#### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 3

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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

Town of Lewisboro

#### OR

This report is being submitted on behalf of a S	a Single	Entity
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(Per Part II.E of GP-0-10-002)

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#### OR

## O 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.

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## MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 3

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

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## MS4 Municipal Compliance Certification(MCC) Form

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Name of MS4 Town of Lewisboro	N	Y	R	2	0	A	2	2	7
Each MS4 must submit an MCC form.									
Section 1 - MCC Identification Page									
Indicate whether this MCC form is being submitted to certify endorsement or a	ассер	tan	ce c	of:					
<ul> <li>An Annual Report for a single MS4</li> </ul>									
○ A Single Entity (Per Part II.E of GP-0-10-002)									
O A Joint Report									
Joint reports may be submitted by permittees with legally bindin If Joint Report, enter coalition name:	ng ag	ree	me	nts	•				
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### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 3

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Name of MS4	Town of Lewisboro	N	Y	R	2	0	A	2	2	7
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#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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

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# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 3
Name of MS4 Town of Lewisboro SPDES ID  N Y R 2 0 A 2 2 7
Section 2 - Contact Information
Important Instructions - Please Read
Contact information must be provided for each of the following positions as indicated below:
<ol> <li>Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).</li> </ol>
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
O Duly Authorized Representative
Local Stormwater Public Contact
O Stormwater Management Program (SWMP) Coordinator
O Report Preparer
First Name MI Last Name
C i o r s d a n C o n r a n
Title
Secretary - Planning Department
Address 7 9 Bouton Road
City State Zip
S o u t h S a 1 e m N Y 1 0 5 9 0 -
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## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 3	
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Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).	
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or 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	
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ddress	
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Westchester

## MS4 Municipal Compliance Certification (MCC) Form

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## MS4 Municipal Compliance Certification (MCC) Form

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Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  • Yes ONO  If Yes, complete information below.  Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.  If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName  E a s t O f H U d S O N W a t e r S N e d C O r D .  Partner/Coalition Name(con't.)  SPDES Partner ID - If applicable  N Y R 2 0 O O O O O O O O O O O O O O O O O O
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Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName  E a s t o f H u d s o n W a t e r s h e d C o r p .  Partner/CoalitionName(con't)  SPDES Partner ID - If applicable  N Y R 2 0 .  Address  2 R o u t e 1 6 4 , P o B o State Zip  P a t t e r s o n State Zip  P a t t e r s o n State State Zip  N M I 1 2 5 6 3 -  Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)  D MM1  D MM2  D MM3  D MM4
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Phone (8 4 5 ) 3 1 9 - 6 3 4 9  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)  MM1  MM2  MM3  MM4
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MM5 Retrofit Program
O MM6
Additional tasks/responsibilities
Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.
THE PROPERTY OF THE PROPERTY O
Stormwater Retrofit Program (IX5b).

## MS4 Municipal Compliance Certification (MCC) Form

Section 3 - Partner Information Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  If Yes, complete information below. Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName  Ea   s   t   o   f   H   u   d   s   o   n   w   a   t   e   r   s   h   e   d   watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.																				_,			SPI	DES	ID						
Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  If Yes, complete information below.  Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName  E a t o f H u d s o n W a t e r s h e d Separate riportner/Coalition Name (con't.)  C o a l i t t i o n Separate (con't.)  C o a l i t t i o n Separate (con't.)  City  P a t t e r s o n State  City  P a t t e r s o n n y o r g  Mail  S u p e r v i s o r p p a t t e r s o n n y o r g  Mail  S u p e r v i s o r p p a t t e r s o n n y o r g  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasho MM1  MM5 R e t r o f i t P r o g r a m  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	Name of	MS	34	Cowi	of I	Lewi	sbore	)															N	Y	R	2	0	A	2	2	7
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coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.  artner/CoalitionName  E a s t o f H u d s o n W a t e r s h e d SPDES Partner ID - If application Statement.  artner/CoalitionName(con't.)  C o a 1 i t i o n SPDES Partner ID - If application State SPDES Partner ID - If application SPDES Partne																													1		
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## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 3

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Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

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This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

Name of MS4/Coalition Town of Lewisboro	SPDES ID    N   Y   R   2   0   A   2   2   7
Minimum Control Measure 1. Public Ed	ucation 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> <li>How many MS4s contributed to this report?</li> </ul>	
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach d	uring this reporting period:
Construction Sites	<ul> <li>Pesticide and Fertilizer Application</li> </ul>
General Stormwater Management Information	Pet Waste Management
Household Hazardous Waste Disposal	<ul><li>Recycling</li></ul>
Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	Trash Management
Smart Growth	<ul> <li>Vehicle Washing</li> </ul>
O Storm Drain Marking	<ul><li>Water Conservation</li></ul>
• Green Infrastructure/Better Site Design/Low Impact Development	• Wetland Protection
Other:	O None
Phosphorus reduction Other	
2. Specific audiences targeted during this reporting period:	
Public Employees Contractors	
Residential     Developers	
O Businesses • General Public	
○ Restaurants ○ Industries	
Other: • Agricultural Other	

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

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 Town of Lewisboro 2 2 7 NYR 2 0 A 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply: # Trained O Construction Site Operators Trained # Mailings 8 1 0 1 Direct Mailings 0 # Locations Kiosks or Other Displays 2 1 5 0 # In List List-Serves # In List 7 2 5 1 Mailing List 5 5 0 # Days Run Newspaper Ads or Articles 9 0 Public Events/Presentations # Attendees O School Program # Attendees 8 4 # Days Run TV Spot/Program 1 8 0 1 Total # Distributed Printed Materials: Locations (e.g. libraries, town offices, kiosks) 1 1 n H а W i b r a r D t В u i 1 d i g e p n Other: k & R е C r e a t i on P a r S Provide specific web addresses - not home page. Continue on next page if additional space is Web Page: needed. URL m 1 e W i s b 0 r 0 g OV C O m h t t p W W URL i 1 b r C r е a 0 е W S 0 r 0 e h t t p S W W W

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This report is being submitted for the reporting period ending March 9, 2 0 2 3

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This report is being submitted for the reporting period ending March 9, 2 0 2 3

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Name of MS4/Coalition Town	of Lewisboro	N	Y	R	2	0	A	2	2	7

#### 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.

Continue to update the webpage for stormwater management on the Town website including listing of available education materials, and notice of upcoming regional presentations and related stormwater management events, print and make available brochures and newspaper printing on targeted management practices, continue to develop a collection of educational stormwater management materials and make available to the public and continue to broadcast educational

material on public access television.

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

The Town of Lewisboro is continuing to update the website as needed. In addition, the Town has continued to gather and distribute information about stormwater management and phosphorus reduction. Residents have received an e-mail notice on stormwater management. The public has been informed on any stormwater related events. The Town was subject to a routine, successful audit by the NYSDEC.

C.	How many times was this observation measured or evaluated in this repo	orting period?	
			1
		(ex.: samples/par	ticipants/events)
D.	Has your MS4 made progress toward this Measurable Goal during this	reporting perio	d? -
		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 the goals of this MCM during the next reporting cycle (including an implementation schedule).

Print, mail, e-mail and broadcast on public TV stormwater management information to residents. Ongoing: Continue to update the website on stormwater management, continue to collect and distribute educational materials, notify the public of upcoming presentations and related stormwater events. Continue to air stormwater public service announcements and/or stormwater-related programs on local television.

This report is being submitted for the reporting period ending March 9, 2 0 2 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID 2 2 7 YR 2 0 A Town of Lewisboro N Name of MS4/Coalition Minimum Control Measure 2. Public Involvement/Participation The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply: # Events O Cleanup Events #Comments O Comments on SWMP Received Phone # Community Hotlines 2 Phone # 6 5 9 Phone # 3 1 6 6 Phone # 1 6 3 Phone # Phone # Phone # Phone # Phone # Phone # Phone # # Attendees Community Meetings O Plantings Sq. Ft. Storm Drain Markings # Drains # Attendees O Stakeholder Meetings 7 2 # Events Volunteer Monitoring Other: 2. Was public notice of availability of this annual report and Stormwater Management O No Yes Program (SWMP) Plan provided? 1 5 2 0 # In List List-Serve # Days Run O Newspaper Advertising # Days Run O TV/Radio Notices Other: Town В a r d A da 0 g e n

Web Page URL: Enter URL(s) on the following two pages.

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

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Name of MS4/Coalition Town of Lewisboro  N Y R 2 0 A 2 2 7  3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?  Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.  MS4/Coalition Office  Annual Report  SWMP Plan  Comments  Town of Lewisboro  Address  7 9 Bouton Road  City  South Salem  NY 10590 -  Phone  (914)763-3511  Chibrary  Address  Annual Report  O Annual Report  SWMP Plan  Comments  O Comments																													
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This report is being submitted for the reporting period ending March 9, 2 0 2 3

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This report is being submitted for the reporting period ending March 9, 2 0 2 3

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		SPI	DES	ш						
Name of MS4/Coalition	Town of Lewisboro	N	Y	R	2	0	A	2	2	7
							Y-1			

#### 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.

Town continues participation as a member of the CKWIC & EOHWC & with CSLAP, schedule and conduct stormwater meetings, provide public notice through televised Town Board meetings and the website, provide full access to the public to review and request copies of all information collected and developed as part of the Town SWMP. The Town posted the Annual Report on the website and made it available for public review and comment with Notice made at public Town Board Meeting.

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

5 lakes in the Town were sampled 54 times. No public comments were received with regard to the Annual Report. Lewisboro Lake Coalition formed to focus on phosphorus issues and move sewer concept plan forward. Clarity Committee formed to push for septic system pumping. The Town was subject to a routine, successful audit by the NYSDEC.

C.	How r	nany times	was this	observation	measured	or	evaluated	in	this	reporting	period?
----	-------	------------	----------	-------------	----------	----	-----------	----	------	-----------	---------

		1	
 samples,	/partici	pant	s/events)

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

0.			
	Yes	0	No

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

Yes	0	No

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

Ongoing: Continue to participate in CKWIC and EOHWC, provide public notice of all SWMP related events and access to all reports, hold a public meeting for the annual report and participate in CSLAP. CSLAP volunteer monitoring has resumed. 2 additional lakes for a total of 7 lakes in Town will have water quality and phosphorus sampling in 2023.

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$  3

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

SPDES ID

Nan	me of MS4/Coalition Town of Lewisboro								И У	R	2	0 A	2	2 7
	Minimum Control Measure 3.	. II	licit	Discl	nar	ge D	ete	ctio	on ar	nd	Elir	nin	<u>atio</u>	<u>n</u>
The	ne information in this section is being reporte	d (cl	heck	one):										
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to	o thi	is rej	oort?										
1.	Enter the number and approx. percer	nt of	out	falls m	ap	ped:			6 9	4	#	[:	L O	0 %
2.	How many of these outfalls have been reporting period (outfall reconnaissan					weat	her	dis	char	ges	dur	ing t	1	1 6
3.2	a.What types of generating sites/sewers reporting period?	shed	ls wo	ere tar	gete	ed for	· ins	pec	tion	dur	ing	this	(+/-	- 20%)
	O Auto Recyclers		O L	andscap	ing	(Irrig	ation	)						
	O Building Maintenance		0 M	arinas										
	O Churches		0 M	letal Pla	ateir	g Op	eratio	ons						
	O Commercial Carwashes		• 0	utdoor	Flui	d Sto	age							
	O Commercial Laundry/Dry Cleaners		Pa	arking I	ot	Maint	enan	ce						
	O Construction Vehicle Washouts		0 P	rinting										
	O Cross-Connections		O R	esidenti	al C	Carwa	shing	5						
	O Distribution Centers		• R	estaura	nts									
	O Food Processing Facilities		0 S	chools a	and	Unive	ersitie	es						
	O Garbage Truck Washouts		• S	eptic M	laint	enanc	е							
	O Hospitals		• S	wimmin	g P	ools								
	O Improper RV Waste Disposal		• v	ehicle 1	Fuel	ing								
	O Industrial Process Water		• V	ehicle N	Mair	nt./Re	pair S	Sho	ps					
	Other:		ON	one										
	• Sewersheds:													
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Y	SPDES ID	
Name of MS4/Coalition Town of Lewisboro	N Y R 2	2 0 A 2 2 7
3.b. What types of illicit discharges have	e been found during this reporting period	1?
O Broken Lines From Sanitary Sewer	O Industrial Connections	
O Cross Connections	O Inflow/Infiltration	
O Failing Septic Systems	O Pump Station Failure	
• Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows	
O Illegal Dumping	O Straight Pipe Sewer Discharges	
Other:	○ None	
6. How many illicit discharges/illegal c period?	connections have been eliminated during been completed in this reporting period? s completed in this reporting period?	
		<ul><li>Yes</li><li>No</li><li>Yes</li><li>No</li><li>page.</li></ul>
URL		
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This report is being submitted for the reporting period ending March 9, 2 0 2 3

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Name of MS4/Coalition	Town of Lewisboro	N	Y	R	2	0	A	2	2	7

#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Town continues to enforce a local law requiring septic system pump outs and inspections by all residents at least once every 5 years. Conduct training for Town employees following any changes to the local law addressing illicit discharges. Identify and eliminate any illicit discharges identified. Continue to require yearly septic inspections for residences with septic systems in wetland and wetland buffer as per Planning Board requirements.

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

There was 1 illicit discharge to report this period, which was corrected. The Town Consulting Engineer completed +/-20% Town-Wide outfall reconnaissance inspections for a total of 132 outfalls. A report indicating all inspected outfalls requiring maintenance was provided to the Town Highway Department. The Town was subject to a routine, successful audit by the NYSDEC.

. How many times was	this observation measured or evaluate		
			1
		(ex.: samples/par	ticipants/eve

- D. Has your MS4 made progress toward this measurable goal during this reporting period?
  - Yes O 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 the goals of this MCM during the next reporting cycle (including an implementation schedule).

Conduct employee training. Inspect and collect data of +/-20% of the known outfalls using the reconnaissance inventory method. Ongoing:Maintain illicit discharge community hotline. Conduct inspections of alleged illicit discharges. Eliminate all illicit discharges and coordinate investigation/correction of illicit discharges with WCHD or appropriate authority when necessary. Continue to require septic system inspections, as required by the Town Code.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$ 

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		SPDE	Lat. 3. 50						
Name of MS4/Coalition	Town of Lewisboro	и	R	. 2	0	A	2	2	7

# Minimum Control Measures 4 and 5.

	Construction Site and Post-Construction Control	
The	e 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	O No
10	Has each Town, City and/or Village contributing to this report documented that the law equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook?  If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.	and ONT
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 been reviewed in this reporting period?	1 7
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?  • Yes • No	ONT
	If Yes, how many public comments were received during this reporting period?	8
5.	Does your MS4/Coalition provide education and training for contractors about the loca SWPPP process?  • Yes	o 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	#	0	O No Authority
O Stop Work Orders	#	0	O No Authority
O Criminal Actions	#	0	O No Authority
O Termination of Contracts	#	0	O No Authority
O Administrative Fines	#	0	O No Authority
O Civil Penalties	#	0	O No Authority
O Administrative Orders	#	0	O No Authority
O Enforcement Actions or Sanctions	#	0	
Other	#	0	O No Authority

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

Name of MS4/Coalition Town of Lewisboro	SPDES ID           N         Y         R         2         0         A         2         2         7
Minimum Control Measure 4. Construction Site Storm	water Runoff Control
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. How many construction projects have been authorized for disturb during this reporting period?	pances of one acre or more
2. How many construction projects disturbing at least one acre were during this reporting period?	e active in your jurisdiction
3. What percent of active construction sites were inspected during the	his reporting period? ONT
4. What percent of active construction sites were inspected more that	1 0 0 %
5. Do all inspectors working on behalf of the MS4s contributing to t Construction Stormwater Inspection Manual?	his report use the NYS  ● Yes ○ No ○ NT
6. Does your MS4/Coalition provide public access to Stormwater Po (SWPPPs) of construction projects that are subject to MS4 review	
If your MS4 is Non-Traditional, are SWPPPs of construction propublic review?	jects made available for ○ Yes ○ No
If Yes, use the following page to identify location(s) where SWPPPs	can be accessed.

This report is being submitted for the reporting period ending March 9, 2 0 2 3 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N   Y   R   2   0   A   2   2   7		SPDES ID
Submit additional pages as needed.  MS4/Coalition Office  Department  P 1 a n n i n g D e p a r t m e n t  Address  7 9 B o u t o n R o a d  City S o u t h S a 1 e m  Phone ( 9 1 4 ) 7 6 3 - 5 5 9 2  City  City  City  Phone ( ) Other  Address  City	Name of MS4/Coalition Town of Lewisboro	The same of the sa
● MS4/Coalition Office    Department	6. con't.:	
Department P 1 a n n i n g D e p a r t m e n t  Address 7 9 B o u t o n R o a d  City S o u t h S a 1 e m N Y 1 0 5 9 0 -  Phone ( 9 1 4 ) 7 6 3 - 5 5 9 2  City  City  City  Address  City  Phone (	Submit additional pages as needed.	
P   1   a   n   n   i   n   g   D   e   p   a   r   t   m   e   n   t	MS4/Coalition Office	
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This report is being submitted for the reporting period ending March 9, 2

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			SPI	DES	ID						
Name of MS4/Coalition	Town of Lewisboro	1 /	N	Y	R	2	0	A	2	2	7

#### 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.

Review of all basic and full SWPPPs and conduct construction site inspections in accordance with the NYS manual. Implement mechanism to address non-compliance of stormwater management ordinance. Town continues to provide public access to SWPPPs. The Town continues to enforce the stormwater ordinance which reflects updates to the General Permit, as well as implement a local stormwater permit for disturbances >5,000 s.f. Town-wide.

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

100% of full and basic SWPPPs were reviewed by the Town Consulting Engineer. All plans were reviewed in accordance with the NYS Design Manual. 100% of construction sites were inspected and were inspected in accordance with the NYS Design Manual. Local Town stormwater permits have been issued as a result of the adopted stormwater ordinance. The Town was subject to a routine, successful audit by the NYSDEC.

C. How many times was this observation measured or evaluated		
	* 1	1
	(ex.: samples/par	ticipants/events)
D. Has your MS4 made progress toward this measurable goal du	uring this reporting period	1?
	• Yes	○ No
E. Is your MS4 on schedule to meet the deadline set forth in the	SWMPP?	
	• Yes	O No

Yes

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

Ongoing: Continue to review full and basic SWPPPs, conduct site inspections in accordance with the stormwater manual. Continue to provide public access to SWPPPs. Use revised environmental questionnaire for all Building Permit Applications to determine if coverage under SPDES or local Town stormwater permit is required.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$ 

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Name of MS4/Coalition	Town of Lewisboro		all I			SPDES ID N Y R	1986 1988 SS SS	2 7
Minimum	Control Mea	sure 5. Post	t-Const	ructio	n Stor	rmwater I	Manageme	<u>nt</u>
The information in th	is section is bein	ng reported (che	eck one):					
<ul><li>On behalf of an inc</li><li>On behalf of a coa</li><li>How m</li></ul>		ributed to this	report? [					
1. How many and MS4/Coalition is					eporting	g period?	s has your	
		# Inventoried	# Inspect	tions		imes tained		
<ul> <li>Alternative Practic</li> </ul>	es	4		4		4		
Filter Systems		1		1		0		
O Infiltration Basins								
Open Channels								
O Ponds								
<ul><li>Wetlands</li></ul>		1		1		1		
Other								
2. Do you use an BMPs, inspect			tabase, sj	oreads	heet) to	track pos	t-construction • Yes	on O No
3. What types of Development/I					(0)		mpact	
<ul><li>Building Codes</li></ul>	Municipal C	Comprehensive	Plans					
Overlay Districts	Open Space	Preservation Pr	rogram					
<ul><li>Zoning</li></ul>	O Local Law o	or Ordinance						
○ None	Land Use R	egulation/Zonir	ng					
<ul><li>Watershed Plans</li></ul>	Other Comp	rehensive Plan						
Other:								

Committee

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This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

SPDES ID NYR 2 0 A 2 2 7 Town of Lewisboro Name of MS4/Coalition 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort? Yes O No 4b. Does the MS4 have a banking and credit system for stormwater management practices? 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? 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 0 2 3

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Name of MS4/Coalition Town of Lewisboro	N Y R 2 0 A 2 2 7
. Evaluating Progress Toward Measurable Goals MCM 5	
Jse this page to report on your progress and project plans toward addentified in your Stormwater Management Program Plan (SWMPP II.C.1. Submit additional pages as needed.	chieving measurable goals  P), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the SV	VMPP in this reporting period.
Participate in the Croton Kensico Watershed Intermunicipal Coalit regarding retrofitting programming and other aspects of regional st to inspect stormwater management practices and report on condition stormwater retrofit projects.	tormwater cooperation. Continue
3. Briefly summarize the observations that indicated the overa Goal.	Ill effectiveness of this Measurable
The Town of Lewisboro Town Consulting Engineer attends EOHV EOHWC continues to work on Retrofit Projects. Post-management continuing to be identified and maintained as part of the Town's sto Town was subject to a routine, successful audit by the NYSDEC.	nt stormwater structures are
C. How many times was this observation measured or evaluate	ed in this reporting period?
	(ex.: samples/participants/ev
D. Has your MS4 made progress toward this measurable goal of	during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in th	e SWMPP?  • 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

Continue to participate in CKWIC and EOHWC. Conduct inspections on structural and non-structural stormwater practices and continue to implement necessary maintenance and repairs. Continue to seek additional stormwater retrofit projects. Commence inventory of local stormwater best management practices for projects requiring post-construction stormwater management.

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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		SPDES II	
Name of MS4/Coalition Town of Lewisboro		NY	R 2 0 A 2 2 7
Minimum Control Measure	6. Stormwater Mana	ngement for Mun	icipal 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 contrib</li> </ul>	outed to this report?		
1. Choose/list each municipal open Pollutants of Concern to the MS operation/facility has been added Program(SWMP) Plan and who reporting period. A self-assessing potentially generated by the period of existing programs that will be addressed by the period done already.	S4 system. For each operessed in the MS4's/Coaether a self-assessment ment is performed to: 1) rmittee's operations and ams and 3) identify the	eration/facility indicultion's Stormwater has been performed determine the sound facilities; 2) evaluations	cate whether the Management during the rees of pollutants ate the as and facilities
		Sel	f-Assessment
	*		on/Activity/Facility
Operation/Activity/Facility	Addressed i	The state of the s	ed within the past 3 years?
Street Maintenance		O No	-
Bridge Maintenance		• No	
Winter Road Maintenance		O No	● Yes ○ No
Salt Storage		O No	● Yes ○ No
Solid Waste Management		No	○ Yes • No
New Municipal Construction and La		○ No	● Yes ○ No
Right of Way Maintenance		○ No	
Marine Operations	CONTRACTOR OF STATE O	• No	
Hydrologic Habitat Modification		<ul><li>No</li></ul>	
Parks and Open Space	The second secon	○ No	● Yes ○ No

O No

O No

O No

O No

○ No ..... • Yes

○ No ...... • Yes

○ No ...... • Yes

O No ..... O Yes

Municipal Building..... • Yes

Stormwater System Maintenance..... • Yes

Vehicle and Fleet Maintenance..... 

Yes

Other..... O Yes

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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	SPDES ID				
Name of MS4/Coalition Town of Lewisboro	N Y R 2	0 A	2	2	7
2. Provide the following information about municipal operations go	od housekee	ping p	rog	ran	1S:
<ul> <li>Parking Lots Swept (Number of acres X Number of times swept)</li> </ul>	# Acres				3
<ul> <li>Streets Swept (Number of miles X Number of times swept)</li> </ul>	# Miles			8	2
Catch Basins Inspected and Cleaned Where Necessary	#		4	7	3
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#				
Phosphorus Applied In Chemical Fertilizer	# Lbs.				0
Nitrogen Applied In Chemical Fertilizer	# Lbs.			2	0
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)	# Acres [			].	
3. How many stormwater management trainings have been provided during this reporting period?	d to municip	al em	ploy	ees	1
4. What was the date of the last training?	0 3 / 1 7	/ [2	2 0	2	2
5. How many municipal employees have been trained in this reporti	ng period?			2	0
6. What percent of municipal employees in relevant positions and destormwater management training?	epartments i	eceiv	- 100	0	%

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Name of MS4/Coalition	Town of Lewisboro	N	Y	R	2	0	A	2	2	7
					1		-			

#### 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.

Identify appropriate Best Management Practices (BMPs) for Town facilities. Continue to conduct street sweeping and cleaning catch basins to improve stormwater management. Maintain records of municipal septic system maintenance. Continue to reduce phosphorus use in town facility management. Completed annual inspections of Town Facilities. Maintain/repair stormwater outfalls as needed.

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

SWPPPs for all town facilities have been created and available on location. 82 miles of municipal streets were swept, 473 catch basins cleaned and 3 acres of parking lots swept. Fertilizer containing phosphorus was not used on municipal lands and the total number of fertilizer used was greatly reduced. Town utilizes their vacuum truck to facilitate routine maintenance of stormwater and management practices. The Town was subject to a routine, successful audit by the NYSDEC.

_	
C.	How many times was this observation measured or evaluated in this reporting period?
	1
	(ex.: samples/participants/e
D.	Has your MS4 made progress toward this measurable goal during this reporting period?
	• Yes O 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).

Ongoing: Continue to use BMPs to conduct street sweeping, catch basin cleaning, salt storage and landscaping. Update SWPPs as necessary. Continue to perform annual inspections of Town Facilities and maintain/repair stormwater outfalls.

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Name of MS4/Coalition	Town of Lewisboro	N	Y	R	2	0	A	2	2	7

Answer  4,5,6,7a-d,8a,8b,9 4,7a-d,8a,8b,9 a-d,8a,8b,9	Check NA	Phosphorus Phosphorus Phosphorus Phosphorus Phosphorus Phosphorus Phosphorus Phosphorus Phosphorus		
4,5,6,7a-d,8a,8b,9 4,7a-d,8a,8b,9 a-d,8a,8b,9 -d,8a,9 -d,8a,9 -d,8a,9	- 10,11,12 5,10,11,12 3,4,5,10,11,12 - 2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	Phosphorus Phosphorus Phosphorus Phosphorus Phosphorus Phosphorus		
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		SPDES ID		
Na	ame of MS4/Coalition Town of Lewisboro	N Y R 2	0 A 2	2 7
3.	Does your MS4/Coalition have a Stormwater Conveyance Sy and Maintenance Plan Program?	ystem (infrastructur Yes	re) Inspe	ection
4.	Estimate the percentage of on-site wastewater treatment sys and maintained or rehabilitated as necessary in this reporting		n inspect	2.0
5.	Has your MS4/Coalition developed a program that provides NYSDEC SPDES General Permit for Stormwater Discharge (GP-0-08-001) to reduce pollutants in stormwater runoff frod disturb five thousand square feet or more?	es from Construction	n Activi	ities
6.	Has your MS4/Coalition developed a program to address por runoff from new development and redevelopment projects to equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Active the New York State Stormwater Design Manual Enhanced I Standards?	hat disturb greater NYS DEC SPDES ( ities (GP-0-08-001),	than or General , includi	
7a	a. Does your MS4/Coalition have a retrofitting program to red phosphorus/nitrogen/pathogen loading?	luce erosion or  Yes	O No	O N/A
7b	b. How many projects have been sited in this reporting period	?		0
7c	c. What percent of the projects included in 7b have been comp	oleted in this report	ing peri	od?
7d	d. What percent of projects planned in previous years have be	en completed?		0 %
		O No	Projects	Planned
8a	a. Has your MS4/Coalition developed and implemented a turf procedures policy that addresses proper fertilizer application lands?	management praction on municipally o  • Yes	wned	O N/A
81	b. Has your MS4/Coalition developed and implemented a turf procedures policy that addresses proper disposal of grass cl municipally owned lands?	management pract ippings and leaves Yes	ices and from O No	O N/A

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	SPDES ID	
Name of MS4/Coalition Town of Lewisboro	N Y R 2 0 A	2 2 7
9. Has your MS4/Coalition developed and implemented a prog		
	● Yes ○ N	O N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet	t waste on municipal proj	erties and
prohibiting goose feeding?	○ Yes ○ N	o ● N/A
11. Does your MS4/Coalition have a pet waste bag program?	○ Yes ○ N	o • N/A
12. Does your MS4/Coalition have a program to manage goose populations?	○ Yes ○ N	o • N/A