



**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 

2	0	1	2
---	---	---	---

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

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--



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

MCC form for period ending March 9, 2012

Name of MS4

SPDES ID  
N Y R 2 0 A 3 0 4

**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

SPDES ID  

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

**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, 2012

Name of MS4 INC. VILLAGE OF BAYVILLE

SPDES ID

N Y R 2 0 A 3 0 4

**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

M I C H A E L W K E F F E R , P . E .

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

Address  
5 7 5 B R O A D H O L L O W R O A D

City State Zip

M E L V I L L E N Y 1 1 7 4 7 -

eMail  
m k e f f e r @ h 2 m . c o m

Phone County

( 6 3 1 ) 7 5 6 - 8 0 0 0 S U F F O L K

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

MCC form for period ending March 9, 

2	0	1	2
---	---	---	---

Name of MS4 

INC. VILLAGE OF BAYVILLE
--------------------------

SPDES ID

N	Y	R	2	0	A	3	0	4
---	---	---	---	---	---	---	---	---

**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				
---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--

Partner/Coalition Name (con't.)

P	R	O	T	E	C	T	I	O	N		C	O	M	M	I	T	T	E	E				
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	--	--	--

SPDES Partner ID - If applicable

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

Address

1	1	1		S	O	U	T	H		S	T	R	E	E	T		2		T	O	W	N	S	E	N	D		S	Q	U	A	R
---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	--	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---

City

O	Y	S	T	E	R		B	A	Y																								
---	---	---	---	---	---	--	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	1	7	7	1	-				
---	---	---	---	---	---	--	--	--	--

eMail

R	O	B	@	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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Phone

( 

6	3	1
---	---	---

 ) 

8	4	8
---	---	---

 - 

2	0	9	0
---	---	---	---

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)?

- MM1 

M	U	L	T	I	P	L	E		T	A	S	K	S																				
---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM2 

D	E	V	E	L	O	P	I	N	G		O	U	T	R	E	A	C	H		M	A	T	E	R	I	A	L	S					
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	--	--	--	--
- MM3 

C	E	S	S	P	O	O	L		G	R	A	N	T																				
---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM4 

S	T	O	R	M	W	A	T	E	R		W	E	B	I	N	A	R	S															
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM5 

S	E	D	I	M	E	N	T		&		E	R	O	S	I	O	N		T	R	A	I	N	I	N	G						
---	---	---	---	---	---	---	---	--	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--
- MM6 

G	R	E	E	N		I	N	F	R	A	S	T	R	U	C	T	U	R	E		C	O	N	F	.								
---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--

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 Annual Report Form

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

2	0	1	2
---	---	---	---

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

- |  |                     |  |   |   |   |   |   |
|--|---------------------|--|---|---|---|---|---|
| <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> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <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				
---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--

Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

w	w	w	.	b	a	y	v	i	l	l	e	n	y	.	g	o	v	/	p	d	f	/	b	a	y	v	i	l	l	e
r	e	c	o	r	d	-	m	a	r	c	h		2	0	1	1	.	p	d	f										

URL

N	O	T	E	:																											
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, 

2	0	1	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**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
--	--	--	---

(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

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, 

2	0	1	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**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
---	---	---	---	---	---	---	---	---	---

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

3	6	5
---	---	---

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
---	---	---	---	---	---	---	---	---	---

If No, is one planned?

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

If No, is one planned for each?

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

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

**MS4 Annual Report Form**

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

2	0	1	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**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
--	--	--	---

*(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.







