

**SWMPAR**

**STORMWATER MANAGEMENT PROGRAM  
ANNUAL REPORT FOR  
MS4 SPDES PERMIT NYR20A516**

**PREPARED FOR:**

**CHAPPAQUA CENTRAL SCHOOL DISTRICT  
66 ROARING BROOK ROAD  
CHAPPAQUA, NY 10514**

**MAY 2022**

**WSP USA INC.  
500 SUMMIT LAKE DRIVE, SUITE 450  
VALHALLA, NY 10595**

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 

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

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Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

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☐ This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

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☐ This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition

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# MS4 Annual Report Cover Page

MCC form for period ending March 9, 2022

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

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## MCC form for period ending March 9, 2022

Name of MS4

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**Each MS4 must submit an MCC form.**

## Section 1 - MCC Identification Page

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

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

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

**If Joint Report, enter coalition name:**

[illegible]

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

MCC form for period ending March 9, 2022

Name of MS4 CHAPPAQUA CENTRAL SCHOOL DISTRICT

**SPDES ID**

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## **Section 2 - Contact Information**

### Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

**If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.**

**For each contact, select all that apply:**

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

**First Name**

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**MS4 Municipal Compliance Certification(MCC) Form**MCC form for period ending March 9, 

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**Section 2 - Contact Information****Important Instructions - Please Read**Contact information must be provided for each of the following positions as indicated below:

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For each contact, select all that apply:

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

First Name

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

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

Name of MS4 CHAPPAQUA CENTRAL SCHOOL DISTRICT

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**Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name

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Last Name

M O R E L L I

Title

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**MS4 Municipal Compliance Certification(MCC) Form**MCC form for period ending March 9, 

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**Section 4 - Certification Statement**

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

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

First Name

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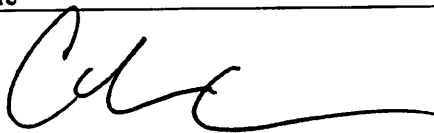
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Title (Clearly print title of individual signing report)

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The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: [MS4compliance@dec.ny.gov](mailto:MS4compliance@dec.ny.gov). All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

**Submit Form**

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance  
Division of Water  
4th Floor  
625 Broadway  
Albany, New York 12233-3505

## Name of MS4/Coalition

**SPDES ID**

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

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

☐ Construction Site Operators Trained

# Trained

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☐ Direct Mailings

# Mailings

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☐ Kiosks or Other Displays

# Locations

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☐ List-Serves

# In List

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☐ Mailing List

# In List

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☐ Newspaper Ads or Articles

# Days Run

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☐ Public Events/Presentations

# Attendees

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☐ School Program

# Attendees

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☐ TV Spot/Program

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☒ Printed Materials:

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

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

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

Name of MS4/Coalition

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**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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**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.**

DISTRIBUTED NEWSLETTERS AND FACT SHEETS

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

STUDENTS AND STAFF MORE AWARE OF STORMWATER PROGRAM

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

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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).**

1. CONTINUE STORMWATER PROGRAM PUBLIC EDUCATION AND OUTREACH
2. CONTINUE TO ISSUE NEWSLETTERS AND FACT SHEETS



|                                                                              |  |  |  |
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CHAPPAQUA CENTRAL SCHOOL DISTRICT

Name of MS4/Coalition

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## MS4 Annual Report Form

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### MS4 Annual Report Form

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Name of MS4/Coalition

CHAPPAQUA CENTRAL SCHOOL DISTRICT

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

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

☒ MS4/Coalition Office

☒ Annual Report

☒ SWMP Plan

☒ Comments

Department

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☐ Library

☐ Annual Report

☐ SWMP Plan

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☐ Other

☐ Annual Report

☐ SWMP Plan

☐ Comments

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☒ Web Page URL:

☒ Annual Report

☒ SWMP Plan

☒ Comments

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

☒ eMail

☐ Comments

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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 

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| CHAPPAQUA | CENTRAL | SCHOOL | DISTRICT |
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SPDES ID

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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

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

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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**

☐ Yes ☒ No

If Yes, what was the date of the meeting?

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|--|--|

 / 

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

If No, is one planned?

☐ Yes ☒ No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

☐ Yes ☐ No

If No, is one planned for each?

☐ Yes ☐ No

**6. Were comments received during this reporting period?**

☐ Yes ☒ No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

## **MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

|                                   |
|-----------------------------------|
| CHAPPAQUA CENTRAL SCHOOL DISTRICT |
|-----------------------------------|

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

### **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.**

DISTRIBUTED NEWSLETTERS AND FACT SHEETS

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

STUDENTS AND STAFF MORE AWARE OF STORMWATER PROGRAM

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 1 |
|--|--|--|---|

*(ex.: samples/participants/events)*

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

1. CONTINUE PUBLIC EDUCATION AND OUTREACH PROGRAM
2. CONTINUE TO ISSUE NEWSLETTERS AND FACT SHEETS
3. CONTINUE TO PROVIDE O&M STAFF 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

**CHAPPAQUA CENTRAL SCHOOL DISTRICT**

SPDES ID

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| N | Y | R | 2 | 0 | A | 5 | 1 | 6 |
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### **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: 

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

 # 

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

 %

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

|   |   |   |   |
|---|---|---|---|
| 1 | 0 | 0 | % |
|---|---|---|---|

**2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?**

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

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

- |                                                       |                                                           |
|-------------------------------------------------------|-----------------------------------------------------------|
| <input type="radio"/> Auto Recyclers                  | <input checked="" type="radio"/> Landscaping (Irrigation) |
| <input checked="" type="radio"/> Building Maintenance | <input type="radio"/> Marinas                             |
| <input type="radio"/> Churches                        | <input type="radio"/> Metal Plateing Operations           |
| <input 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 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 type="radio"/> Restaurants                         |
| <input type="radio"/> Food Processing Facilities      | <input checked="" 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 type="radio"/> Vehicle Fueling                     |
| <input type="radio"/> Industrial Process Water        | <input type="radio"/> Vehicle Maint./Repair Shops         |
| <input checked="" type="radio"/> Other:               | <input type="radio"/> None                                |

● Other:

☐ None

[illegible]

○ **Sewersheds:**

[illegible]

# **MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9, 2022**

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

|                       |                                   |
|-----------------------|-----------------------------------|
| Name of MS4/Coalition | CHAPPAQUA CENTRAL SCHOOL DISTRICT |
|-----------------------|-----------------------------------|

**SPDES ID**

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

**3.b. What types of illicit discharges have been found during this reporting period?**

- ☐ Broken Lines From Sanitary Sewer  
☐ Cross Connections  
☐ Failing Septic Systems  
☐ Floor Drains Connected To Storm Sewers  
☐ Illegal Dumping  
☐ Other:
- ☐ Industrial Connections  
☐ Inflow/Infiltration  
☐ Pump Station Failure  
☐ Sanitary Sewer Overflows  
☐ Straight Pipe Sewer Discharges  
☒ None

[illegible]

**4. How many illicit discharges/potential illegal connections have been detected during this reporting period?**

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

**5. How many illicit discharges have been confirmed during this reporting period?**

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

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

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

**7. Has the storm sewershed mapping been completed in this reporting period?**

☒ Yes    ☐ No

If No, approximately what percent was completed in this reporting period?

|  |  |  |   |
|--|--|--|---|
|  |  |  | % |
|--|--|--|---|

**8. Is the above information available in GIS?**

☐ Yes    ☒ No

**Is this information available on the web?**

☐ Yes    ☒ No

**If Yes, provide URL(s):**

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

URL

[illegible][illegible][illegible]

URL

[illegible][illegible][illegible]

# MS4 Annual Report Form

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

|   |   |   |   |
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| 2 | 0 | 2 | 2 |
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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

CHAPPAQUA CENTRAL SCHOOL DISTRICT

**SPDES ID**

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 1 | 6 |
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**8. URL(s) con't.:**

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

URL

| URL |
|-----|
|     |
|     |
|     |

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

| URL |
|-----|
|     |
|     |
|     |

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

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

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

|   |   |   |               |
|---|---|---|---------------|
| 1 | 0 | 0 | $\frac{2}{3}$ |
|---|---|---|---------------|

## **MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

|                                   |
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| CHAPPAQUA CENTRAL SCHOOL DISTRICT |
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SPDES ID

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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.**

- |                                                         |
|---------------------------------------------------------|
| 1. MONITORED DISTRICT OPERATIONS FOR ILLICIT DISCHARGES |
| 2. CONDUCTED SCREENING OF OUTFALLS                      |

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

|                                                         |
|---------------------------------------------------------|
| O&M STAFF MORE AWARE OF ILLICIT DISCHARGES TO STORMATER |
|---------------------------------------------------------|

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 1 |
|--|--|--|---|

*(ex.: samples/participants/events)*

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

|                                                                |
|----------------------------------------------------------------|
| CONTINUE TO MONITOR DISTRICT OPERATIONS FOR ILLICIT DISCHARGES |
|----------------------------------------------------------------|

## **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 

|                                   |  |  |  |  |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|--|--|--|
| CHAPPAQUA CENTRAL SCHOOL DISTRICT |  |  |  |  |  |  |  |  |  |
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SPDES ID

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### **Minimum Control Measures 4 and 5.** **Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? 

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

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

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

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

☐ 09/2004 ☐ 03/2006 ☒ NT

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

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

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

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

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

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

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

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

|                                                        |   |                                                                                  |  |  |  |  |  |                                    |
|--------------------------------------------------------|---|----------------------------------------------------------------------------------|--|--|--|--|--|------------------------------------|
| <input type="radio"/> Notices of Violation             | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|                                                        |   |                                                                                  |  |  |  |  |  |                                    |
| <input type="radio"/> Stop Work Orders                 | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|                                                        |   |                                                                                  |  |  |  |  |  |                                    |
| <input type="radio"/> Criminal Actions                 | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|                                                        |   |                                                                                  |  |  |  |  |  |                                    |
| <input type="radio"/> Termination of Contracts         | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|                                                        |   |                                                                                  |  |  |  |  |  |                                    |
| <input type="radio"/> Administrative Fines             | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|                                                        |   |                                                                                  |  |  |  |  |  |                                    |
| <input type="radio"/> Civil Penalties                  | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|                                                        |   |                                                                                  |  |  |  |  |  |                                    |
| <input type="radio"/> Administrative Orders            | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|                                                        |   |                                                                                  |  |  |  |  |  |                                    |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |                                    |
|                                                        |   |                                                                                  |  |  |  |  |  |                                    |
| <input type="radio"/> Other                            | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|                                                        |   |                                                                                  |  |  |  |  |  |                                    |

**MS4 Annual Report Form**

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

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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

CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID

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| N | Y | R | 2 | 0 | A | 5 | 1 | 6 |
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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

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

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

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

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

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

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

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

 %

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, 2022

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

Name of MS4/Coalition CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID

NYR20A516

### 6. con't.:

Submit additional pages as needed.

#### ● MS4/Coalition Office

Department

CHAPPAQUA CENTRAL SCHOOL DISTRICT

Address

66 RORRING BROOK ROAD

City

CHAPPAQUA

NY

Zip

10514 -

Phone

(914) 238 - 7200

#### ○ Library

Address

City

Zip

-

Phone

( ) -

#### ○ Other

Address

City

Zip

-

Phone

( ) -

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

URL

URL

### **MS4 Annual Report Form**

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

|   |   |   |   |
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| 2 | 0 | 2 | 2 |
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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 

|                                   |
|-----------------------------------|
| CHAPPAQUA CENTRAL SCHOOL DISTRICT |
|-----------------------------------|

SPDES ID

|   |   |   |   |   |   |   |   |   |
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| N | Y | R | 2 | 0 | A | 5 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

#### **7. Evaluating Progress Toward Measurable Goals MCM 4**

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

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

ISSUED NEWSLETTERS AND FACT SHEETS ON STORMWATER POLLUTION CONTROL

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

ADMINISTRATIVE AND O&M STAFF MORE AWARE OF STORMWATER PROGRAM

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 1 |
|--|--|--|---|

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

CONTINUE TO ISSUE STORMWATER PROGRAM NEWSLETTERS AND FACT SHEETS

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2022**

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

|                       |                                   |
|-----------------------|-----------------------------------|
| Name of MS4/Coalition | CHAPPAQUA CENTRAL SCHOOL DISTRICT |
|-----------------------|-----------------------------------|

**SPDES ID**

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

## **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?**

|                                             | #<br>Inventoried     | #<br>Inspections     | # Times<br>Maintained |
|---------------------------------------------|----------------------|----------------------|-----------------------|
| <input type="radio"/> Alternative Practices | <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| <input type="radio"/> Filter Systems        | <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| <input type="radio"/> Infiltration Basins   | <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| <input type="radio"/> Open Channels         | <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| <input type="radio"/> Ponds                 | <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| <input type="radio"/> Wetlands              | <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| <input type="radio"/> Other                 | <input type="text"/> | <input type="text"/> | <input type="text"/>  |

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes ☒ No

- 3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?**

- ☐ Building Codes      ☐ Municipal Comprehensive Plans  
☐ Overlay Districts      ☐ Open Space Preservation Program  
☐ Zoning      ☐ Local Law or Ordinance  
☒ None      ☐ Land Use Regulation/Zoning  
☐ Watershed Plans      ☐ Other Comprehensive Plan

☐ Other:

[illegible]

**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 

|                                   |
|-----------------------------------|
| CHAPPAQUA CENTRAL SCHOOL DISTRICT |
|-----------------------------------|

SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

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

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

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

 %

**MS4 Annual Report Form**

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

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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 

|                                   |
|-----------------------------------|
| CHAPPAQUA CENTRAL SCHOOL DISTRICT |
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SPDES ID

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

**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

N/A

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

N/A

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

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

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

IF APPLICABLE, THE DISTRICT WILL COMPLY WITH THE STORMWATER CONSTRUCTION PERMIT

**MS4 Annual Report Form**

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

|   |   |   |   |
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| 2 | 0 | 2 | 2 |
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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 

|                                   |
|-----------------------------------|
| CHAPPAQUA CENTRAL SCHOOL DISTRICT |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

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

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

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

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

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

## MS4 Annual Report Form

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

|   |   |   |   |
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| 2 | 0 | 2 | 2 |
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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

CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

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

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

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

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

### 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?

|   |   |   |   |
|---|---|---|---|
| 1 | 0 | 0 | % |
|---|---|---|---|

## **MS4 Annual Report Form**

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

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| 2 | 0 | 2 | 2 |
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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 

|                                   |
|-----------------------------------|
| CHAPPAQUA CENTRAL SCHOOL DISTRICT |
|-----------------------------------|

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

### **7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

- |                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. MONITORED DISTRICT OPERATIONS FOR ILLICIT DISCHARGES<br>2. PROVIDED O&M STAFF TRAINING ON POLLUTION PREVENTION AND BEST MANAGEMENT PRACTICES |
|-------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                            |
|--------------------------------------------|
| O&M STAFF MORE AWARE OF STORMWATER PROGRAM |
|--------------------------------------------|

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 1 |
|--|--|--|---|

(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

- |                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|
| 1. CONTINUE TO MONITOR DISTRICT OPERATIONS FOR ILLICIT DISCHARGES<br>2. CONTINUE TO PROVIDE O&M STAFF TRAINING ON ILLICIT DISCHARGES |
|--------------------------------------------------------------------------------------------------------------------------------------|

**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 

|                                   |
|-----------------------------------|
| CHAPPAQUA CENTRAL SCHOOL DISTRICT |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 5 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

**Additional Watershed Improvement Strategy Best Management Practices**

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

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

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

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?

☐ Yes ☐ No ☒ N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?

☐ Yes ☐ No ☒ N/A

If N/A, go to question 3.

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

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

 %

Estimate what percentage was mapped in this reporting period.

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

 %

## MS4 Annual Report Form

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

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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 

|                                   |
|-----------------------------------|
| CHAPPAQUA CENTRAL SCHOOL DISTRICT |
|-----------------------------------|

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☐ Yes ☐ No ☒ N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 

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

 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ☐ Yes ☐ No ☒ N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ☐ Yes ☐ No ☒ N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ☐ Yes ☐ No ☒ N/A

7b. How many projects have been sited in this reporting period? 

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

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

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

 %

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

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

 %  
☒ No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ☐ Yes ☐ No ☒ N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? ☐ Yes ☐ No ☒ N/A

### **MS4 Annual Report Form**

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

|   |   |   |   |
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| 2 | 0 | 2 | 2 |
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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

CHAPPAQUA CENTRAL SCHOOL DISTRICT

SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

**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