MS4 Annual Report Cover Page

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

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

<u>SPI</u>	<u>)ES</u>	ID						
N	Y	R	2	0	A	3	6	9

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																		
INC.	VI	LL	A	G E	0	F	F	- 1	M	I	N	G	D	A	L	E		

OR

0	This report is	being	submitted	on	behalf	of	a	Single	Entity
---	----------------	-------	-----------	----	--------	----	---	--------	--------

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

OR

Name of Coalition

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.

	· · · · · · · · · · · · · · · · · · ·		 	· , , , , , , , , , , , , , , , , , , ,

And the state of t				
SPDES ID		SPDES ID		SPDES ID
NYR2	0 A	N Y R 2 0	A	N Y R 2 0 A
SPDES ID		SPDES ID		SPDES ID
N Y R 2	0 A	N Y R 2 0	A	N Y R 2 0 A
SPDES ID		SPDES ID		SPDES ID
NYR2	0 A	N Y R 2 C	A	N Y R 2 0 A
SPDES ID		SPDES ID		SPDES ID
NYR2	0 A	N Y R 2 0	A	N Y R 2 0 A
SPDES ID		SPDES ID		SPDES ID
NYR2	0 A	N Y R 2 0	A	NYR20A
SPDES ID		SPDES ID		SPDES ID
NYR2	0 A	N Y R 2 0	A	N Y R 2 0 A

MS4 Annual Report Cover Page

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

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

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

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

	SPDES ID
Name of MS4 INC. VILLAGE OF FARMINGDALE	N Y R 2 0 A 3 6 9
Each MS4 must submit an MCC form. Section 1 - MCC Identification Page	
Indicate whether this MCC form is being submitted to certify endorsement An Annual Report for a single MS4	or acceptance of:
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 bit	nding agreements.
If Joint Report, enter coalition name:	

MCC form for period endi	ng March 9, 2 0 1 1
Name of MS4 INC. VILLAGE OF FARMINGDALE	SPDES ID N Y R 2 0 A 3 6 9
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for each of the f	following positions as indicated below:
 Principal Executive Officer, Chief Elected Official GP-0-08-002 Part VI.J). 	or other qualified individual (per
2. Duly Authorized Representative (Information for th	is contact must only be submitted if a Duly
Authorized Representative is signing this form)	CD 0 00 000 D 1377 4 Q 0 D 1377 4 Q 0
3. The Local Stormwater Public Contact (required per	·
 The Stormwater Management Program (SWMP) Co coordination/implementation of SWMP). 	pordinator (Individual responsible for
5. Report Preparer (Consultants may provide company	y name in the space provided).
A separate sheet must be submitted for each position	<u>-</u>
filled by the same individual. If one individual fills	
once and check all positions that apply to that indiv	
If a new Duly Authorized Representative is signing provided and a signature authorization form, signed	-
Elected Official must be attached.	by and I interpar Executive Officer of Chief
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	
- reference	
First Name MI	Last Name
GEORGE	STARKIE
Title	
MAYOR	
Address 3 6 1 M A I N S T R E E T	
City	State Zip
FARMINGDALE	N Y 1 1 7 3 5 -
eMail	
g s t a r k i e @ h o t m a i 1 . c	O m
Phone	County
(5 1 6) 2 4 9 - 0 0 9 3	N A S S A U

MCC form for period ending March 9, 2 0 1 1
Name of MS4 INC. VILLAGE OF FARMINGDALE SPDES ID N Y R 2 0 A 3 6 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:
 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).
 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
Duly Authorized Representative
O Local Stormwater Public Contact
Stormwater Management Program (SWMP) Coordinator
O Report Preparer
First Name MI Last Name B R I A N H A R T Y
Title
ADMINISTRATOR
Address
3 6 1 M A I N S T R E E T
City State Zip
F A R M I N G D A L E N Y 1 1 7 3 5 -
eMail b h a r t y @ f a r m i n g d a l e v i l l a g e . c o m
Phone County
(516)249-0093 NASSAU

MCC form for period ending March 9, $2 \mid 0 \mid 1 \mid 1$
SPDES ID
Name of MS4 INC. VILLAGE OF FARMINGDALE N Y R 2 0 A 3 6 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:
 Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).
A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.
If a new Duly Authorized Representative is signing this report, their contact information must be
provided and a signature authorization form, signed by the Principal Executive Officer or Chief
Elected Official must be attached.
For each contact, select all that apply:
O Principal Executive Officer/Chief Elected Official
O Duly Authorized Representative
Local Stormwater Public Contact
O Stormwater Management Program (SWMP) Coordinator
O Report Preparer
First Name MI Last Name
ANDREW
Title
SUPERINTENDANT OF PUBLIC WORKS
Address
3 6 1 MAIN STREET
City State Zip
F A R M I N G D A L E N Y 1 1 7 3 5 -
eMail
a f i s c h @ f a r m i n g d a l e v i l l l a g e . c o m
Phone County N A S S A U

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

	5	SPD	ES	$\underline{\mathbf{D}}$						
Name of MS4 INC. VILLAGE OF FARMINGDALE		N	Y	R	2	0	A	3	6	9
Section 2 - Contact Information										

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Fir	st N	ame														MI	_	Las	t Na	ame							,	,	 _		
M	I		н	Α	Ε	L										W		K	E	F	F	E	R							<u> </u>	
Titl	e																		,							т	·····		 	, ,	
C	I	v	I	Ŀ		E	N	G	I	N	E	Ε	R				H	2	М												
Ad	dres	8								•																			 		
5	7	5		В	R	0	A	D		H	0	L	L	0	W		R	0	Α	ם											
Cit	 V	·	L																	S	tate		Zip)			,	,	 		_
M	E	L	v	I	L	L	E													1	N Y	7	1	1	7	4	7	-	L	<u> </u>	L
eM	ail	J	·	L	,	'	1	•																							
M	K	E	F	F	E	R	@	Н	М	2		С	0	M											ľ				<u></u>		
Pho	one										•							Co	unty	7		, <u></u>							T	т—	
1	6	3	1)	7	5	6	_	8	0	0	0						s	U	F	F	0	L	K			:				

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

SPDES ID

Name of MS4 INC. VILLAGE OF FARMINGDALE	N Y R 2 0 A 3 6 9
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all permit require period?	ments during this reporting Yes O No
If Yes, complete information below.	
Submit a separate sheet for each partner. Information provided in other f	ormats 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 If No, proceed to Section 4 - Certification Statement.	ine coamion.
11 140, proceed to Section 4 - Cerementon Statement.	
Partner/CoalitionName	
	DDEG D
Partner/Coalition Name (con't.)	PDES Partner ID - If applicable
Address	
20.45	
City State Zip	
eMail	
Phone Legally Binding A with GP-0-08-002	greement in accordance Part IV.G.? O Yes O No
What tasks/responsibilities are shared with this partner (e.g. MM1 School P	rograms or Multiple Tasks)?
O MM1	
O MM2	
O MM3	
O MM4	
O MM5	
O MM6	
Additional tasks/responsibilities	
Watershed Improvement Strategy Best Management Practices required	for MS4s in impaired
1 1 1 1 1 1 1 1 1 1 1 1 1 TO A OO AOO Thomas TV	
watersheds included in GP-0-08-002 Part IX.	•
watersneds included in GP-0-08-002 Part IX.	•

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

	PI	ES	ID						
Name of MS4 INC. VILLAGE OF FARMINGDALE	N	Y	R	2	0	Α	3	6	9

Section 4 - Certification Statement

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

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

First Name	MI	Last Na	me					 	· · · · · · · · · · · · · · · · · · ·	
BRIAN		HA	RT	Y						
Title (Clearly print title of individual signing report)								 		
ADMINISTRATOR										
Signature And Aud					Date	e	<i> </i>]/		

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 1 1

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 INC. VILLAGE OF FARMINGDALE]	NY	R	2	0 A	. 3	6 9
Water Quality Trend	<u>ls</u>						
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? 							
 Has this MS4/Coalition produced any reports documenting related to stormwater? If not, answer No and proceed to None. 							• N
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 acc	cesse	d - n	ot h	ome	pag	e.
URL							
				1		十一	†
						-	

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

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

Name of MS4/Coalition INC. VILLAGE OF FARMINGDALE	SPDES ID N Y R 2 0 A 3 6 9
Minimum Control Measure 1. Public Ed	lucation 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
1. Targeted Public Education and Outreach Best Managem	ient Practices
Check all topics that were included in Education and Outreach	during this reporting period:
O Construction Sites	O Pesticide and Fertilizer Application
O General Stormwater Management Information	O Pet Waste Management
O Household Hazardous Waste Disposal	Recycling
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	Trash Management
O Smart Growth	O Vehicle Washing
Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	O None
Other	
2. Specific audiences targeted during this reporting period	· •
O Public Employees O Contractors	
● Residential O Developers	
Businesses O General Public	
O Restaurants O Industries	
Other: Agricultural	
Other	

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

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 INC. VILLAGE OF FARMINGDALE N Y R 2 0 A 3 6 9 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply: O Construction Site Operators Trained #Trained #Mailings O Direct Mailings # Locations O Kiosks or Other Displays # In List O List-Serves # In List O Mailing List # Days Run O Newspaper Ads or Articles # Attendees O Public Events/Presentations # Attendees O School Program O TV Spot/Program # Days Run Total # Distributed O Printed Materials: Locations (e.g. libraries, town offices, kiosks) O Other: Provide specific web addresses - not home page. Continue on next page if additional space is O Web Page: needed. URL

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

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

ne of MS4/Coalition IN	C. VILLAGE OF FARMINGDALE		NY	R 2	0 A	3 6
Web Page con't.:	Provide specific web addresses - not h	ome page.				
URL						
		-	+			
				 		
URL					ı	
				İ		
					i	<u> </u>
URL						
			++			
			11	-		
URL				,		,,,,,, ,
			† †			
			11	L. I	<u> </u>	<u> </u>
URL.						
						
				<u> </u>		
URL					,	
			++-			
					<u> </u>	
URL		111		T	<u> </u>	
						
.					<u> </u>	
				1 T		

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$

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 INC. VILLAGE OF FARMINGDALE	N Y R 2 0 A 3 6 9
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.	achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Develop and implement an ongoing public education and outreac of the public in the NPDES stormwater permitting program. This increase awareness within the Village of how neighborhood storm ultimately discharge to State surface waters.	program would help generate and
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
As a "landlocked" Village without any waterfront and hence no v publics' interest in the NPDES program has been lackluster at bes in the Annual Report and zero (0) comments were received at the	st. There appears to be little interest
C. How many times was this observation measured or evaluate	ted in this reporting period?
D. Has your MS4 made progress toward this Measurable Goa	al during this reporting period? ○ Yes ● No
E. Is your MS4 on schedule to meet the deadline set forth in t	he SWMPP? ○ Yes • No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	
It is planned to increase educational outreach activities by placing Village web site and publishing stormwater related articles in the	
	!

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

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID INC. VILLAGE OF FARMINGDALE N Y R 2 0 A 3 6 9 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 9 2 4 9 0 0 Phone# Community Hotlines Phone# Phone# Phone# Phone# Phone # Phone# Phone# Phone # Phone# Phone# # Attendees O Community Meetings 4 0 0 0 Sq. Ft. Plantings 3 0 # Drains Storm Drain Markings # Attendees O Stakeholder Meetings # Events O Volunteer Monitoring O Other: 2. Was public notice of availability of this annual report and Stormwater Management Yes O No Program (SWMP) Plan provided? # In List O List-Serve # Days Run 1 Newspaper Advertising # Days Run O TV/Radio Notices O Other:

• 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 1 1

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

					_																		SPL	ES	ID	,			r——		·
ne o	fΜ	S4/0	Coa	litio	n	1C.	VILI	AGE	E OF	FAR	RMI	(GD	ALE										N	Y	R	2	0	A	3	6	9
												•		•						,											
UI	RL	(s) (con	't.:			.c.		د	/	~ - \	L			~ 4 *~	olo	۱ ۵۵	1	ha	300	neer	ad .	n e	∖+ ŀ	ion	16 F	sam.	Δ			
		e p	rov	Tae	s sp	eci	HC	au	аге	55(es)	WI	er	: н	out	C(S) Cz	tili i	DC 1	acc	esse	cu ·	- щ	<i>)</i> t 1	EUL	ic F	·46	٠.			
URL				f		T	T		n	~	đ		1	е	v	i	1	1	а	~	е	-	С	0	m						Γ
W	W	W	٠	Ţ	a	L	m		111	g	u	a	1	_	ľ		<u>.</u>		a	3	0	•	U		-						┝
							<u> </u>	<u> </u>	L.				<u> </u>						<u> </u>												_
											<u> </u>									<u>.</u>				L							L
URI	,																		,						,	·	,				, -
										:										_											
																															Γ
	<u></u>	-		<u> </u>			<u> </u>	-	╁		<u> </u>	H	<u> </u>	<u> </u>	 	 						_		Ħ	 				Г		Ť
	<u> </u>	<u>L</u>	L,	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u></u>	<u>L.</u> .	<u> </u>	!		1		<u> </u>	L	<u> </u>	1	1	L	t	I	L	L	L	<u> </u>	<u> </u>		_
URI		r	_		1		Ī	1			1	Ι	T	1	1		Γ		<u> </u>	Г	1		[Γ	Г						Τ
	1			<u> </u>				<u> </u>	<u> </u>		<u> </u>	<u> </u>		<u> </u>	<u> </u>	 			ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<u></u>	_	Ł
						ļ						<u> </u>		<u> </u>			L	<u> </u>							<u> </u>				<u> </u>		Ļ
																														<u> </u>	L
URI							-																								
<u> </u>																															
	<u> </u>					<u> </u>		İ	<u> </u>		T			Ī	İ	Ī	Ī			Ī											Ï
		<u> </u>	L [-	_				<u> </u>	<u> </u>	<u> </u>	<u> </u>	 	 	 _ 	\vdash		L		1	╁	-	┢	<u> </u>	╁		<u> </u>		\vdash	 	t
	<u> </u>					<u> </u>	-	<u> </u>	<u> </u>		<u> </u>			<u> </u>	<u>L</u> .	l	<u> </u>		L	<u> </u>	L		<u> </u>	L	<u> </u>	1		i	<u> </u>	<u> </u>	Т.
URI		1	!	1	Г		Γ	1	Ι	Γ.	1	T	1	Г	1	Γ-	Γ	Ţ	T	Г	Г	1	Τ-		 	Т	\Box	Γ.	Ι_		Т
<u> </u>	L	<u> </u>			ļ	<u> </u>			<u> </u>	<u> </u>	Ļ	<u> </u>	L	-	_	<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	-	<u> </u>	<u> </u>		<u> </u>	<u> </u>	L	ļ
	L.,					<u>L</u>	<u>L</u>			<u> </u>							L.	<u> </u>		<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>	_		<u> </u>	_	1
																										L					
URI						-L		•	•				•			•															
					Γ	Ī			Π						Π																-
		<u> </u>		H	†	T	Ť	<u> </u>	T	<u> </u>	1	T	T	Ť	Ť	T	Ī	Ī	T	Т				Γ	T	Ī					Ī
_		<u> </u>	<u> </u>		<u> </u>	<u> </u>		H	+	<u> </u>	 	十	<u> </u>	╁	 	+	-	 	H	\vdash	1	╁	 	 	╁	+	 		十	 	t
	<u>L</u>	<u> </u>			<u></u>		L		-	<u> </u>	<u></u>	<u> </u>	<u> </u>		<u> </u>		1	Ц	1_	<u> </u>		L	1	1	<u> </u>	1	<u> </u>	Щ.		<u> </u>	1
URI	<u> </u>	Ţ	_	Ι-	т—	Т	1	1	1		Т-	T	Т	T	1	1	T	T	Τ	1	Τ_	$\overline{}$	Τ	Τ	1	T	T		Τ	Γ	T
<u></u>	_	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	_	L	<u> </u>		<u> </u>	\vdash	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	+	1	<u> </u>	1	十	╀	<u> </u>	<u> </u>	1_	╄	╁	Ŧ
										<u>L</u>			<u> </u>					<u> </u>		L				<u> </u>	<u> </u>	<u> </u>		<u> </u>	L	Ļ	<u>_</u>
Γ	T	ļ	Γ		Π		Τ				Γ							1				1									

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

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

ne of	MS4	4/C	oali	tion	ı IN	C.V	ill	AGE	OF I	ARI	MIN	GDA	LE										N	Y	R	2	0	A	3	6
UR Ple	Lís) c	m'	t.:										no	tic	es c	an	be	acı	ces	sed	- 10	ot :	ho	me	pa	ge.			
URL															-	Т	Т				F		Т							
																												_		
<u> </u>	T	Т	T																Ì				1							
		_	\dagger	\exists											T				寸									_		
			Д.				L						i				l.					i								L
URL		Т	1	1											\neg					\Box										
\perp	+	+	-	1			_						_			_		\dashv	_	_		-	井						=	<u> </u>
		1																								<u> </u>			\sqsubseteq	
URL																														
		T																							Ì					
	\dashv	+	寸	-				<u> </u>	[T	Ī			
1	-+	_	_				<u> </u>	<u> </u>	<u> </u>								_					_			<u> </u>	<u> </u>			<u> </u>	_
		.																								<u>L</u>			<u> </u>	L_
URL																							, _Y			_	_			
																												<u> </u>		
		Ť	T																											
		\pm	\dashv	┪			_	<u> </u>	<u> </u>		 	 													<u> </u>			厂	Г	
			L				<u> </u>	L	ł	<u> </u>			<u> </u>												<u> </u>	1		L	I	_
URL		Т	_			I	T	_	Γ-		1	Π	1										Γ			T	Τ	Γ	Γ	
	_	_	_			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>													<u> </u>		_	<u> </u>	H		 	H
											<u> </u>		<u> </u>													Ļ	<u> </u>	L	Ļ	
																										<u> </u>				
URL			1				.1		· · · · · ·	<u> </u>	-																			
		Т																												
H	_	\pm	ᆉ			<u> </u>	╁	<u> </u>	<u> </u>		<u> </u>	<u> </u>		 	<u> </u>										†	T	T	T	T	T
		1			_	<u> </u>	1	<u> </u>	<u> </u>	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>	<u> </u>	_				_	<u> </u>				<u> </u>	<u> </u>	 	\vdash	╄	<u> </u>
						L.			<u>L</u>]			<u> </u>				L_		L						<u> </u>		<u>L.</u>		
URL															,						,			,	T	-	_	1		1
																			L		L.		L				L	L		
Ħ	T	7	1				İ		Ī	1		Ī																Π		
1 1	- 1				1	<u> </u>	<u></u>	1	1	ل	<u> </u>	1	<u> </u>	<u> </u>		1	l	<u> </u>			<u> </u>	!	Ļ. .	⊨	+	 	 	+	┿	┾

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

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

SPDES ID

Name o	of MS4/	Coalit	ion	NC.	VILL	AGE	OF	FAR	MIN	IGD/	ALE										N	Y	R	2	0 2	A	3	5 9	
3. W	/here rograi	can t	he p	ubl	ic a	acc	ess	coj	pies	of	th	is a	nn its (ual on t	rep hos	ori se d	t, S loci	tor um	mv ent	vat s?	er	Ma	na	gen	nen	t			
E:	nter ad hether	dress	/cor	itac ts n	t in	fo a	and sub	sel omi	ect	rac i at	lio tha	but at le	ton	to i	nd S	icat ubr	e w nit	hic add	h d litid	loc ona	un ıl p	ent age	is sa	ava s ne	ilab ede	ole a ed.	and		
	4/Coal	ition																epo						lan			om	nen	ts
	Departi V I	L I	A	G	E		С	L	E	R	ĸ	ı	s	7	0	F	F	I	c	E									
	Addres	1	М	Α	I	N		s	Т	R	E	Е	Т	1	T		\exists		7					T	T	Ţ	-	T	
	City		 							1				<u></u>	l_		L	L 7	_ _ 2 	ip.		!			 		1	L_	
	F A Phone	RN	I	N	G	D	Α	L	E		_					N	Y		_	1	1	7	3	5	-[
	(5	1 6)	2	4	9	-	0	0	9	3																		
O Lib	rary		_											0	An	nua	ıl R	еро	rt	С	S	WM	P F	lan	() C	om	men	its
	Addres			Γ		ļ															-								
	City	, 	T		 				ļ		<u> </u>						Τ	7		Zip			_		_			$\overline{}$	
											<u> </u>		L					į	L						L				
	Phone																	_	_										
	Phone (])				-											_	_										
○ Oth	(_	and the second])				_							_	Ar	nua	ıl R	epo	rt	C) S '	WM	P I	Plan	. (ာင	Com	men	ıts
○ Otl	(SS])				-							_ _	Ar	nua	al R	epo	rt	c	S	WM	IP I	Plan		o c	Com	men	nts
○ Otl	(_	58])				-		***************************************					0	Ar	nnua	al R	epo		C Zip	S S	WM	IP I	Plan		э с 	Com	men	nts
O Oth	ner Addres	SS])				-		Application of the state of the					• —	Ar	nnua	al R	epo			S'	WM	IP I	Plan	- [э с 	Com	men	nts
O Oth	ner Addres City	SS])]-							0	Ar	nnua	al R	epo) S'	WM	IP I	Plan	-[Com	men	nts
	ner Addres City)		And the same of th		_											epo		Zip				Plan	-[men	
	Addres City Phone)																	Zip					-[
	Addres City Phone)						***************************************											Zip					-[
	Address City Phone (ceb Page	: URL	Transport of the second of the						***************************************					C	A A	mua	al R	Lepc	port	Zip	S	WN	MP 1	Plan		00			
O We	Addrese City Phone (Phone Pho	: URL	Transport of the second of the	s spe	ecií	fic a	-	res	s of	pa	ge]] wh	ere	C	A A	mua	al R	Lepc	port	Zip	S	WN	MP 1	Plan	_ [0 C	Com		nts
	Addrese City Phone (Phone Pho	: URL	Transport of the second of the	s spe	ecií	inc a	-	res	s of	pa	ge	wh	ere	C	A A	mua	al R	Lepc	port	Zip	S	WN	MP 1	Plan	_ [0 C	Com	mer	nts

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

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 INC. VILLAGE OF FARMINGDALE	N Y R 2 0 A 3 6 9
4.a. If this report was made available on the internet, what deliberate blank if this report was not posted on the internet.	late was it posted?
4.b. For how many days was/will this report be posted?	
If submitting a report for single MS4, answer 5.a If submi	tting a joint report, answer 5.b
5.a. Was an Annual Report public meeting held in this report If Yes, what was the date of the meeting?	rting period?
If No, is one planned?	○ Yes ○ No
5.b. Was an Annual Report public meeting held for all MS4 this reporting period?	s contributing to this report during ● 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 SWMP in response to comments to this report.	O Yes ● No

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$ 1

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

if submitting this form as part of a joint report on behalf of a	SPDES ID
Name of MS4/Coalition INC. VILLAGE OF FARMINGDALE	N Y R 2 0 A 3 6 9
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.	achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
Providing adequate notice of the availability of the MS4 Annual The Annual Report is made available at Village Hall and a public may comment. The public meeting notice is printed in the offici	c meeting is held at which the public
B. Briefly summarize the observations that indicated the ove Goal.	rall effectiveness of this Measurable
The Village was successful in notifying the Village constituents newspaper and making the Annual Report available for review. minimal interest in the stormwater program by the public, presurunderstand the overall benefits of the program.	However, there appears to be
C. How many times was this observation measured or evalua	ited in this reporting period?
C. How many times was time observation in the contract of the	
D. Has your MS4 made progress toward this measurable goa	(ex.: samples/participants/e al 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 m the next reporting cycle (including an implementation sch	eet the goals of this MCM during
The Village plans to continue to provide its constituents an opporting the Annual Report. The Village will make the Annual Report as	ortunity to review and comment on vailable on their web site.

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

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 INC. VILLAGE OF FARMINGD	N Y R 2 0 A 3 6 9
Minimum Control Measure 3	. Illicit Discharge Detection and Elimination
The information in this section is being reporte	ed (check one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed t 	o this report?
1. Enter the number and approx. percen	nt of outfalls mapped: 22# 100%
2. How many of these outfalls have been reporting period (outfall reconnaissan	screened for dry weather discharges during this nce inventory)?
3.a. What types of generating sites/sewers reporting period?	sheds were targeted for inspection during this
O Auto Recyclers	Landscaping (Irrigation)
O Building Maintenance	O Marinas
O Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
○ Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	○ None
O Sewersheds:	

This report is being submitted for the reporting period ending March 9, 2 0 1 1 1 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 INC. VILLAGE OF FARMINGE	N Y R 2 0 A 3 6 9
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
O Illegal Dumping	O Straight Pipe Sewer Discharges
Other:	● None
4. How many illicit discharges/potentia	al illegal connections have been detected during this
reporting period?	0
C II was the state of the state	en confirmed during this reporting period?
5. How many uncit discharges have been	en confirmed during this reporting period?
6. How many illicit discharges/illegal co	connections have been eliminated during this reporting
period?	0
	oeen completed in this reporting period? Yes O No
7. Has the storm sewershed mapping b If No, approximately what percent was	
	s completed in this reporting period?
If No, approximately what percent was8. Is the above information available in Is this information available on the value	s completed in this reporting period? O Yes No.
 If No, approximately what percent was 8. Is the above information available in Is this information available on the VII Yes, provide URL(s): 	s completed in this reporting period? on GIS? or Yes No veb? O Yes No
 If No, approximately what percent was 8. Is the above information available in Is this information available on the VII Yes, provide URL(s): 	s completed in this reporting period? O Yes No.
8. Is the above information available in Is this information available on the VI If Yes, provide URL(s): Please provide specific address of page	s completed in this reporting period? on GIS? or Yes No veb? O Yes No
8. Is the above information available in Is this information available on the VI If Yes, provide URL(s): Please provide specific address of page	s completed in this reporting period? on GIS? or Yes No veb? O Yes No
8. Is the above information available in Is this information available on the VI If Yes, provide URL(s): Please provide specific address of page	s completed in this reporting period? on GIS? or Yes No veb? O Yes No
8. Is the above information available in Is this information available on the VI If Yes, provide URL(s): Please provide specific address of page	s completed in this reporting period? on GIS? or Yes No veb? O Yes No
8. Is the above information available in Is this information available on the value of the second of	s completed in this reporting period? on GIS? or Yes No veb? O Yes No

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

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

of MS4/Coalition JRL(s) con't.: Please provide specific address of page where map(s) can be accessed - not home page L				Γ.)			N			2	0	Δ	3	6
Please provide specific address of page where map(s) can be accessed - not home page L	e of MS	4/Co	alitio	n_IN	ıC. ¥	/ILL	AGE	OF.	FAR	TIM)	·····	ALE							J			L						ائا	<u> </u>
Please provide specific address of page where map(s) can be accessed - not home page L	тин	(a) aa	14																										
	UKL. Pless	(S) CU e nro	m	: e st	rec ⁱ	ific	ad	dre	229	nf	nas	De 1	whe	ere	ma	nís	s) c	an	be	acc	ess	ed	- n	ot l	hor	ne i	paç	ze	
	r Ivas RL	c pr) V IQI	C SI	,,,,	1116				٠.	P~1	50 '	,,,,,,			P (-, -										. •	,	
			T															Ī											
	<u> </u>		+	<u> </u>					_	 	_		<u> </u>					T	<u> </u>				<u> </u>					Ħ	
	-		+				_		<u> </u>	<u> </u>	<u> </u>	<u>L</u>	<u> </u>	<u> </u>	I		<u> </u>	<u> </u>	<u> </u>		<u> </u>		<u> </u>	L	<u> </u>	<u> </u>	-	\vdash	
												<u></u>		<u> </u>			<u> </u>		<u> </u>				<u> </u>			<u> </u>			
	RL			·····	····			·····															·			r—	т-	1	
													L					<u>.</u>			<u> </u>						<u></u>		
		T																											
		\overline{T}	+			 	Ϊ_	<u> </u>			T	Ϊ-						Ī	Г			T		Ī	T			Ī	
			١. ـ			<u> </u>			<u> </u>		1	١	ļ <u>.</u>	<u> </u>			<u> </u>			1	1	<u> </u>	L		<u> </u>	<u> </u>	<u> </u>	J	
	RL	- T	1			Ι	ľ	Π	<u> </u>	T	1	Τ-	7	Ţ	_	Γ	T	1	Ī	-	1	Π	<u> </u>	Γ	Τ		T	T	
			<u> </u>			_	<u> </u>		Ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	 	<u> </u>	<u> </u>	<u> </u>	<u> </u>				
					L	<u> </u>				<u> </u>		<u> </u>	<u> </u>					_		<u> </u>	<u>L</u>		<u> </u>		<u> </u>	_	<u> </u>	퇶	
			T																										
	IRL			-	L	1		•	<u> </u>	· k ······	, .		- L	.1										-		_			
			Τ								Π										Ĭ								
			1	 					 		H	T	Ϊ	-			T		T	Ť	T	T	Ī	Ì	T	Ī	Г	T	
		-	 	<u> </u>		<u> </u>	<u> </u>	<u> </u>			\vdash	╁			<u> </u>	<u> </u>	上	<u>} </u>	十	T	<u> </u>	<u> </u>	<u> </u>	 	<u> </u>	 	 	╁	<u> </u>
				L	<u> </u>					<u> </u>		<u></u>			L		_	<u> </u>	<u> </u>	L.	<u> </u>	L	<u> </u>	<u></u>		l	<u> </u>	<u></u>	
Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures h	IRL	1	1	Т	1		ı —	1	μ.		Τ-	1	1	Т	ı —	_	T -	_	1	 	Т	Τ.	T	Т	Τ-	T	Τ-	т-	1
Hos on IDDE law been adopted for each traditional MS4 and/or have IDDE procedures h									L		<u> </u>	<u> </u>	<u>L</u>		<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	Ļ	<u> </u>	<u> </u>	_
Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures h																							<u></u>		L		\perp	<u>L</u>	
Use on IDDE law been adopted for each traditional MS4 and/or have IDDE procedures h									Π			Τ	T								T							-	
lies on IDDE law been edented for each traditional MS4 and/or have HHE. Brocedures i				<u> </u>	L	1	·!	i	<u> </u>	ــــــــــــــــــــــــــــــــــــــ		<u></u>				<u> </u>					·	1							- 1-
llas an HHILL law boon adamted ter ogen frommangi iving gname nave Hillin, in mirini					L							L								3/2									
approved for all non-traditional MS4s contributing to this report?	If Ye	s, ha	s ev	ery	tr	adi	itio	nal	M	S4	coi	atri	bu	tin	g to	th	is I	rep	ort	ce	rtif	ied	th	at 1	this	la	w i	S	_
If Yes, has every traditional MS4 contributing to this report certified that this law is	equiv	/alen	t to	th	e N	YS	S M	od	el I	DI	E	La	w?											.	Yes	() N	40	0
																													_
If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?	Wha	t per	cen	t of	sta	aff	in 1	rele	va	nt	pos	itic	ns	an	d d	epa	art	me	nts	ha	s r	ecei	ive	d 1 .	עט	Łŧ	rai _	nin	
If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? What percent of staff in relevant positions and departments has received IDDE training?																											ĺ		1

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

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	INC. VILLAGE OF FARMINGDALE		N Y R 2) A 3 6	6 9
12. Evaluating Pro	gress Toward Measurable Goals M	ICM 3			
identified in your St	ort on your progress and project plan formwater Management Program Pla itional pages as needed.	s toward achieving n (SWMPP), includ	measurable a	goals ents in Pa	art
A. Briefly summar	rize the Measurable Goal identified	l in the SWMPP is	n this reporti	ing perio	d.
To develop a sewer	r shed map for the Village.				
			<u> </u>		
B. Briefly summar Goal.	rize the observations that indicated	the overall effect	iveness of th	is Measu	rable
The sewer shed ma	p has been completed.				
C. How many time	es was this observation measured (or evaluated in thi	s reporting p	eriod?	
			(ann ion (na rt	1 icipants/eve
D. Has your MS4	made progress toward this measur	able goal during			
30. 2.40 J. 41.		•	-	Yes	O No
E. Is your MS4 on	schedule to meet the deadline set	forth in the SWM	PP?	O Yes	● No
E Duioffy symma	rize the stormwater activities plan	ned to meet the oc	als of this M		
the next report	ring cycle (including an implement	ation schedule).			
The Village plans t	to begin dry weather inspections on i	ts stormwater outfa	alls to locate i	llicit	
CIDOLITIE SOO.					
1					

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

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

		SPI	ノヒこ	עני						
Name of MS4/Coalition INC. VILLAGE OF FARMINGDALE	7	N	Y	R	2	0	Α	3	6	9
Name of Wis4/Countion	_									

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

	Construction Site and I ost-Construction Serves		
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 requestion that provides equivalent protection to the NYS SPDES General Per Stormwater Discharges from Construction Activities?	gulatory mit for Yes	O No
1b	.Has each Town, City and/or Village contributing to this report documented that equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney cerfification or using the NYSDE	Erosion	v is and
	Analysis Workbook?	O No	ONT
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La O 09/2004	iw. 03/2006	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) har reviewed in this reporting period?	ve been	0
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of procomments related to construction SWPPPs? • Yes	ublic O No	ONT
	If Yes, how many public comments were received during this reporting period?		0
5.	Does your MS4/Coalition provide education and training for contractors about SWPPP process?	t the loca	al • 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:

9	Notices of Violation	#			0	O No Authority
•	Stop Work Orders	#			0	O No Authority
•	Criminal Actions	#			0	O No Authority
*	Termination of Contracts	#			0	O No Authority
•	Administrative Fines	#			0	O No Authority
*	Civil Penalties	#			0	O No Authority
•	Administrative Orders	#			0	O No Authority
•	Enforcement Actions or Sanctions	#			0	
0	Other	#				O No Authority

This report is being submitted for the reporting period ending March 9, 2 0 1 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition INC. VILLAGE OF FARMINGDALE	N Y R 2 0 A 3 6 9
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 during this reporting period?	disturbances of one acre or more
2. How many construction projects disturbing at least one aduring this reporting period?	cre were active in your jurisdiction
3. What percent of active construction sites were inspected d	luring this reporting period? ONT
4. What percent of active construction sites were inspected n	nore than once? ONT
5. Do all inspectors working on behalf of the MS4s contribu- Construction Stormwater Inspection Manual?	ting to this report use the NYS O Yes • No ONT
Does your MS4/Coalition provide public access to Storms (SWPPPs) of construction projects that are subject to MS	vater Pollution Prevention Plans 4 review and approval? • Yes O No O NT
If your MS4 is Non-Traditional, are SWPPPs of construct public review?	tion projects made available for O Yes O No
If Yes, use the following page to identify location(s) where S	WPPPs can be accessed.

This report is being submitted for the reporting period ending March 9, 2 0 1 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

																						SPL	ES	ID						
Name	of MS4	/Coa	litio	n	NC.	VILI	.AG	E OF	FAI	RMI	NGD	ALE										N	Y	R	2	0	Α	3	6	9
6. c	on't.:																													
S	ubmi	t add	itic	na	l pa	ges	as	ne	ede	d.																				
• MS	4/Coa	lition	1 O	ffic	e																									
	Depar										•				- 1					_	F -	, ,					ı		-	 1
	V I	L	L	Α	G	E		H	A	L	L		-		В	U	I	L	D	I	N	G		ם	E	P	T	<u>-</u>		
	Addre							,			ı							- 1			ļ					-		- 1	· T	\neg
	3 6	1		М	A	I	N		S	Т	R	E	E	T																_
	City	1_1	[_	_ 1									[.,				Zip		-7	٦	_	ĺ		_	 T	
	FA		М	I	N	G	D	A	L	Ε							N	Y			1	1	7	3	5	-		ļ	1	
	Phone (5		6	V	2	4	9	_	0	0	9	3																		
~ * "	\ <u></u>	<u> </u>)		4	7	-		-																				
O Lib	rary Addre	.00																												
	Addre	38							_	Ī			[
	City					<u></u>	<u> </u>		<u> </u>	L	L	L		<u> </u>	l					L	Zip							{{}}		
																			7							_				
	Phone	i :				L			!		L						L		!		L	<u> </u>			·····	' '				
	1)				-																						
	``_			,		L		j	L																					
O Oti	Other Address																													
	Addre	788				<u> </u>								Γ																
	City		l		<u> </u>	L	<u> </u>	l	<u> </u>		<u> </u>		<u> </u>	L		1	<u> </u>	<u> </u>	l	L	Zip		L							
												1		<u> </u>												_				
	Phone	:		L	l	I	l	Ŀ	l	1	<u>. </u>			I		l	_	1			L	L	<u> </u>	.						_
	(T)				_																						
O 11/	-1.70) T /	-3.	 TI	1			: 4.		· · · · ·	i	44-	000	h	9 * 0	C11/	ומס	De d	·an	he ·	acce	30 CP	d.	not	hor	me i	320	.	
O We	_	e ur	CL(s <i>)</i> :	r	ica:	se p	ITOV	100	spt	жн 1	ic a	ш	ÇSS	WII	CIC	D 44	LTI		,aui	UC .	acci	عود.	u -	,,,,,,,	1101	.110 }	Jug	٠.	
	URL	1		Γ.					1	Γ																				\neg
		+	<u> </u>	<u> </u>		<u> </u>		<u> </u>	<u> </u>	 	L	<u> </u>	<u> </u>	<u> </u>							<u> </u>	<u> </u>							_	닉
						<u> </u>		_	<u></u>				<u> </u>																_	4
	URL																						,							
		1																												
	一	+			<u> </u>	Ī	<u>. </u>	 	İ	<u> </u>		Ī	Γ			Γ			<u>.</u>	Г										Ī
		 	<u> </u>		<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	T	_	1	<u> </u>		<u> </u>		<u> </u>	<u> </u>	<u> </u>	Н	<u> </u>						$\overline{}$	닉
								1		1				L	<u> </u>			L	L	<u> </u>	<u>L</u> .		<u> </u>		L			ŀ		

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

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

Name of MS4/Coalition INC. VILLAGE OF FARMINGDALE	N Y R 2 0 A 3 6 9
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	l achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the	SWMPP in this reporting period.
Develop and maintain a program to provide for construction site particular on construction sites that disturb more than one acre of	stormwater runoff control, in f land.
B. Briefly summarize the observations that indicated the ove Goal.	erall effectiveness of this Measurable
One ongoing construction project will disturb greater than 1 acrand is inspected regularly by the Village.	e. It has adequate erosion control
C. How many times was this observation measured or evalua	1
D. Has your MS4 made progress toward this measurable goa	ex.: samples/participants/events, al during this reporting period?
D. Has your 19104 made progress toward this measureste go	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 m the next reporting cycle (including an implementation sch	neet the goals of this MCM during nedule).
To continue to review SWPPPs to ensure conformance with NY Village erosion control regulations to provide adequate protection stormwater outfalls.	SDEC requirements. Enforce on from construction site runoff to

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

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	INC. VILLAGE OF F	ARMINGDALE	· *** *	NY	R 2 0 A 3 6	9
<u>Minimum</u>	Control Mea	sure 5. Post	-Constructio	on Stormwate	r Management	
The information in th	is section is bein	g reported (che	ck one):			
On behalf of an incOn behalf of a coalHow m		ributed to this	report?	1		
1. How many and w MS4/Coalition is	what type of pos nventoried, insp	st-construction ected and mair	stormwater ma ntained in this r	anagement practi eporting period?	ces has your	
		# Inventoried	# Inspections	# Times Maintained		
O Alternative Practic	es					
O Filter Systems						
● Infiltration Basins		1 1	1	1		
Open Channels						
○ Ponds						
O Wetlands						
Other						
2. Do you use an BMPs, inspecti			abase, spreads	sheet) to track p		No
3. What types of : Development/F					Impact	
O Building Codes	O Municipal C	omprehensive F	Plans			
Overlay Districts	O Open Space	Preservation Pr	ogram			
O Zoning	O Local Law o	r Ordinance				
O None	O Land Use R	egulation/Zonin	g			
O Watershed Plans	O Other Comp	rehensive Plan				
Other:						

This report is being submitted for the reporting period ending March 9, 2 0 1 1 1 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 INC.VILLAGE OF FARMINGDALE	N	Y	R	2	0 2	A 3	6	9
4a. Are the MS4s contributing to this report involved in a regional/water	shed v	vide	pla	nni		effor Yes		No
4b. Does the MS4 have a banking and credit system for stormwater mans	igeme	nt p	rac	tice	:s?	. ,	_	3.7
					O.	Yes	•	No
4c. Do the SWMP Plans for each MS4 contributing to this report include and approval of banking and credit of alternative siting of a stormwa	a pro ter m	toco anag	l fo em	r e ent	valu t pre	ation	1 e?	
and abbroam or parismid and organ or annument and an annument		•			Ō.	Yes	9	No
4d. How many stormwater management practices have been implemente reporting period?	d as p	art (of tl	his	syst	em i	o th	is
5. What percent of municipal officials/MS4 staff responsible for progra training on Low Impace Development (LID), Better Site Design (BSD Infrastructure principles in this reporting period?	m imp) and	lem othe	ent er G	atio Free	on ar en	ttend	led	%

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$

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	INC, VILLAGE OF FAR	MINGDALE		1	1 Y R 2	0 A 3	6 9
6. Evaluating Pro	gress Toward Me	asurable Goal	s MCM 5				
Use this page to repidentified in your Sill.C.1. Submit add	tormwater Manage itional pages as nee	ement Program leded.	Plan (SWMF	PP), includ	ing require	ements in l	
A. Briefly summa	rize the Measural	de Goal identii	fied in the S	WMPP in	this repo	rting peri	od.
To develop an adec	luate program to m	ionitor post-cor	struction sto	ormwater n	nanagemen	nt practice	S.
B. Briefly summa Goal.	rize the observation	ons that indica	ted the over	all effecti	veness of	his Meas	urable
Inspection of ongo stormwater control the site being deve	regulations, that re	ojects to assure equire storage a	conformance and disposal	ce to the Vi of all on-si	illage eros te stormw	ion and ater runof	f on
C. How many tim	es was this observ	vation measure	d or evalua	ted in this	reporting	period?	
	_					-	ticipants/events
D. Has your MS4	made progress to	ward this mea	surable goal	i during ti	us reporti	ng pertoc O Yes	
E. Is your MS4 or	schedule to meet	the deadline s	et forth in t	he SWMI	P?	O Yes	● No
F. Briefly summa the next report	rize the stormwat ing cycle (includi				ls of this]		
To continue to more completed projects an erosion and sed disturbance activiti	continue to contro iment control chec	ol stormwater ruklist for the Vil	moff and cor	ntain storm	water on-	site. Deve	lop

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 1 & 1 \end{vmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPI	DES	D						
Name of MS4/Coalition INC. VILLAGE OF FARMINGDALE	N	Y	R	2	0	Α	3	6	9	

Minimum Control Measure 6. Stormwater Management for Municipal Operations

	h behalf of an individual MS4 h behalf of a coalition How many MS4s contributed to this report?
1.	Choose/list each municipal operation/facility that contributes or may potentially contributed of Concern to the MS4 system. For each operation/facility indicate whether the

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

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.

	Ope	Self-Assessment ration/Activity/Facility
		ermed within the past 3 vears?
Operation/Activity/Facility	Addressed in SWMP?	
eet Maintenance	○ Yes ⑤ No	O Yes 🗶 No
1 Maintenanna	O Ves 🐞 No	O Yes No

Street Maintenance	O Yes	No ○ Yes	No
Bridge Maintenance		No ○ Yes	No
Winter Road Maintenance	O Yes	● No ○ Yes	No
Salt Storage	O Yes	● No ○ Yes	No
Solid Waste Management	O Yes	● No ○ Yes	No
New Municipal Construction and Land Disturbance.	O Yes	● No O Yes	No
<u>-</u>	O Yes	No Yes	No
Right of Way Maintenance		● No Yes	No
Marine Operations			No
Hydrologic Habitat Modification	O Ves	No O Yes	No
Parks and Open Space		*	• No
Municipal Building		• No O Yes	
Stormwater System Maintenance		No O Yes	● No
Vehicle and Fleet Maintenance	O Yes	● No ○ Yes	₩ No
Other	O Yes	● No ○ Yes	No

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

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 INC. VILLAGE OF FARMINGDALE	N Y R	2 0 A	3 6	9
2. Provide the following information about municipal operat	ione good houseke	ening ni	rograi	ms:
2. Provide the ionowing information about municipal operation	TORO SOOG HORDENC			
Parking Lots Swept (Number of acres X Number of times swep	t) # Acres	8	8	4
Streets Swept (Number of miles X Number of times swept)	# Mile		2 9	0
© Catch Basins Inspected and Cleaned Where Necessary	į	#	3	9
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	į	#		0
inspected and Cleaned where necessary				
O Phosphorus Applied In Chemical Fertilizer	# Lbs	•	3	5
O Nitrogen Applied In Chemical Fertilizer	# Lbs	• 🔲	2 4	0
O Pesticide/Herbicide Applied	# Acres		4	. 0
(Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	amunei oi			
••	provided to munici	nal emr	olovee	s
3. How many stormwater management trainings have been during this reporting period?	provided to induici	Par Cint		0
marwe ann rahar and haveas.				
4. What was the date of the last training?]/[
5. How many municipal employees have been trained in this	reporting period?			0
6. What percent of municipal employees in relevant position	s and denartments	receive	;	
stormwater management training?	IN MIERO MAÑANT PITEANY		0]%

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$

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 INC. VILLAGE OF FARMINGDALE	N Y R 2 0 A 3 6 9
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.	achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
To train municipal employees in good housekeeping practices th runoff from municipal operations.	at prevent and reduce pollutant
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
No major pollutants from municipal operations were observed on properties.	Village streets and/or Village
C. How many times was this observation measured or evaluation	ted in this reporting period?
	1 2
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/events) I during this reporting period?
20. 11. 10. 10. 10. 10. 10. 10. 10. 10. 1	○ Yes ● No
E. Is your MS4 on schedule to meet the deadline set forth in t	he SWMPP? ○ Yes • No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation scho	eet the goals of this MCM during
To continue to train municipal employees in pollution prevention various facilities.	and good housekeeping at its

This report is being submitted for the reporting period ending March 9, 2 0 1 1 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Additional Water	GE OF FARMINGDALE		SPDES ID N Y R 2 0 A 3 6
	shed Improvemen	t Strategy Best Ma	nagement Practices
he information in this section	is being reported (check	c one):	
On behalf of an individual M On behalf of a coalition	S4		
How many MS4	s contributed to this re	eport? 1	
MS4s must answer the que	stions or check NA a	s indicated in the table	e below.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-		
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12 3,4,5,10,11,12	Phosphorus Phosphorus
Non-Traditional Onondaga Lake Watershed	1,2,77a-d,8a,8b,9	3,4,3,10,11,12	Fitospilorus
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,85,10,11,12	Phosphorus
Oyster Bay	•		The state of the s
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b 2,3,4,5,8a,8b,10,11,12	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,3,62,60,10,11,12	radiogens
Pecenic Estuary Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-		-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
	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	2,3,5,86,10,11,12	Phosphorus
Non-Traditional	-	-	Pathogens
Non-Traditional LI 27 Embayments		5,6,8a,8b	
Non-Traditional	1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens

Estimate what percentage was mapped in this reporting period.

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

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

					SPL	ES ID		
Naı	me of MS4/Coalition	INC. VILLAGE OIF FAI	RMINGDALE		N	Y R 2	0 A 3	6 9
3.		/Coalition have a ce Plan Program		onveyance Sy	ystem (infr	astructu O Yes	re) Insp O No	ection N/A
4.		ercentage of on-si d or rehabilitated				iave beer	inspect	ted %
5.	NYSDEC SPD (GP-0-08-001)	Coalition develop ES General Perm to reduce polluta ousand square fee	it for Stormwat nts in stormwat	er Discharge	es from Co	nstructio	n Activi	ities
б.	runoff from ne equal to one ac Permit for Stor	Coalition develop w development as re that provides o mwater Discharg State Stormwater	nd redevelopme equivalent prote ges from Constr	ent projects t ection to the l ruction Activ	hat disturl NYS DEC ities (GP-0	greater SPDES (-08-001),	than or General , includi	
7a	•	//Coalition have a rogen/pathogen		ogram to red	luce erosio	n or O Yes	O No	ᢀ N/A
7b	.How many pro	jects have been si	ited in this repo	rting period	?			
		of the projects inc					ing peri	od?
7d	.What percent (of projects planne	ed in previous y	ears have be	en complet		Desirate	<u> </u> %
8a	.Has your MS4/ procedures pol lands?	Coalition develop	oed and implem s proper fertiliz	ented a turf er applicatio	manageme on on muni	nt practi	wned	• N/A
8b		Coalition develor icy that addresse vned lands?						• N/A

This report is being submitted for the reporting period ending March 9, 2 0 1 1 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID N Y R 2	0 A 3	3 6 9
9. Has your MS4/Coalition developed and implemented a program of 1	native plans ○ Yes	ting?	O N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste of prohibiting goose feeding?	n municipa • Yes	l prope O No	rties and O N/A
11. Does your MS4/Coalition have a pet waste bag program?	○ Yes	● No	O N/A
12. Does your MS4/Coalition have a program to manage goose populations?	O Yes	● No	O N/A