

MS4 Annual Report Cover PageMCC form for period ending March 9,

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

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Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

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OR

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

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

Name of Single Entity

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OR

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

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

Name of Coalition

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MS4 Annual Report Cover PageMCC form for period ending March 9,

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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, 2012

Name of MS4

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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

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- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

INC. VILLAGE OF BAYVILLE

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- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name

M I C H A E L

MI

W

Last Name

K E F F E R , P . E .

Title

C O N S U L T A N T - H 2 M

Address

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City

M E L V I L L E

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County

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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

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Name of MS4

INC. VILLAGE OF BAYVILLE

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Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? Yes No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

O	Y	S	T	E	R		B	A	Y	/	C	O	L	D		S	P	R	I	N	G		H	A	R	B	O	R				
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Partner/Coalition Name (con't.)

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Phone

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Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No

What tasks/responsibilities are shared with this partner (e.g. MMI School Programs or Multiple Tasks)?

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Additional tasks/responsibilities

- *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

Education on pathogens.

MS4 Municipal Compliance Certification(MCC) Form

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Name of MS4

INC. VILLAGE OF BAYVILLE

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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

D O U G L A S

MI

G

Last Name

W A T S O N

Title (Clearly print title of individual signing report)

M A Y O R , V I L L A G E O F B A Y V I L L E

Signature

Date

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

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

INC. VILLAGE OF BAYVILLE

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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?

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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.

Yes No

If Yes, choose one of the following

- Report(s) attached to the annual report
- 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

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URL

MS4 Annual Report Form

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

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| <input type="radio"/> Construction Site Operators Trained | # Trained | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Direct Mailings | # Mailings | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>4</td></tr></table> | | | | | 4 |
| | | | | 4 | | | |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>3</td></tr></table> | | | | | 3 |
| | | | | 3 | | | |
| <input type="radio"/> List-Serves | # In List | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Mailing List | # In List | <table border="1" style="display: inline-table;"><tr><td> </td><td>2</td><td>5</td><td>9</td><td>5</td></tr></table> | | 2 | 5 | 9 | 5 |
| | 2 | 5 | 9 | 5 | | | |
| <input checked="" type="radio"/> Newspaper Ads or Articles | # Days Run | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>3</td></tr></table> | | | | | 3 |
| | | | | 3 | | | |
| <input checked="" type="radio"/> Public Events/Presentations | # Attendees | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>3</td><td>0</td><td>0</td></tr></table> | | | 3 | 0 | 0 |
| | | 3 | 0 | 0 | | | |
| <input type="radio"/> School Program | # Attendees | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> TV Spot/Program | # Days Run | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
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| <input checked="" type="radio"/> Printed Materials: | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>3</td><td>6</td></tr></table> | | | | 3 | 6 |
| | | | 3 | 6 | | | |

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

V	I	L	L	A	G	E		H	A	L	L	,		K	I	O	S	K	S
V	I	L	L	A	G	E		B	U	L	L	E	T	I	N		B	O	A
R	D	S	,		H	A	R	B	O	R		C	L	E	A	N		U	P
B	E	A	C	H		C	L	E	A	N		U	P						

Other:

W	E	B	S	I	T	E		F	A	C	E	B	O	O	K				
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Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

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r	e	c	o	r	d	-	m	a	r	c	h		2	0	1	1	.	p	d	f										

URL

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T	H	E	R	E		S	H	O	U	L	D		B	E		U	N	D	E	R	S	C	O	R	E	S	I	N		T	H
E		A	B	O	V	E		W	H	E	R	E		S	P	A	C	E	D	.											

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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 BAYVILLE

SPDES ID
N Y R 2 0 A 3 0 4

3. Web Page cont.: Provide specific web addresses - not home page.

URL

www.bayvillleny.gov/pdf/bayville
record-june 2011.pdf

URL

www.bayvillleny.gov/pdf/bayville
record-september 2011.pdf

URL

www.bayvillleny.gov/pdf/bayville
record-december 2011.pdf

URL

oysterbaycoldspringharbor.org/re
sources

URL

URL

URL

NOTE :
THERE SHOULD BE UNDERSCORES IN T
THE ABOVE WHERE SPACED .

MS4 Annual Report Form

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

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

Name of MS4/Coalition

INC. VILLAGE OF BAYVILLE

SPDES ID

N	Y	R	2	0	A	3	0	4
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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The Village goal is to increase the amount and content of educational material provided to interested parties including Village residents, businesses and the general public.

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

A stormwater related education section was added to the Village's quarterly newsletter. Education materials were distributed through kiosks/displays and a newsletter hyperlink which was created on the Village website. The Village provided additional education at an advertised stormwater education event held at Village Hall in connection with a Board of Trustees meeting on February 13, 2012 attended by 25 people.

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

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Village intends to add more useful stormwater information to its website and utilize public information made available by the Oyster Bay Cold Spring Harbor Protection Committee and Nassau County Stormwater Coalition. The Village Council for Environmental Quality will work with local schools to educate students. The Village will conduct an annual education event at a Board of Trustees meeting.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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Name of MS4/Coalition: INC. VILLAGE OF BAYVILLE

SPDES ID
N Y R 2 0 A 3 0 4

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

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:

- Cleanup Events # Events 2
- Comments on SWMP Received # Comments 0
- Community Hotlines
 - Phone # (5 1 6) 6 2 8 - 1 4 3 9
 - Phone # () -
 - Phone # () -
 - Phone # () -
 - Phone # () -
 - Phone # () -
- Community Meetings # Attendees 2 3 2
- Plantings Sq. Ft.
- Storm Drain Markings # Drains
- Stakeholder Meetings # Attendees
- Volunteer Monitoring # Events
- Other: B o a r d o f T r u s t e e s M e e t i n g 2 2

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?

Yes No

- List-Serve # In List
- Newspaper Advertising # Days Run 1 4
- TV/Radio Notices # Days Run
- Other: F a c e b o o k

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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 BAYVILLE

SPDES ID
N Y R 2 0 A 3 0 4

2. URL(s) con't.:

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

URL
h t t p : b a y v i l l e n y . g o v / p d f / m s 4 - 0 5 . 1
1 - 1 1 - s c a n n e d . d r a f t . p d f

URL
o y s t e r b a y c o l d s p r i n g h a r b o r . o r g / e v
e n t s

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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 BAYVILLE

SPDES ID
NYR 20A 304

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

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

MS4/Coalition Office Annual Report SWMP Plan Comments

Department
VILLAGE HALL
Address
34 SCHOOL STREET
City
BAYVILLE NY Zip
11709 -
Phone
(516) 628 - 1439

Library Annual Report SWMP Plan Comments

Address
34 School St. #B
City
Bayville NY Zip
11709 -
Phone
(516) 628 - 2765

Other Annual Report SWMP Plan Comments

Address
City
Zip
Phone
() -

Web Page URL: Annual Report SWMP Plan Comments

www.bayvillemnyny.gov/pdf/ms4-05-11-12-scanned-draft.pdf

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

eMail Comments

malfanohardy@bayvillemnyny.gov

MS4 Annual Report Form

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

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

Name of MS4/Coalition

INC. VILLAGE OF BAYVILLE

SPDES ID

N	Y	R	2	0	A	3	0	4
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4.a. If this report was made available on the internet, what date was it posted?

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

0	5	/	1	1	/	2	0	1	2
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4.b. For how many days was/will this report be posted?

3	6	5
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?
 Yes No

If Yes, what was the date of the meeting?

0	5	/	1	4	/	2	0	1	2
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If No, is one planned?

 Yes No
5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?
 Yes No

If No, is one planned for each?

 Yes No
6. Were comments received during this reporting period?
 Yes No

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

INC. VILLAGE OF BAYVILLE

SPDES ID

N	Y	R	2	0	A	3	0	4
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7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

To reach out to Village residents and to educate them on stormwater pollution and the impacts to surrounding water bodies.

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

The Village has received support from residents for stormwater quality improvement projects undertaken by the Village. The annual report was posted on the Village website and discussed at a Village Board of Trustees meeting.

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

			1
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

To better inform residents of the impacts of stormwater pollution by providing the links on Village web site & publishing stormwater articles in Village newsletter. Village desires to develop a public program which engages public participation in reducing stormwater pollution. Activities of the OB/CSHP Committee will be reported at the Board of Trustees monthly meetings, as appropriate. Village to develop press releases promoting public involvement in the review of the Annual Report.

MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	3	0	4
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Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped: # %

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

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

- | | |
|-------------------------------------------------------|-----------------------------------------------------|
| <input type="radio"/> Auto Recyclers | <input type="radio"/> Landscaping (Irrigation) |
| <input type="radio"/> Building Maintenance | <input type="radio"/> Marinas |
| <input type="radio"/> Churches | <input type="radio"/> Metal Plateing Operations |
| <input type="radio"/> Commercial Carwashes | <input type="radio"/> Outdoor Fluid Storage |
| <input type="radio"/> Commercial Laundry/Dry Cleaners | <input type="radio"/> Parking Lot Maintenance |
| <input type="radio"/> Construction Vehicle Washouts | <input type="radio"/> Printing |
| <input type="radio"/> Cross-Connections | <input type="radio"/> Residential Carwashing |
| <input type="radio"/> Distribution Centers | <input type="radio"/> Restaurants |
| <input type="radio"/> Food Processing Facilities | <input type="radio"/> Schools and Universities |
| <input type="radio"/> Garbage Truck Washouts | <input checked="" type="radio"/> Septic Maintenance |
| <input type="radio"/> Hospitals | <input type="radio"/> Swimming Pools |
| <input type="radio"/> Improper RV Waste Disposal | <input type="radio"/> Vehicle Fueling |
| <input type="radio"/> Industrial Process Water | <input type="radio"/> Vehicle Maint./Repair Shops |
| <input type="radio"/> Other: | <input type="radio"/> None |

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Sewersheds:

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

INC. VILLAGE OF BAYVILLE																													
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SPDES ID

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8. URL(s) con't.:

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

URL

URL

URL

URL

URL

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

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

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

1	0	0
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 %

