	Van	ie (c	on't	)															1					r ID	- If	app	lica	ble
																							N	Y	R	2	0				
Addı						1																						1			_
2	2	M	a	i	n		S	t	r	е	е	t																			Ш
City		1.												_					1	ate		Zip			-		î				_
Y	o n	k	е	r	S														N	1 2		1	0	7	0	1	-				
eMai	i1					p:						_											_				_			_	_
a :	n n	m	a	r	i	е	@	g	r	0	u	n	d	W	0	r	k	h	v		0	r	g								
Phor	ne	_	i .			,	1				_	1						Le	gall	v B	indi	nø /	Agre	eme	ent i	in a	ccor	dan	ce		
(	9 1	4	)	3	7	5	] <b>-</b> [	2	1	5	1								th G			_	-				_	Ye		0	No
W/h	at tas	ke/1	regi	30n	cih	iliti	<b>ec</b> .	are	che	rec	1 337	ith	thic	e ne	rtn	or l	é 0	· 1/	LVV.	ı ç	cho	o1 '	Dro	ara	me	OF	Mı	11+1+	' ماد	Тос	lea)'
44 11	ai ias	1.0/1	Cop	JOIL	310	11161	CS	arc	2110	шОС	1 44	1011	ÇIII.	s pe	11 (11)	ici (	v.g	. IV.	LIVI.	L	CHO	IOI .	110	gra	1112	OI	IVIL	ուու	)10	1 45	(ca
• M	IM1	G	е	n	е	r	a	1		S	t	0	r	m	W	a	t	е	r		Ε	d	u	С	a	t	i	0	n		
$\bigcirc$ 1.	D (0																														=
$\circ$ M	IIVIZ																														$\Box$
$\circ$ M	IM3																														
*	D 14				,																										=
W IV.	IM4	L	a	n	a		U	S	е																						
$\circ$ M	IM5																														
	D. 4.6																														=
M	IM6	Н	a	b	i	t	a	t		R	е	S	t	0	r	a	t	i	0	n											
Ado	dition	al t	ask	s/r	esp	ons	ibi	litie	es																						
0	Wate				-					teo	r R	est	Ma	ina	oen	nen	t Pı	raci	tice	S 176	<del>2</del> 011	ire	d fo	r N	<b>1</b> S2	ls i	n ir	nna	ire	4	
	wate			_	-											,,,,,	,		,,,,,	J 1.	- qu		<b>.</b> 10	1 17	10	10 1		при	11100	*	
																															- 1

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

Name of MS4/Coalition	Village	of Dob	bs Ferry										N			2	0 2	A	3 2	1 1
				7	Vate	r Ç	ual	ty	Гre	<u>nds</u>										
The information in thi	s sect	tion is	being	rep	orted	(che	ck or	ıe):												
<ul><li>On behalf of an ind</li><li>On behalf of a coal</li><li>How many M</li></ul>	tion			ted	to thi	s re	port?													
1. Has this MS4/C related to storm One.	oalit wate	ion p er? If	roduc not, a	ed ansv	any 1 wer N	epo Vo a	orts d nd p	locu roce	men ed t	iting o M	wa inin	ter nun	qual 1 Co	lity ntr	tre ol 1	end Me	s asu			▶ No
If Yes, choose one of			•																	
O Report(s) attached t			_		1 11	•														
O Web Page(s) where Please prov	_		_					e rep	ort(	s) ca	n be	e ac	cesse	ed -	no	t ho	ome	pa	ge.	
URL																				
											_			- 1	100					
URL																			1	
URL																				
URL																				
URL																				
URL																				
URL																				
URL																				

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

	SPDES ID
Name of MS4/Coalition Village of Dobbs Ferry	N Y R 2 0 A 3 1 1
Minimum Control Measure 1. Public I	Education and Outreach
The information in this section is being reported (check one):	
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>	
How many MS4s contributed to this report?	
1. Targeted Public Education and Outreach Best Manage	ement Practices
Check all topics that were included in Education and Outreach	during this reporting period:
○ Construction Sites	O Pesticide and Fertilizer Application
General Stormwater Management Information	Pet Waste Management
Household Hazardous Waste Disposal	<ul><li>Recycling</li></ul>
Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	Trash Management
○ Smart Growth	O Vehicle Washing
O Storm Drain Marking	○ Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Developmen	t O Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period	i:
O Public Employees O Contractors	
● Residential ○ Developers	
<ul><li>Businesses</li><li>General Public</li></ul>	
○ Restaurants ○ Industries	
Other: Agricultural	
Othor	

This report is being submitted for the reporting period ending March 9, 2 0 2 0 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Nai	me	σfΝ	1S4.	/Co	aliti	on	Villa	ge of	f Dol	bs F	еггу													N	Y	R	2	0	A	3	1	1
3.	W th	ha is	ıt s rep	tra or	teg ting	ies g p	dio erio	d yo	our Cl	M necl	<b>S4</b> / k al	Co l th	ali at	tior app	ı us	se t	o a	chi	eve	e ed	luc	atio	n a	and	ou	ıtre	acl	ı g	oals	s dı	ıriı	ıg
0	Con	str	ucti	ion	Site	e O	pera	ator	s T	rair	ied														# T	rain	ed					
0]	Dire	ect	Ma	ilin	gs																			#	∮Ma	ailin	gs	F	H			
0]	Kio	sks	or	Otl	ner	Dis	pla	ys																#	Loc	atio	ns		Ħ			
• ]	List	-Se	rve	s																					# :	In L	ist		1	7	0	0
01	Mai	ling	g L	ist																					#:	In L	ist	=	T			
$\circ$ 1	Nev	/sp	ape	r A	ds (	or A	Arti	cles																#	Day	ys Rı	un					
• I	Pub	lic	Ev	ent	s/Pr	ese	ntat	ion	S																	ende					5	0
0 5	Sch	ool	Pro	ogra	am																			#.	Atte	ende	es	F				
	ΓV	Spo	ot/P	rog	ran	n																		# ]	Day	/s Rı	ın	=		3	6	5
• I										fices												Т	otal		-	ibut				3	4	5
$\circ$	) Oth	er:																														
, V	Web URL		ige:		Pro	ovid edec	le s <sub>i</sub>	pec	ific	wel	b ac	ldre	esse	es - 1	not	hoı	ne j	pag	e. (	Con	tinı	ie o	n n	ext	pag	ge if	ado	ditio	onal	l sp	ace	is
	h	t	t	р	:	/	/	W	W	W		w	е	s	t	С	h	е	s	t	е	r	g	0	v		С	0	m	/	s	t
	0	r	m	w	a	t	е	r																								
I I	URL					,	,					_																				
	h	t		р	; }	/	/	W	W	W		d	е	С	3.●0	n	У	<u> </u>	g	0	V	/	С	h	е	m	i	С	a	1	/	8
	4	6	8	•	h	t	m	1																								
					Ш																											

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

					-															-			SP	DE:	SID	)					
ne	of N	1S4,	/Coa	aliti	on	Villa	ge of	f Dol	bs F	erry													N	Y	R	2	0	A	3	1	
W JRI		Pa	ge (	con	ı't.:		Pr	ovi	de	spe	cifi	ic v	veb	ado	lre	sse	S - 1	not	ho	me	pag	ge.									
h	t	t	р	:	/	/	w	w	w		С	w	p		0	r	g														Ī
					L	-																									Ī
JRI.		_																													
h	t	t	p	:	/	/	w	W	W	ŀ	е	р	а		g	0	v	/	n	р	d	е	s								I
																															I
IRL				-	-																										ļ
₩ b	w 1	w				-			-		r	r	У	•	С			/	d	-		a	r	t	m	е	n	t	-	р	
-	e	m	е		-	0		K.	S	/	р	a	g	е	S	/	S	t	0	r	m	W	a	t	е	r	-	m	a	n	
g RL		111		-11																											
KL																															
																															Ī
RL																						_									
+														+										-	-						
T													+	1														-	_		
RL																															
				: / / w w w . e p a . g o v / n p d e s																											
1																															
RL									-			T				J	_				7					-					
+	7				+		+				+	+	+		+		+		+	+	+	+	+	+		4	-	+		-	_
+	+			+	+	$\dashv$			+			+			+	+	+	+	+	+	+	+	-	+	-	+	+	$\dashv$	+	+	_

This report is being submitted for the reporting period ending March 9, 2 0 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 Village of Dobbs Ferry	N Y R 2 0 A 3 1 1
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward achidentified in your Stormwater Management Program Plan (SWMPP)	nieving measurable goals  including requirements in Part
III.C.1. Submit additional pages as needed.	, , , , , , , , , , , , , , , , , , , ,
A. Briefly summarize the Measurable Goal identified in the SW	MPP in this reporting period.
A questionnaire was developed for the public to respond to. The que copy in the building department and the Village Clerk's Office for pilliterature is available at Village Hall and literature and links are available.	ickup, completion and return.
B. Briefly summarize the observations that indicated the overall Goal.	effectiveness of this Measurable
No questionnaires were received during this reporting period. 345 pi both at Village Hall are various outdoor events.	ieces of literature made available
C. How many times was this observation measured or evaluated	in this reporting period?
	1
D. Has your MS4 made progress toward this Measurable Goal d	(ex.: samples/participants/event
20 2100 your 1/100 made progress toward this inteasurable Goard	Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the	SWMPP? • Yes O No
F. Briefly summarize the stormwater activities planned to meet t the next reporting cycle (including an implementation schedul	the goals of this MCM during le).
Questionnaire and literature will continue to be made available to the the website as well as at outdoor events.	e public at Village Hall and on

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

			7		SI	DE	SID	)					
Name of MS4/Coalition Village of Dobbs Ferry					N	Y	R	2	0	A	3	1	1
Minimum Control Measure 2.	Public I	nve	olv	eme	nt/	Pai	rtic	ipa	ati	on			
The information in this section is being reported (check	k one):									_			
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>													
How many MS4s contributed to this r	eport?												
1. What opportunities were provided for publi development, evaluation and improvement (SWMP) Plan during this reporting period?	of the Stor	mw	ate	r M	ana	nen gen	tat ien	ion t Pı	, :og	ran	n		
Cleanup Events						#]	Ever	nts					2
O Comments on SWMP Received					# (	Com	mer	ıts					
Community Hotlines	Phone #	(	9	1 4	4 )	6	9	3	_	5	5	0	6
Phone # ( )	Phone #	(	9	1 .	4 )	2	3	1	_	8	5	0	7
Phone # ( )	Phone#	(		Ī	<b>آ</b> )			П	-				ī
Phone # ( )	Phone#	(			)			Ħ	-				Ħ
Phone # ( )	Phone #	(			j)			ī	-				
Phone # ( )	Phone #	(			)				-				=
○ Community Meetings					#	Atte	nde	es			T		
<ul><li>Plantings</li></ul>						S	sq. F	it.		7	0	0	0
O Storm Drain Markings						# I	raiı	ns					ī
O Stakeholder Meetings					#.	Atte	nde	es		T	T		T
O Volunteer Monitoring						# E	ven	ts		T	T		T
Other:										Ī		Ī	ī
2. Was public notice of availability of this annu Program (SWMP) Plan provided?	al report :	and	St	orm	wate	er N	/lar	ag		ent Ye:		0]	No
○ List-Serve						# I	n Li	st					
Newspaper Advertising					# :	Day	s Ru	ın	Ī		T		1
TV/Radio Notices					# :	Day	Ru	.n		Ī	Ť		4
Other: Postedon Bull	e t i	n		ВС	a	r	d						
Web Page URL: Enter URL(s) on the following to	wo pages.												

					_																		SPI	DES	D						
ne c	fΜ	S4/	Coa	litio	on_\	/illa	ge of	Dob	bs Fe	ту													N	Y	R	2	0	A	3	1	
UI	<b>RL</b>	(s)	cor	1't.:	:																										
Pl	eas	e p	rov	z <b>id</b> e	e sp	pec	ific	ad	dre	ess(	es)	wl	her	e n	otic	ce(s	) c	an l	be :	acc	ess	ed	- n	ot I	10n	ne j	pag	e.			
JRI		_		_		_	_					_									_					_	_				
h	t	t	р	:	/	/	W	W	W		е	С	0	d	е	3	6	0		С	0	m	/	d	0	С	u	m	е	n	
s	/	g	u	b	/	D	0	0	5	9	9	1	A	g	е	n	d	a	s	/	?										
ЛL																															
_							H	+						H																	
																												=			
JRL																															
JRL																															
RL																															
4																															
RL	T								1								_												Ţ		
+	+	_			_																-				4		4	4		4	
+	+	-						-														_				_	_	4	4		
_																															
RL															1									Ţ	7		T				
+	+	+							+		7					+		$\dashv$			+	+		$\dashv$	+	+	+	$\dashv$	1		
+	+	+		+				+	+	$\dashv$						$\dashv$		-	4			+	+	+	-	-	+	$\dashv$	_		

			i		_													_, ·			SPI	DES							
ne of l	MS4/C	Coaliti	ion_\	/illa <sub>i</sub>	ge of	Dob	bs F	erry													N	Y	R	2	0	A	3	1	
	L(s) c																				7								-
Plea	se pr	ovid	le sp	pec	ific	ad	ldr	ess	(es)	<b>w</b>	her	e n	oti	ces	cai	ı b	e a	cce	sse	d -	not	ho	me	e pa	ige.	,			
URL		_	,		-	_	_	-	,	_	_	,	,		-		_		_	_				•	_				
																													Ī
				T	T		T	Т		T			T		t	T	T	T		T	T								Ī
URL	-					-				_				_	_		-												L
					Г	Т			Т		Ī				1														Γ
		+	+				H	H	+-	-	H	H	H	H	⊨		-	-	-		-								
-	+++	+	-				H	H	_	_	-	-	-			_			_										
JRL						,																							
																													Ī
	T						T	T	<u> </u>			H			H														
									1	-							_												_
JRL										1				1					_										
			-		-			_	_	_																			
																													Ī
JRL									117						-														
																													Ī
			П				П				Ī		Т											$\exists$	$\exists$				
	Ħ	+					H																-	$\dashv$	$\dashv$	+	-		-
-  -																													
JRL																								_		_			_
-		+	<u> </u>																										
IRL																													_
																												П	
Ť		T																		=		+	+	+	+	+	+	-	
+	++	+	-																		4	4		4	4	4		_	_
			1																										

																						į.	SPL	ES	D		_				
e of N	<b>1</b> S4	l/Coa	aliti	on_	Villa	ge of	Dob	bs F	erry		_												N	Y	R	2	0	A	3	1	1
Whe	ere	car	ı th	e p	ub	lic	acc	ess	co	pie	s o	f th	is :	anr	ıua	l re	epo	rt,	St	or	m	wat	ter	M	an	age	eme	ent			
Prog	gra	m S	SW	MI	P) F	Plar	ı aı	nd	sub	mi	t co	mı	me	nts	on	th	ose	do	cu	ım	en	ts?				0					
Ente	r a	ddre	ess/	coi	ıtac	t ir	ıfo	anc	l se	lec	t ra	dio	bu	ttoı	n to	in	dic	ate	w	hic	h (	doc	un	en	t is	av	aila	able	ano	i	
whet	he	r co	mn	nen	ts r	nay	be be	su	bm	itte	d a	t th	at 1	oca	tio	n.	Sul	om	it a	add	iti	ona	al p	ag	es a	as 1	nee	ded			
1S4/C		litio tmen	_	ffic	ce											) <b>A</b>	nnı	ıal	Re	por	t	С	S	W١	<b>1P</b> 1	Pla	n	0	Com	mei	ıts
V	i		1	а	g	е		A	d	m	i	n	i	s	t	r	а	t		1	_										
Ad			I		Э					•••	_	11	_	٥			a	٦	_	, 1	_			_						1	
1	1	2		М	a	i	n		S	t	r	е	е	t																	
Cit	у															-	_	-		_	2	Lip					-				
D	0		b	s		F	е	r	r	У								N	Y			1	0	5	2	2	-				
Pho	one 9		1	١	2	3	1	Ī	0	F	0	2	fi																		
(			4	)		٦	1	-	8	5	0	2																			
ibrar Ad	y dre:	SS														) <b>A</b>	nnu	al	Re	por	t	0	SV	VN	1P 1	Plai	1	0	Com	men	ts
																					T									I	
Cit	y																		_	_	Z	ip	_								_1
																											-				
Pho	ne	-																			5										-
(				)				-																							
ther															_	) A:	nnu	പ്	Dα	202	+	$\circ$	CI	17 N /	IP I	)1	_	$\sim$	٦ ـ		4.
Add	dres	SS														<i>/</i> A	ши	aı .	ICC <sub>j</sub>	por	ı		S V	V IV.	ור ו	lai	1	<u> </u>	Com	men	ts_
City	y								-1												Z	ip									=
Dho																											-				
Pho	ne			١																											
U				,																											
eb Pa	age	UR	L:												C	A <sub>1</sub>	nnu	al l	Rej	or	t	0	SV	VM	IP F	lar	ı	0 (	om	nen	ts
																					T	T	T						Ť		7
			Ħ						=											H	÷	+	+	-	-	=			+	+	4
		H						_			_		_		_	4				Ļ	1	4	4	4					_		
Ple	ası	e pr	ovi	de :	spe	cifi	c a	ddr	ess	of	pag	ge v	vhe	re 1	repo	ort	can	be	e a	cce	SS	ed ·	- no	ot 1	non	ne j	pag	je.			
/Iail				, or																								$\circ$	omi	nen	is
						T		Ī												T	T		+	1	+			Ħ	+	+	Ť
																					П									- 1	U.

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 & 0 \end{bmatrix}$ 

	SPI	DES ID					
Name of MS4/Coalition Village of Dobbs Ferry	N	Y R	2	0	A 3	1	1
4.a. If this report was made available on the internet, what date	was it po	osted?					
Leave blank if this report was not posted on the internet.	0 5	/ 1	4	1	2 0	1	9
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	g a joint re	eport,	ans	wer	5.b		
5.a. Was an Annual Report public meeting held in this reporting	g period?	•			Yes	0	No
If Yes, what was the date of the meeting?	0 5	/ 1	4	1	2 0		9
If No, is one planned?				0	Yes	0	No
5.b. Was an Annual Report public meeting held for all MS4s cor	ıtributin	g to th	is 1	repo	ort d	urir	1g
this reporting period?				_	Yes		No
If No, is one planned for each?				0	Yes	0	No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.				0	Yes	•	No

This report is being submitted for the reporting period ending March 9, 2 0 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 Village of Dobbs Ferry	N Y R 2 0 A 3 1 1							
7. Evaluating Progress Toward Measurable Goals MCM 2								
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.	achieving measurable goals PP), including requirements in Part							
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.							
Questionnaire made available to public for response as to their understanding of the Village's Stormwater Management Program including request for public participation and involvement. Published literature contains request for participation and contact information.								
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable							
Literature continues to request public participation. Annual Clean municipal cleanups and Saw Mill River Coalition Cleanups.	aups include Riverkeeper, 3							
C. How many times was this observation measured or evaluat	ed in this reporting period?							
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/even during this reporting period?							
	• Yes O No							
E. Is your MS4 on schedule to meet the deadline set forth in the								
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	● Yes ○ No et the goals of this MCM during dule).							
Continue to invite public participation and activities at public ever including municipal groups and outside organizations.	nts. continue with annual cleanups							

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

	SPDES ID
Name of MS4/Coalition Village of Dobbs Ferry	N Y R 2 0 A 3 1 1
Minimum Control Measure	3. Illicit Discharge Detection and Elimination
The information in this section is being repor	ted (check one):
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed</li> </ul>	to this report?
1. Enter the number and approx. perce	ent of outfalls mapped: 4 6 # 1 0 0 %
2. How many of these outfalls have bee reporting period (outfall reconnaissa	en screened for dry weather discharges during this ance inventory)?
3.a. What types of generating sites/sewer reporting period?	rsheds were targeted for inspection during this
O Auto Recyclers	○ Landscaping (Irrigation)
O Building Maintenance	O Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
○ Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	○ Schools and Universities
O Garbage Truck Washouts	○ Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	○ None
O Sewersheds:	

	SPDES ID												
Name of MS4/Coalition Village of Dobbs Ferry	N Y R 2 0 A 3 1 1												
3.b. What types of illicit discharges have	e been found during this reporting period?												
O Broken Lines From Sanitary Sewer	O Industrial Connections												
○ Cross Connections	○ Inflow/Infiltration												
○ Failing Septic Systems	O Pump Station Failure												
O Floor Drains Connected To Storm Sewers													
○ Illegal Dumping	O Straight Pipe Sewer Discharges												
Other:  4. How many illicit discharges/potentia	None al illegal connections have been detected during this												
reporting period?	en confirmed during this reporting period?												
<ul><li>period?</li><li>Has the storm sewershed mapping b. If No, approximately what percent was</li></ul>	completed in this reporting period?												
8. Is the above information available in Is this information available on the v If Yes, provide URL(s): Please provide specific address of page	a GIS? • Yes O No												
URL													
URL													

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

E OL IVI	S4/Coaliti	on Villa	ge of Do	bbs Ferry	,									N	DES Y		2	0	Α	3	
	countr																_				
Pleas	(s) con't se provid		cific a	ddres	s of ]	page	e wh	ere	map	(s) c	an 1	be a	cces	sed	- n	ot l	hon	ne p	pag	je	
RL			1 1		_		_	T		_											
													T								Ī
		_	+++	+ +	+		+	+		+	$\vdash$	$\pm$	+	+				-	-	=	_
RL			-								,										
								T		T									T		Ī
+			₩	++	+		+	+		+		+	+	-		_		-	-		
RL																					
																					Ī
										Ť	Ħ	Ť	$\top$	П			Ħ	Ħ	7		Ξ
+-		_	+++		+-	-	+	$\vdash$	-				+			4	4	4		4	_
RL																					
							_			1			+				-	7	-	=	=
+		<del></del>	-	+ +	+	+	+-				H	+					4	4	4	4	_
RL																					Ī
RL						_	+=					_					_	+	_		=
RL								1 1													
RL							+			1		+	-			4	4	4			

This report is being submitted for the reporting period ending March 9, 2 0 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 Village of Dobbs Ferry N Y R 2 0 A 3 1 1
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.
Number of illicit discharges detected and eliminated.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
No illicit discharges found during this reporting period.
C. How many times was this observation measured or evaluated in this reporting period?
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?
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 inspect outfalls for illicit discharges. Respond immediately to reports of illicit discharges and mitigate same. The Village is part of an 18 member municipal consortium which received a NYSDEC grant to gather information, map and document elements of the Village's stormwater drainage system. The Village has completed the field work locating drainage system piping and identifying direction of flow as well as identifying municipal facilities, parks, etc, and mapping

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

		SPDE	SIL	)					
Name of MS4/Coalition	Village of Dobbs Ferry	N Z	R	2	0	A	3	1	1

# Minimum Control Measures 4 and 5

	Construction Site and Post-Construction Control		
Tł	ne information in this section is being reported (check one):		
<ul><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li><!--</th--><th>On behalf of an individual MS4 On behalf of a coalition</th><th></th><th></th></li></ul>	On behalf of an individual MS4 On behalf of a coalition		
	How many MS4s contributed to this report?		
18	a. Has each MS4 contributing to this report adopted a law, ordinance or other remechanism that provides equivalent protection to the NYS SPDES General Per	gulatory mit for	7
	Stormwater Discharges from Construction Activities?	Yes	O No
		C Gap O No	○ NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have reviewed in this reporting period?	ve been	0
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of purcomments related to construction SWPPPs?  • Yes	ıblic O No	ONT
	If Yes, how many public comments were received during this reporting period?		
5.	Does your MS4/Coalition provide education and training for contractors about SWPPP process?	the loca	l • 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:

O Notices of Violation	#	O No Authority
O Stop Work Orders	#	O No Authority
Criminal Actions	#	O No Authority
O Termination of Contracts	#	O No Authority
O Administrative Fines	#	O No Authority
Civil Penalties	#	O No Authority
OAdministrative Orders	#	O No Authority
○ Enforcement Actions or Sanctions	#	
Other	#	O No Authority

This report is being submitted for the reporting period ending March 9, 2 0 2 0 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPI	DES	ID						
Name of MS4/Coalition	Village of Dobbs Ferry	N	Y	R	2	0	A	3	1	1

	Minimum Control Measure 4. Construction Site Stormwater Run	off Con	<u>itrol</u>
Th	e information in this section is being reported (check one):		
0	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 during this reporting period?	acre or	more 0
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	ır jurisd	liction
3.	What percent of active construction sites were inspected during this reporting	period?	
4.	What percent of active construction sites were inspected more than once?	1 0	0 % ONT
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual?	1 0 the NY:	S
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prever (SWPPPs) of construction projects that are subject to MS4 review and approva	ntion Pla	
	Yes If your MS4 is Non-Traditional, are SWPPPs of construction projects made avapublic review?	O No	ONT for ONo
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed		- 110

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

	SPDES ID
Name of MS4/Coalition Village of Dobbs Ferry	N Y R 2 0 A 3 1 1
6. con't.:	
Submit additional pages as needed.	
MS4/Coalition Office	
Department	
Building	
Address	
1 1 2 Main Street	
City	Zip
Dobbs Ferry	1 0 5 2 2 -
Phone	
( 9 1 4 ) 2 3 1 - 8 5 1 2	
○ Library	
Address	
City	
City	Zip
Phone	
Other Address	
Autress	
City	7:
	Zip
Phone	
(	
O Web Page URL(s): Please provide specific address where SWPPPs of	can be accessed and home neces
URL STATE OF STATE AND ADDRESS WHERE BWITI'S	can be accessed - not nome page.
URL	

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

Name of MS4/Coalition Village of Dobbs Ferry	SPDES ID  N Y R 2 0 A 3 1 1
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	achieving measurable goals P), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Number of projects over 1 acre during the reporting period.	
B. Briefly summarize the observations that indicated the overa Goal.	all effectiveness of this Measurable
No projects over 1 acre were active during this reporting period. T staff personnel received 4 hour Erosion and Sediment Control Cer	wo public works and 1 building tificates.
C. How many times was this observation measured or evaluate	ed in this reporting period?
	1
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/event:
, The second of the second above goal	Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in th	e SWMPP?
77 77 4 78	● Yes ○ No
F. Briefly summarize the stormwater activities planned to mee the next reporting cycle (including an implementation sched	et the goals of this MCM during lule).
Continue to administer all projects over 1 acre as they come online legislation.	e per SWPPP's and local

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

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

Name of MS4/Coalitic	Village of Dobbs Ferry			N Y R	2 0 A 3 1 1
Minimum	Control Measi	ure 5. Post	t-Constructio	on Stormwater N	Management
				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Tana Cinent
The information in t	this section is being	reported (che	ck one):		
<ul><li>On behalf of an ir</li><li>On behalf of a confidence</li><li>How remarks</li></ul>		outed to this	report?		
1. How many and		construction	stormwater ma	nagement practices eporting period?	has your
	I	# nventoried	# Inspections	# Times Maintained	
O Alternative Practi	ces				
Filter Systems			2		
O Infiltration Basins	3				
Open Channels	4				
○ Ponds					
○ Wetlands					
Other					
2. Do you use an BMPs, inspect	electronic tool (e.	g. GIS, data ance?	abase, spreadsl	neet) to track post-	construction O Yes • No
3. What types of Development/I	non-structural pr Better Site Design	actices have /Green Infr	e been used to astructure pri	implement Low Im aciples?	pact
<ul><li>Building Codes</li></ul>	<ul><li>Municipal Com</li></ul>	prehensive P	lans		
<ul><li>Overlay Districts</li></ul>	Open Space Pre	eservation Pro	ogram		
<ul><li>Zoning</li></ul>	O Local Law or O	ordinance			
O None	O Land Use Regu	lation/Zoning	5		
O Watershed Plans	Other Comprehe	ensive Plan			
Other:					

This report is being submitted for the reporting period ending March 9, 2 0 2 0 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID Village of Dobbs Ferry Name of MS4/Coalition NYR 2 0 A 3 1 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort? O Yes No 4b. Does the MS4 have a banking and credit system for stormwater management practices? O 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? O Yes No 4d. How many stormwater management practices have been implemented as part of this system in this reporting period? 0 5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period? % 0

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 0$ 

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

Is this page to report on your progress and project plans toward achieving measurable goals dentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part I.C.1. Submit additional pages as needed.  Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.  Sumber of Best Management Practices Inventoried and Inspected.  Briefly summarize the observations that indicated the overall effectiveness of this Measurable tool.  Bo Best Management Practices inventoried during this reporting period. Village continues to inspect	Name of MS4/Coalition Village of Dobbs Ferry	N Y R 2 0 A 3 1 1
Lentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part I.C.1. Submit additional pages as needed.  Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.  Jumber of Best Management Practices Inventoried and Inspected.  Briefly summarize the observations that indicated the overall effectiveness of this Measurable to al.  Briefly summarize the observations that indicated the overall effectiveness of this Measurable to al.  Briefly summarize the observations that indicated the overall effectiveness of this Measurable to al.  Briefly summarize the observation that indicated the overall effectiveness of this Measurable to al.  Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).	6. Evaluating Progress Toward Measurable Goals MCM 5	
Briefly summarize the observations that indicated the overall effectiveness of this Measurable to al.  Bo Best Management Practices inventoried during this reporting period. Village continues to inspect and clean, as needed, filter system at Public Works facility.  How many times was this observation measured or evaluated in this reporting period?  Has your MS4 made progress toward this measurable goal during this reporting period?  Yes O No  Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).	Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	d achieving measurable goals  (PP), including requirements in Part
Briefly summarize the observations that indicated the overall effectiveness of this Measurable to al.  Bo Best Management Practices inventoried during this reporting period. Village continues to inspect and clean, as needed, filter system at Public Works facility.  How many times was this observation measured or evaluated in this reporting period?    Lex.: samples/participants/e   Lex.: samples/participants/e   Lex.: samples/participants/e   Lex.: samples/participants/e   Yes	A. Briefly summarize the Measurable Goal identified in the	SWMPP in this reporting period.
To Best Management Practices inventoried during this reporting period. Village continues to inspect and clean, as needed, filter system at Public Works facility.  How many times was this observation measured or evaluated in this reporting period?    Lex.: samples/participants/e   Has your MS4 made progress toward this measurable goal during this reporting period?    Yes	Number of Best Management Practices Inventoried and Inspect	ed.
To Best Management Practices inventoried during this reporting period. Village continues to inspect and clean, as needed, filter system at Public Works facility.  How many times was this observation measured or evaluated in this reporting period?    Lex.: samples/participants/e   Has your MS4 made progress toward this measurable goal during this reporting period?    Yes		
To Best Management Practices inventoried during this reporting period. Village continues to inspect and clean, as needed, filter system at Public Works facility.  How many times was this observation measured or evaluated in this reporting period?    Lex.: samples/participants/e   Has your MS4 made progress toward this measurable goal during this reporting period?    Yes		
To Best Management Practices inventoried during this reporting period. Village continues to inspect and clean, as needed, filter system at Public Works facility.  How many times was this observation measured or evaluated in this reporting period?    Lex.: samples/participants/e   Has your MS4 made progress toward this measurable goal during this reporting period?    Yes		
How many times was this observation measured or evaluated in this reporting period?  (ex.: samples/participants/e  Has your MS4 made progress toward this measurable goal during this reporting period?  Yes O No  Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).	B. Briefly summarize the observations that indicated the ove Goal.	erall effectiveness of this Measurable
How many times was this observation measured or evaluated in this reporting period?  (ex.: samples/participants/e  Has your MS4 made progress toward this measurable goal during this reporting period?  Yes O No  Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).	No Best Management Practices inventoried during this reporting	g period. Village continues to inspect
Las your MS4 made progress toward this measurable goal during this reporting period?  Yes ○ No  Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  Yes ○ No  Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).	and clean, as needed, filter system at Public Works facility.	
Las your MS4 made progress toward this measurable goal during this reporting period?  Yes ○ No  Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  Yes ○ No  Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).		
Las your MS4 made progress toward this measurable goal during this reporting period?  Yes ○ No  Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  Yes ○ No  Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).		
Has your MS4 made progress toward this measurable goal during this reporting period?  Yes O No  Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  Yes O No  Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).	C. How many times was this observation measured or evalua-	
Has your MS4 made progress toward this measurable goal during this reporting period?  Yes O No  Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  Yes O No  Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).		
Yes O No  Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  Yes O No  Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).  Continue to inventory and monitor all BMP's as they come online for operation and maintenance per	D. Has your MS4 made progress toward this measurable go	
Yes O No Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).  Continue to inventory and monitor all BMP's as they come online for operation and maintenance per		
Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).  Continue to inventory and monitor all BMP's as they come online for operation and maintenance per	E. Is your MS4 on schedule to meet the deadline set forth in	the SWMPP?
the next reporting cycle (including an implementation schedule).  Continue to inventory and monitor all BMP's as they come online for operation and maintenance per		
continue to inventory and monitor all BMP's as they come online for operation and maintenance per WPPP's. Continue to inspect and maintain, as needed, BMP at Public Work facility.	3. Briefly summarize the stormwater activities planned to m the next reporting cycle (including an implementation sch	neet the goals of this MCM during nedule).
	Continue to inventory and monitor all BMP's as they come onling SWPPP's. Continue to inspect and maintain, as needed, BMP at	ne for operation and maintenance per
	the state of the s	- HOLLO WOLK LUDINEY.

This report is being submitted for the reporting period ending March 9, 2 0 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 Village of Dobbs Ferry	N Y R 2 0 A 3 1 1
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Number of Best Management Practices Inventoried and Inspecte	d.
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
No Best Management Practices inventoried during this reporting and clean, as needed, filter system at Public Works facility.	period. Village continues to inspect
	All the second s
C. How many times was this observation measured or evaluation	ted in this reporting period?
C. How many times was this observation measured or evaluation	
	(ex.: samples/participants/event.
C. How many times was this observation measured or evaluate D. Has your MS4 made progress toward this measurable goals.	(ex.: samples/participants/event.
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/event.)  during this reporting period?  • Yes • No
	(ex.: samples/participants/event.)  during this reporting period?  Yes O No  he SWMPP?
D. Has your MS4 made progress toward this measurable goal E. Is your MS4 on schedule to meet the deadline set forth in t	(ex.: samples/participants/event.)  during this reporting period?  Yes O No  Yes O No
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/event.)  during this reporting period?  Yes O No  he SWMPP?  Yes O No  et the goals of this MCM during
<ul> <li>D. Has your MS4 made progress toward this measurable goal</li> <li>E. Is your MS4 on schedule to meet the deadline set forth in t</li> <li>F. Briefly summarize the stormwater activities planned to me</li> </ul>	(ex.: samples/participants/event.)  during this reporting period?  Yes O No  he SWMPP?  Yes O No  et the goals of this MCM during dule).
<ul> <li>D. Has your MS4 made progress toward this measurable goal</li> <li>E. Is your MS4 on schedule to meet the deadline set forth in t</li> <li>F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation schedule to inventory and monitor all BMP's as they come online</li> </ul>	(ex.: samples/participants/event.)  during this reporting period?  Yes O No  he SWMPP?  Yes O No  et the goals of this MCM during dule).
<ul> <li>D. Has your MS4 made progress toward this measurable goal</li> <li>E. Is your MS4 on schedule to meet the deadline set forth in t</li> <li>F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation schedule to inventory and monitor all BMP's as they come online</li> </ul>	(ex.: samples/participants/event.)  during this reporting period?  Yes O No  he SWMPP?  Yes O No  et the goals of this MCM during dule).

This report is being submitted for the reporting period ending March 9, 2 0 2 0 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPI	DES	ID						
Name of MS4/Coalition	Village of Dobbs Ferry	N	Y	R	2	0	A	3	1	1

# Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>	

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 Operation/Activity/Facility Addressed in SWMP? years? Street Maintenance..... 9 Yes ○ No ..... • Yes  $\bigcirc$  No Bridge Maintenance.... • Yes O No ..... Yes Winter Road Maintenance..... • Yes ○ No ..... • Yes O No Salt Storage..... ○ No ...... • Yes O No Solid Waste Management..... 

Yes ○ No ..... • Yes O No New Municipal Construction and Land Disturbance.. • Yes ○ No ..... • Yes  $\bigcirc$  No Right of Way Maintenance..... O No ..... • Yes O No Marine Operations..... O Yes No ..... O Yes No Hydrologic Habitat Modification..... 

Yes O No ..... Yes  $\bigcirc$  No Parks and Open Space..... 9 Yes ○ No \_\_\_\_\_ • Yes  $\bigcirc$  No Municipal Building..... 

Yes O No ..... • Yes O No Stormwater System Maintenance..... 

Yes O No ..... • Yes O No Vehicle and Fleet Maintenance..... 

Yes O No ..... Yes  $\bigcirc$  No Other..... O Yes ● No ○ Yes

	SI	DES ID					
Name of MS4/Coalition Village of Dobbs Ferry	I.	Y R	2	0 .	A 3	1	1
2. Provide the following information about municipal operation	ions good	housek	eepi	ing	proş	grar	ns:
Parking Lots Swept (Number of acres X Number of times swept	t)	# Acr	es		8	1	9
Streets Swept (Number of miles X Number of times swept)		# Mil	es		4 9	9	2
Catch Basins Inspected and Cleaned Where Necessary			#	T	T	5	5
Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary			# [				0
O Phosphorus Applied In Chemical Fertilizer		# Lb	s.	T			
O Nitrogen Applied In Chemical Fertilizer		# Lb	s.	Ť		H	
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Nutimes applied to the nearest tenth.)	umber of	# Acres	Ė				
3. How many stormwater management trainings have been puduring this reporting period?	rovided to	munic	ipal	em	ploy	ees	1
4. What was the date of the last training?	0 3	/ 0	2	/ 2	2 0	2	0
5. How many municipal employees have been trained in this r	eporting p	eriod?	•				7
6. What percent of municipal employees in relevant positions stormwater management training?	and depar	tments	rec	eive		0	%

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

Name of MS4/Coalition Village of Dobbs Ferry N Y	R 2 0 A	3 1 1
7 Evaluating Progress Toward Measurable Code North		
7. Evaluating Progress Toward Measurable Goals MCM 6		
Use this page to report on your progress and project plans toward achieving measured identified in your Stormwater Management Program Plan (SWMPP), including red III.C.1. Submit additional pages as needed.	rable goals quirements in	ı Part
A. Briefly summarize the Measurable Goal identified in the SWMPP in this r	eporting pe	riod.
Number of catch basins inspected and cleaned.	- 01	
B. Briefly summarize the observations that indicated the overall effectiveness Goal.	of this Mea	surable
55 catch basins inspected and cleaned as needed this reporting period. In 2018, the employees received 4 hour Erosion and Sediment Control Certificates.	ee public wo	orks
employees received 4 hour Erosion and Sediment Control Certificates.	ee public wo	orks
catch basins inspected and cleaned as needed this reporting period. In 2018, the employees received 4 hour Erosion and Sediment Control Certificates.  C. How many times was this observation measured or evaluated in this report		
employees received 4 hour Erosion and Sediment Control Certificates.		
c. How many times was this observation measured or evaluated in this report	ting period?	1
c. How many times was this observation measured or evaluated in this report	ting period?  ex.: samples/pa  orting perio	l rticipants/ev d?
C. How many times was this observation measured or evaluated in this report  D. Has your MS4 made progress toward this measurable goal during this report	ting period?	1
C. How many times was this observation measured or evaluated in this report  D. Has your MS4 made progress toward this measurable goal during this report	ting period?  ex.: samples/pa  orting perio  Yes	1 rticipants/ev d? ○ No
C. How many times was this observation measured or evaluated in this report  D. Has your MS4 made progress toward this measurable goal during this report  E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	ting period?  ex.: samples/pa  orting perio  Yes	1 rticipants/ev d? O No
C. How many times was this observation measured or evaluated in this report  D. Has your MS4 made progress toward this measurable goal during this report  E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  F. Briefly summarize the stormwater activities planned to meet the goals of the	ting period?  ex.: samples/pa  orting perio  Yes  Yes  is MCM du	1 rticipants/ev d? O No O No ring
C. How many times was this observation measured or evaluated in this report  D. Has your MS4 made progress toward this measurable goal during this report  E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  F. Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).  Continue to inspect and clean stormwater catch basins. Continue to maintain and o	ting period?  ex.: samples/pa  orting perio  Yes  Yes  is MCM du	1 rticipants/ev d? O No O No ring
C. How many times was this observation measured or evaluated in this report  D. Has your MS4 made progress toward this measurable goal during this report  E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  F. Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).  Continue to inspect and clean stormwater catch basins. Continue to maintain and o	ting period?  ex.: samples/pa  orting perio  Yes  Yes  is MCM du	1 rticipants/ev d? O No O No ring

	ershed Improveme	nt Strategy Best Ma	N Y R 2 0
	ershed Improvemen	nt Strategy Best Ma	nagement Practices
e information in this section	n is being reported (chec	k one):	
On behalf of an individual l On behalf of a coalition			
How many MS	4s contributed to this re	eport?	
SAs must answer the	45 1 3 NYA		_
S4s must answer the qu	estions or check NA a	is indicated in the table	below.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed Traditional Land Use	12245670 19000	-	
Traditional Non-Land Use	1,2,3,4,5,6,7a-d,8a,8b,9 1,2,3,4,7a-d,8a,8b,9	10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	5,10,11,12 3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	3,4,3,10,11,12	Phosphorus
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	22560.01	-
Traditional Non-Land Use	1,4,7a-d,9,10,11,12 1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1.4.7a-d.9	2,3,5,6,8a,8b 2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	1,1,74 4,5	2,3,4,3,88,80,10,11,12	Pathogens
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	-		-
Fraditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	-
	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Fraditional Non-Land Use			Pathogens

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. SPDES ID Name of MS4/Coalition NYR2 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? O Yes  $\bigcirc$  No  $\bigcirc$  N/A 4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? % 5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ○ Yes ○ No ○ N/A 6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? O Yes O No O N/A 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? O Yes O No O N/A 7b. How many projects have been sited in this reporting period? 7c. What percent of the projects included in 7b have been completed in this reporting period? % 7d. What percent of projects planned in previous years have been completed? % O 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? O Yes O No O N/A8b. 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 O N/A

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. SPDES ID Name of MS4/Coalition N Y R 2 0 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? O Yes  $\bigcirc$  No  $\bigcirc$  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