MS4 Annual Report Cover Page

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

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Cover Page 1 of 2

MS4 Annual Report Cover Page

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

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

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MS4 Municipal Compliance Certification(MCC) Form

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

No. Check Town of Live	SPI	DES ID					
Name of MS4 Town of Lloyd	N	YR	2	0	A 1	1	9
Each MS4 must submit an MCC form.							
Section 1 - MCC Identification Page							
Indicate whether this MCC form is being submitted to certify endorseme	ent or accen	tonaa e	£				
• An Annual Report for a single MS4	on or accept	tance (II.				
O 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	hinding ag	thota or					
If Joint Report, enter coalition name:	omanig agi	ceillei	us.				
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period end	ding March 9, 2 0 2 0
Name of MS4 Town of Lloyd	SPDES ID
	N Y R 2 0 A 1 1 9
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the	following positions as indicated below:
GP-0-08-002 Part VI.J).	d or other qualified individual (per
 Duly Authorized Representative (Information for Authorized Representative is signing this form) 	
The Local Stormwater Public Contact (required per	er GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c
 The Stormwater Management Program (SWMP) (coordination/implementation of SWMP). 	Coordinator (Individual responsible for
5. Report Preparer (Consultants may provide compar	TV name in the space provided)
A separate sheet must be submitted for each positi filled by the same individual. If one individual filled once and check all positions that apply to that individual filled to the content of the conten	ion listed above unless more than one position is s multiple roles, provide the contact information vidual.
If a new Duly Authorized Representative is signing provided and a signature authorization form, signe Elected Official must be attached.	g this report, their contact information must be a by the Principal Executive Officer or Chief
For each contact, select all that apply:	
 Principal Executive Officer/Chief Elected Official 	
O Duly Authorized Representative	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	r
O Report Preparer	* *
First Name	
Frederick MI	Last Name
Title	Pizzuto
Town Supervisor	
Address	
12 Church St.	
City	State Zip
H i g h l a n d	N Y 1 2 5 2 8 -
eMail	
f p i z z u t o @ t o w n o f l l c	
(845)691-2144	County
/	Ulster

MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, 2 0 2 0

	SPDES ID
Name of MS4 Town of Lloyd	N Y R 2 0 A 1 1 9
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following p	positions as in direct 11 1
1. Principal Executive Officer, Chief Elected Official or other que GP-0-08-002 Part VI.J).	palified individual (per
2. Duly Authorized Representative (Information for this contact Authorized Representative is signing this form)	must only be submitted if a Duly
3. The Local Stormwater Public Contact (required per GP-0-08-0	002 Part VIII A 2 a & Part VIIII A 2 a
4. The Stormwater Management Program (SWMP) Coordinator coordination/implementation of SWMP).	(Individual responsible for
5. Report Preparer (Consultants may provide company name in the	te space provided)
A separate sheet must be submitted for each position listed about	over unless many them.
filled by the same individual. If one individual fills multiple reonce and check all positions that apply to that individual.	eles, provide the contact information
If a new Duly Authorized Representative is signing this report	their contact information must be
provided and a signature authorization form, signed by the Prin Elected Official must be attached.	ncipal Executive Officer or Chief
Diceted Official must be attached.	
For each contact, select all that apply:	
O Principal Executive Officer/Chief Elected Official Duly Authorized Representative	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	· • • • •
First Name MI Last Name	
	ngrasso
Storm water Officer	
Storm water Officer Address	
12 Church St.	
City Sta Highland N	te Zip
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Mail	
agiangrassootownof11oy	/ d . c o m
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(8 4 5) 6 9 1 - 2 1 4 4 U 1 s t	c e r

MS4 Municipal Compliance Certification (MCC) Form

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

27	SPDES ID
Name of MS4 Town of Lloyd	N Y R 2 0 A 1 1 9
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete son period?	ne or all permit requirements during this reporting
If Yes, complete information below.	O Yes • No
Submit a separate sheet for each partner Information	n provided in other formats will not be
The state of the s	Silhmit one about will it.
to all the first included a separate sh	eet for each MS4 in the coalition.
22 100, proceed to Section 4 - Certification Statement.	
Partner/CoalitionName	
Partner/Coalition Name (con't.)	SPDES Partner ID - If applicable
	N Y R 2 0
Address	
City	State Zip
eMail	
Phone	T 11 5) 11
(Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? O Yes O No
What tasks/responsibilities are all and all	
What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?
O MM1	
O MM2	
O IMIMZ	
O MM3	
O MM4	
O MM5	
0.1016	
O MM6	
Additional tasks/responsibilities	
Watershed Improvement Strategy Best Management watersheds included in GP-0-08-002 Part IX.	Practices required for MS4s in impaired
or of our late IA.	

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Town of Lloyd SPDES ID N Y R 2 0 A 1	_		
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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 Fredrick	MI	Last Nam	ne z z	ult		T			1		
Title (Clearly print title of individual signing report) Town Superviser viser r											
Signature		,		Da 0	ate H	/ 2	10	1 3	LU.	20	>

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 0 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 Lloyd N Y R 2 0 1 1 9 Water Quality Trends The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s are contributed to this report? 1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. O Yes No If Yes, choose one of the following O Report(s) attached to the annual report O Web Page(s) where report(s) is/are provided below Please provide specific address of page where report(s) can be accessed - not home page. URL URL URL URL

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

	SPDES ID
Name of MS4/Coalition Town of Lloyd	N Y R 2 0
Minimum Control Measure 1. Public Ed	ducation and Outreach
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. Targeted Public Education and Outreach Best Managem	ent Practices
Check all topics that were included in Education and Outreach d	
• Construction Sites	Pesticide and Fertilizer Application
 General Stormwater Management Information 	Pet Waste Management
 Household Hazardous Waste Disposal 	• Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
Infrastructure Maintenance	Trash Management
Smart Growth	 Vehicle Washing
O Storm Drain Marking	Water Conservation
 Green Infrastructure/Better Site Design/Low Impact Development 	Wetland Protection
O Other:	O None
Other	
2. Specific audiences targeted during this reporting period:	
Public Employees • Contractors	
Residential Developers	
● Businesses ● General Public	
O Restaurants O Industries	
Other: O Agricultural	1
Boyscouts Private c	i t i z e n s

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

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

Name of MS4/Coalition Town of Lloyd N Y R 2 0
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.
Educating the owners and agents of storm water sites in the proper maintenance. Working with the designers for maintenance programs.
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B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
Owners will call and ask questions on the best maintenance for their particular systems.
C. How many times was this observation measured or evaluated in this reporting period?
Has your MC4 modified the samples/participants,
D. Has your MS4 made progress toward this Measurable Goal during this reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes O No
Yes O No
T. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
More training for code officials and municipal employees.
and maintaiper ortipioyees.

If submitting the C	riod end	ding	M	irch	9,	2	0	2 ()	
If submitting this form as part of a joint report on behalf o	f a coal	ition	lear	ve S	PDE	SI) bl	ank		
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Minimum Control Measure 2. Public In	volver	nen	t/P	art	icir	ati	on			
The information in this section is being reported (check one):										
On behalf of an individual MS4On behalf of a coalition					i.					
How many MS4s contributed to this report?				8)						
1. What opportunities were provided for public participat development, evaluation and improvement of the Storm (SWMP) Plan during this reporting period? Check all t	water	Mar	noa	enta	itioi nt P	n, Prog	ra	m		
Cleanup Events				#Ev	ents				,	1
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O Volunteer Monitoring								+	_	4
O Other:			#	Eve	nts			4	4	4
2. Was public notice of availability of this annual report and Program (SWMP) Plan provided?	d Stori	nwa	ater	Ma	nag		ent Ye		0]	No
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● Other: Town Clerk&Stormwa	t e	r	0	T.	T .	i	C	e	\exists	
 Web Page URL: Enter URL(s) on the following two pages. 										

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	SPDES ID
Name of MS4/Coalition Town of Lloyd	N Y R 2 0 A 1 1 9
3. Where can the public access copies of this annual report, S	Stormwater Management
Program SWMP) Plan and submit comments on those doc	uments?
Enter address/contact info and select radio button to indicate w	which document is available and
whether comments may be submitted at that location. Submit	additional pages as needed.
MS4/Coalition Office	
Department	
Town of lloyd Build Address	ing Dept.
City Church Street	
Highland	Zip 1 2 5 2 8 -
Phone	1 2 5 2 8 -
(845)691-2735	
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Please provide specific address of page where report can be a	
	O Comments

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

	SPDES ID
Name of MS4/Coalition Town of lloyd	N Y R 2 0
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.	
4.b. For how many days was/will this report be posted?	
If submitting a report for single MS4, answer 5.a If submitting	g a joint report, answer 5.b
5.a. Was an Annual Report public meeting held in this reporting	
If Yes, what was the date of the meeting?	Jes Give
If No, is one planned?	• Yes O No
5.b. Was an Annual Report public meeting held for all MS4s con	ntributing to this report during
this reporting period?	O Yes ● No
If No, is one planned for each?	○ Yes • No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to	○ Yes • No
SWMP in response to comments to this report.	

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

Name of MS4/Coalition	n Town of Lloyd		NYR20A119
7. Evaluating Pro	ogress Toward Measurable Goal	s MCM 2	
identified in your S	port on your progress and project p tormwater Management Program litional pages as needed.	plans toward achiev Plan (SWMPP), in	ving measurable goals acluding requirements in Part
A. Briefly summa	rize the Measurable Goal identi	fied in the SWMP	PP in this reporting period.
All construction sit	tes are inspected for compliance.		
B. Briefly summa Goal.	rize the observations that indica	ted the overall eff	fectiveness of this Measurable
At the ending of th	e calendar year all sites have com	plied with the SWI	MPP design for that site.
	\$ ·		**
C. How many time	es was this observation measure	d or evaluated in	this reporting period?
			5 0
D. Has your MS4	made progress toward this mea	surable goal durii	<pre>(ex.: samples/participants/eve ng this reporting period?</pre>
			Yes O No
E. Is your MS4 on	schedule to meet the deadline s	et forth in the SV	VMPP? ● Yes ○ No
	rize the stormwater activities pl ing cycle (including an impleme		goals of this MCM during
contractors and ow	ners are advised to maintain their	SWMPP.	

Name of MS4/Coalition Town of Lloyd	SPDES ID N Y R 2 0
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination
The information in this section is being reported	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to 	
1. Enter the number and approx. percent	of outfalls mapped: 2 3 0 # 1 0 0 %
2. How many of these outfalls have been s reporting period (outfall reconnaissance)	creened for dry weather discharges during this e inventory)?
3.a. What types of generating sites/sewershe reporting period?	eds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
 Building Maintenance 	O Marinas
Churches	O Metal Plateing Operations
 Commercial Carwashes 	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	Parking Lot Maintenance
 Construction Vehicle Washouts 	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	O Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	O None
O Sewersheds:	

	SPDES ID
Name of MS4/Coalition Town of Lloyd	N Y R 2 0
3.b. What types of illicit discharges have	e been found during this reporting period?
O Broken Lines From Sanitary Sewer	O Industrial Connections
O Cross Connections	○ Inflow/Infiltration
O Failing Septic Systems	O Pump Station Failure
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows
• Illegal Dumping	O Straight Pipe Sewer Discharges
O Other:	O None
4. How many illicit discharges/potential reporting period?	l illegal connections have been detected during this
reporting period:	1
5. How many illicit discharges have bee	en confirmed during this reporting period?
6. How many illicit discharges/illegal co period?	onnections have been eliminated during this reporting
7. Has the storm sewershed mapping be If No, approximately what percent was	een completed in this reporting period? Yes O No completed in this reporting period?
 Is the above information available in Is this information available on the w If Yes, provide URL(s): 	GIS?
Please provide specific address of page v	where map(s) can be accessed - not home page.
URL	

e of MSA/Coolitie	Town of Lle	oyd.							Commo	DES		2 0	1	Т	
o or more coantil	<i>I</i> II	Marian Marian							N	Y	R	2 0			
URL(s) con't Please provid		address (of page	where	map(s) cai	n be	acces	ssed	- n	ot h	iome	pag	e	
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This report is being submitted for the reporting period ending March 9,	2	0	2	0
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	SPDES ID
Name of MS4/Coalition Town of Lloyd	N Y R 2 0
12. Evaluating Progress Toward Measurable Goals	MCM 2
and a regress roward treasurable Goals	IVICIVI 3
Use this page to report on your progress and project pl	lans toward achieving measurable goals
Identified in your Stormwater Management Program F	Plan (SWMPP), including requirements in Part
III.C.1. Submit additional pages as needed.	7, 3
A. Briefly summarize the Measurable Coal the Acc	Line Caracan
A. Briefly summarize the Measurable Goal identifi	
Educating owners and land developers, and having the	em do annual maintenance as required.
	•
B. Briefly summarize the observations that indicat	ed the everyll off the first
Goal.	ed the overall effectiveness of this Measurable
M-4	
Most owners and developers will call with questions f	or compliance.
*	
*	
, , , , , , , , , , , , , , , , , , , ,	
C. How many times was this observation measured	or evaluated in this reporting period?
	25
D. Has your MS4 made progress toward this measu	(ex.: samples/participants/events,
r - S - W - W - W - W - W - W - W - W - W	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set	
F. Briefly summarize the stormwater activities plan	• Yes O No
the next reporting cycle (including an implement	tation schedule).
Regular inspections are required.	
regular hispections are required.	

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

			SPI	DES	ID						
Name of MS4/Coalition	Town of Lloyd	3	N	Y	R	2	0	A	1	1	9
						_	_			-	_

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

	Construction Site and Post-Construction Control
Th	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?
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 cerfification or using the NYSDEC Gap Analysis Workbook? • Yes O No O 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 O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?
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 O No

period for construction active do not have authority:	vities, indicate the n	ment actions you used during the reporting number of actions, or note those for which you
O Notices of Violation	#	O No Authority
O Stop Work Orders	#	O No Authority
O Criminal Actions	#	O No Authority
O Termination of Contracts	#	O No Authority
O Administrative Fines	#	O No Authority
O Civil Penalties	#	O No Authority
O Administrative Orders	#	O No Authority
O Enforcement Actions or Sanctions	#	,
• Other	# 1	O No Authority

6. Identify which of the following types of enforcement actions you used during the reporting

Nai	me of MS4/Coalition Town of Boyd	SPDES ID N Y R 2	0 A 1	1 9
	Minimum Control Measure 4. Construction Site Storm	water Runo	off Con	trol
Th	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?			
1.	How many construction projects have been authorized for disturbed during this reporting period?	ances of one	acre or 1	more 1
2.	How many construction projects disturbing at least one acre were during this reporting period?	active in you	ır jurisd	iction
3.	What percent of active construction sites were inspected during th	is reporting	period?	0 NT
4.	What percent of active construction sites were inspected more than	n once?		ONT
			1 0	0 %
5.	Do all inspectors working on behalf of the MS4s contributing to the Construction Stormwater Inspection Manual?	is report use Yes	the NY	S ○NT
6.	Does your MS4/Coalition provide public access to Stormwater Pol (SWPPPs) of construction projects that are subject to MS4 review	and approva	ntion Pla ll?	ans
	If your MS4 is Non-Traditional, are SWPPPs of construction proje	• Yes	O No	ONT
	public review?	cus made av	O Yes	O No
	If Yes, use the following page to identify location(s) where SWPPPs c	an be accesse	d.	

Г			SPDES ID	K.
Name of MS4/Coalition To	own of lloyd	(20)		0 A 1 1 9
6. con't.:	·			
Submit additional	pages as needed.			
O MS4/Coalition Office				
Department				
	o f 110yd	Buildin	g Depi	E
Address			3 12 2 2	-
1 2 Ch	urch st.			
	a n d		ip 1 2 5 2 8 -	
Phone				
\/_	6 9 1 - 2 7 3 5			
O Library				
Address				
City		Z	ip	
Phone				
(
O Other				
Address				*
City		Zi	n	
Phone				
(
O Web Page URL(s): I	Please provide specific add	ress where SWPPPs can be	accessed - not ho	me nage
URL	•		not no	me page.
URL				

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

	SPDES ID
Name of MS4/Coalition Town of lloyd	N Y R 2 0 A 1 1 9
7. Evaluating Progress Toward Measurable Goal Use this page to report on your progress and project p	lans toward achieving manneally
identified in your Stormwater Management Program III.C.1. Submit additional pages as needed.	Plan (SWMPP), including requirements in Part
A. Briefly summarize the Measurable Goal identif	fied in the SWMPP in this reporting period.
All building permits that are over 1 acre are reviewed	1 for SWPPP.
B. Briefly summarize the observations that indicate Goal.	ted the overall effectiveness of this Measurable
As jobs progress our inspections of SWPPP are done	with the progression of the construction site.
C. How many times was this observation measured	d or evaluated in this reporting period?
	6
D. Has your MS4 made progress toward this meas	(ex.: samples/participants/event urable goal during this reporting period?
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline se	
F. Briefly summarize the stormwater activities pla the next reporting cycle (including an implemen	● Yes ○ No nned to meet the goals of this MCM during station schedule).
We have sediment and erosion control plan review ch	ecklist to ensure all areas are covered.

Name of MS4/Coalition	Town of Lloyd			SPI N	Y R 2 0 A	1 1 9
Minimum (Control Mea	sure 5. Post	-Construction	on Stormwa	iter Manager	nent
The information in thi On behalf of an indi On behalf of a coali	s section is being ividual MS4 ition any MS4s controlled type of positions.	g reported (checibuted to this re-	ck one); report?	nagamant nya		
		#	#	# Times	u:	
O Albamatian Basis		Inventoried	Inspections	Maintained		
O Alternative Practices	3					
Filter Systems	8	5	5			
• Infiltration Basins		3	3			
Open Channels		1 2	1 2			
Ponds		2 0	2 0			
O Wetlands						
Other		1	1			
2. Do you use an ele BMPs, inspection	ectronic tool (e as and mainta	e.g. GIS, datal	base, spreadsh	eet) to track	post-constructi • Yes	
3. What types of no Development/Bet	n-structural p ter Site Design	ractices have 1/Green Infra	been used to i	mplement Lo	ow Impact	
Building Codes	Municipal Cor	nprehensive Pla	ans			
Overlay Districts	Open Space Pr	eservation Prog	gram			
Zoning	Local Law or	Ordinance				
O None	Land Use Reg	ulation/Zoning				
O Watershed Plans O	Other Comprel	nensive Plan				
O Other:						

				Sr.	DE2 II	,				
Na	me of MS4/Coalition	Town of Lloyd		N	YR	2	0	A 1	. 1	9
4a	. Are the MS4s co	ntributing to this report in	ivolved in a regional/wa	atershed v	vide p	lanr	ning	effor	·t?	
							•	Yes	0	No
4b	Does the MS4 ha	ve a banking and credit sy	ystem for stormwater n	ianageme	nt pra	ctic	es?			
							0	Yes		No
4c	Do the SWMP P and approval of	lans for each MS4 contrib banking and credit of alter	uting to this report incl rnative siting of a storn	ude a pro water ma	tocol i	for e	t pr	actice	n e?	
							0	Yes		No
4d	. How many storn reporting period	water management practi	ices have been impleme	ented as p	art of	this	sys	tem i	a thi	is
									0	
5.	training on Low	municipal officials/MS4 st Impace Development (LID)), Better Site Design (H	gram imp SSD) and	lemen other	tatio Gre	on a	ittend	led	
	mirastructure pi	inciples in this reporting I	period?					1 0	0	%

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

Name of MS4/Coalition	Town of Lloyd		SPDES ID N Y R 2 0 A 1 1 9
	ress Toward Measurabl		
radiation in your Sid	ort on your progress and progress and programmater Management Pro ional pages as needed.	oject plans toward ac ogram Plan (SWMPP)	hieving measurable goals , including requirements in Part
A. Briefly summari	ze the Measurable Goal	identified in the SW	MPP in this reporting period.
Making sure that pos	t construction maintenance	ce is done as prescribe	ed by plan documents.
We have water- sewe practices for drainage	r- drainage committees the in Lloyd.	at all work together io	dentify proper procedures and
C. How many times	was this observation me	asured or evaluated	in this reporting period?
			5 2
			(ex.: samples/participants/ev ring this reporting period? ■ Yes ○ No
. Is your MS4 on so	chedule to meet the dead	line set forth in the S	
. Briefly summarize the next reporting	e the stormwater activiti cycle (including an imp	es planned to meet the lementation schedule	● Yes ○ No he goals of this MCM during e).
	aspections of all of our site		owners issues at hand if any
- All			

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

		SPI	DES	ID						
Name of MS4/Coalition	Town of Lloyd	N	Y	R	2	0	A	1	1	9

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
On behalf of an individual MS4On 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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

A CONTRACTOR OF THE CONTRACTOR		periornie	AATTITIT	the past
Operation/Activity/Facility	Addressed in SW	MP?	years?	
Street Maintenance	• Yes ON	o	• Yes	O No
Bridge Maintenance	● Yes ○ N	o	• Yes	O No
Winter Road Maintenance	• Yes ON	o	• Yes	O No
Salt Storage	• Yes ON	o	Yes	O No
Solid Waste Management	• Yes ON	o	• Yes	O No
New Municipal Construction and Land Disturba	nce • Yes ON	o	• Yes	O No
Right of Way Maintenance	O Yes 🗶 N	o	O Yes	No
Marine Operations	O Yes • N	o	O Yes	No
Hydrologic Habitat Modification		o	O Yes	No
Parks and Open Space		о	• Yes	O No
Municipal Building	• Yes O N	o	Yes	O No
Stormwater System Maintenance	• Yes ON		Yes	O No
Vehicle and Fleet Maintenance		o	Yes	O No
Other			O Yes	No

Name of MS4/Coalition Town of Lloyd	N Y R 2	0 A 1	1	9				
2. Provide the following information about municipal operations go	od housekeepir	ıg pr ogi	am	ıs;				
O Parking Lots Swept (Number of acres X Number of times swept)	# Acres			5				
O Streets Swept (Number of miles X Number of times swept)	# Miles	1	2	8				
O Catch Basins Inspected and Cleaned Where Necessary	# [3	0	9				
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#							
O Phosphorus Applied In Chemical Fertilizer	#Lbs.							
O Nitrogen Applied In Chemical Fertilizer	# Lbs.							
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 to municipal employees during this reporting period?								
4. What was the date of the last training?	0 3 / 0 2	2 0	1	9				
5. How many municipal employees have been trained in this report	ing period?			2				
6. What percent of municipal employees in relevant positions and d stormwater management training?	epartments rec	ceive	0	%				