MS4 Annual Report Cover Page

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

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

SPI	DES	ID						
Ν	Y	R	2	0	А	2	9	6

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

R O C K L A N D C O U N T Y S O L I D W A S T E

OR

O This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

L	-		 				 							 	

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

SPDES ID

Ν	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID				 	
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		

SPL	DES	ID			_		
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPL	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPL	DES	ID				 	
Ν	Y	R	2	0	А		
SPL	DES	ID					_
Ν	Y	R	2	0	А		

SPI	DES	ID			_	_	_	
Ν	Y	R	2	0	A			
SPL	DES	ID						
Ν	Y	R	2	0	А			
SPL	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID						
Ν	Y	R	2	0	А			

MS4 Annual Report Cover Page

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

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

							1
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					· · · · · · · · · · · · · · · · · · ·
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					·
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					· · · · · · · · · · · · · · · · · · ·
Ν	Y	R	2	0	А		
SPI	DES	ID			I	I	↓]
Ν	Y	R	2	0	А		
L	I				L		

						-	
SPI	DES	ID				 	
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	PES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	ÞES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	PES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	ÞES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
L	-					 	

N Y R 2 0 A	SPE	DES	ID					
N Y R 2 0 A				2	0	А		
SPDES ID N Y R 2 0 A I SPDES ID ID ID ID ID SPDES ID ID A I ID SPDES ID ID A ID ID N Y R 2 0 A ID SPDES ID ID ID ID ID N Y R 2 0 A ID SPDES ID ID ID ID ID ID N Y R 2 0 A ID ID SPDES ID	SPE	DES	ID				 	
N Y R 2 0 A	Ν	Y	R	2	0	А		
SPDES ID N Y R 2 0 A	SPE	DES	ID					
N Y R 2 0 A	Ν	Y	R	2	0	А		
SPDES ID N Y R 2 0 A Image: Sector in the	SPE	DES	ID					
N Y R 2 0 A	Ν	Y	R	2	0	A		
SPDES ID N Y R 2 0 A I SPDES ID ID SPDES ID ID ID N Y R 2 0 A ID SPDES ID ID ID ID ID ID N Y R 2 0 A ID SPDES ID ID ID ID ID ID N Y R 2 0 A ID SPDES ID ID ID ID ID ID N Y R 2 0 A ID SPDES ID ID ID ID ID ID N Y R 2 0 A ID SPDES ID ID ID ID ID ID ID N Y R 2 0 A ID ID N Y R 2 0 A ID ID N Y </td <td>SPE</td> <td>DES</td> <td>ID</td> <td></td> <td></td> <td></td> <td></td> <td></td>	SPE	DES	ID					
$\begin{array}{ c c c c c c c c } \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline SPDES & ID & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline SPDES & ID & \\ \hline N & Y & R & 2 & 0 & A & \\ \hline \end{array}$	Ν	Y	R	2	0	Α		
SPDES ID N Y R 2 0 A Image: Sport of the symbol is a s	SPE	DES	ID				 	
N Y R 2 0 A	Ν	Y	R	2	0	Α		
SPDES ID N Y R 2 0 A Image: Sport of the system of the s	SPE	DES	ID			1	 	
N Y R 2 0 A	Ν	Y	R	2	0	Α		
SPDES ID N Y R 2 0 A Image: SPDES ID N Y R 2 0 A Image: SPDES ID N Y R 2 0 A Image: SPDES ID N Y R 2 0 A Image: SPDES ID N Y R 2 0 A Image: SPDES ID N Y R 2 0 A Image: SPDES ID N Y R 2 0 A Image: SPDES ID N Y R 2 0 A Image: SPDES ID N Y R 2 0 A Image: SPDES ID N Y R 2 0 A Image: SPDES ID N Y R 2 0 A Image: SPDES ID N Y R 2 0 A Image: SPDES ID N Y R 2 0 A Image: SPDES ID	SPE	DES	ID					
N Y R 2 0 A	Ν	Y	R	2	0	Α		
SPDES ID N Y R 2 0 A	SPE	DES	ID					
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	Ν	Y	R	2	0	Α		
SPDES ID N Y R 2 0 A	SPE	DES	ID					
N Y R 2 0 A	Ν	Y	R	2	0	Α		
SPDES ID N Y R 2 0 A	SPE	DES	ID				 	
N Y R 2 0 A Image: Second state sta	Ν	Y	R	2	0	Α		
SPDES ID N Y R 2 0 A	SPE	DES	ID					
N Y R 2 0 A	Ν	Y	R	2	0	Α		
SPDES ID N Y R 2 0 A SPDES ID	SPE	DES	ID				1	
N Y R 2 0 A	Ν	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	SPE	DES	ID					
N Y R 2 0 A	Ν	Y	R	2	0	А		
SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID SPDES ID	SPE	DES	ID					
N Y R 2 0 A SPDES ID	Ν	Y	R	2	0	А		
SPDES ID SPDES ID SPDES ID	SPE	DES	ID					
N Y R 2 0 A SPDES ID	Ν	Y	R	2	0	А		
SPDES ID	SPE	DES	ID				 	
	Ν	Y	R	2	0	А		
NYR20A	SPE	DES	ID				 	
	Ν	Y	R	2	0	Α		

	MS4 Municipal Compliance Certification	on(M	CC	') F	For	m					
	MCC form for period ending March 9,	2 0	2	1							
			SPI	DES	ID						
Name of MS4	Rockland County Solid Waste Management Authority		Ν	Y	R	2	0	A	2	9	6

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- \bigcirc A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

MS4 Municipal Compliance Certification(MCC) Form

2 1 SPDES ID

NYR

2

0 A

2 9 6

MCC form for period ending March 9, 2 0 2

Name of MS4 Rockland County Solid Waste Management Authority

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:

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

Firs	st Na	ame	-	-	-	-								-		MI	_	Las	t Na	me	-	_	_		-			-		
G	Е	R	А	R	D											М		D	А	Μ	I	А	Ν	I	,	J	R			
Titl	e																													
Ε	Χ	Е	С	U	Т	Ι	V	Ε		D	I	R	Е	С	Т	0	R													
Add	dres	s F	<u>0.9</u>	Box	12	17																							 	
1	7	2		М	А	I	Ν		S	Т	R	Ε	Ε	Т																
City	y																			St	tate		Zip					_		
Ν	A	Ν	U	Е	Т															ľ	1 7	Y	1	0	9	5	4	-		
eMa	ail																											_		
G	D	А	Μ	I	А	Ν	I	@	R	0	С	K	L	А	Ν	D	G	R	Е	Е	Ν	•	С	0	М					
Pho	ne																	Cou	inty											
(8	4	5)	7	5	3	-	2	2	0	0	e	ext.	61	0		R	0	С	K	L	A	Ν	D					

MS4 Municipal Compliance Certification(MCC) Form

2 1 SPDES ID

NYR

2

0 A

2 9 6

MCC form for period ending March 9, 2 0 2

Name of MS4 Rockland County Solid Waste Management Authority

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

Fire	st Na	ame	;													MI		Las	t Na	ame													
A	Ν	D	R	E	W											Μ		М	I	L	L	S	Ρ	A	U	G	н	,		Ρ	Е		
Titl	e		_	_			_			_						_																	
V	I	С	Е		Ρ	R	Е	S	Ι	D	Е	Ν	Т																				
Ad	dres	s S	te	rl	ing	g 1	Env	vir	or	ime	ent	al	Ε	ng	in	ee	riı	ng,	Ē	2.0	r 												_
2	4		W	A	D	Е		R	0	A	D																						
Cit	y																			S	tate		Zip)				_					
L	A	Т	H	A	М															1	N I	Y	1	2	1	1	0	-					
eM	ail																																
A	n	d	r	e	w	•	М	i	1	1	s	р	a	u	g	h	@	ន	t	е	r	1	i	n	g	е	n	v	i	r	0	n	mental.com
Pho	one			_				_										Cot	inty														_
(5	1	8)	4	5	6	_	4	9	0	0						А	L	В	A	Ν	Y										

MS4 Municipal Compliance Certification (MCC) Form

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

SPDES ID

Y R 2

Ν

6

0 A

2 9

Name of MS4 Rockland County Solid Waste Management Authority

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/C	oalit	ionl	Varr	e		1	1			1	1		-			-	1	_				1								
Partner/C	oalit	ionl	Nan	ne (c	con't	t.)		-					_		_			_		-	7	SP	DES	S Pa	rtne	er ID) - If	app	olica	ble
																						Ν	Y	R	2	0				
Address																														
City	-	1							-				-	-	-			S	tate		Zip)		-	-!	-		4		
																										_				
eMail		-			1	1	-		-		-	-	-		-	-	-				L	-	-	-	-		L	- <u>I</u>		
Phone	-								<u> </u>															-		-		L		
(1]_													ly B GP-0								dan Ye		\cap	No
		_ /								_							•••		51 0	, 00	00		*1 * 1	1.0	•••		, I.	00	0	110
What ta	sks/	resj	oon	sib	iliti	ies	are	sh	are	d w	vith	thi	s p	artı	ner	(e.g	g. N	ΛM	1 S	cho	ool	Pro	ogra	ams	s or	M	ıltij	ple	Tas	sks)'
• • • • • •																														
O MM1																														
O MM2																														
			 				 		 				-										-	 		 		↓ ┬──		
O MM3																														
O MM4																														
O MM5																														
\sim NO $\ell\ell$																														
O MM6																														
Additio	nal 1	task	s/r	esp	ons	sibi	liti	es																						

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

MS4 Municipal Compliance Certificati	on(MCC	C)	For	<u>'m</u>					
MCC form for period ending March 9	, 2	0 2	1							
		SPI	DES	ID						
Name of MS4 Rockland County Solid Waste Management Authority		N	Y	R	2	0	A	2	9	6

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		Las	t Na	me									
G e r	a	r	d											Μ		D	a	m	i	a	n	i	,	J	r		
Title (Cle	early	pri	nt ti	tle o	of in	divi	idua	l <u>sig</u>	nin	g re	port	t)															
E x e	C	u	t	i	v	е		D	i	r	е	С	t	0	r												
Signature																					Dat	e	/]/		

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

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

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

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

Name of MS4/Coalition Rockland County Solid Waste Management Authority

SPL)ES	ID							
Ν	Y	R	2	0	A	2	9	6	

Water Quality Trends

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

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

How many MS4s are contributed to this report?

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. ○ Yes

If Yes, choose one of the following

- \bigcirc Report(s) attached to the annual report
- \bigcirc 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.

_														

No

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

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

SPDES ID

0 A

2 9 6

N Y R 2

Name of MS4/Coalition Rockland County Solid Waste Management Authority

Minimum Control Measure 1. Public Education and Outreach

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

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

Other

How many MS4s contributed to this report?

1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

\odot Construction Sites										Pesti	cide	e ar	nd Fe	rtili	zer A	ppl	icat	ion	
• General Stormwater	Managemer	nt Info	ormatic	m					\bigcirc	Pet V	Vas	te I	Mana	gen	nent				
• Household Hazardou	us Waste Dis	sposa	1							Recy	clin	ıg							
○ Illicit Discharge Det	tection and H	Elimir	nation							Ripa	rian	C	orrido	or P	rotec	tion	/Re	stora	tion
• Infrastructure Maint	tenance									Tras	h M	ana	ageme	ent					
\bigcirc Smart Growth										Vehi	cle	Wa	ashing	3					
© Storm Drain Markin	ıg									Wate	er C	ons	servat	tion					
○ Green Infrastructure	Better Site	Desig	gn/Low	Imp	pact D	eve	lopme	nt	0	Wetl	and	Pr	otecti	ion					
• Other:									0	None									
COMPOST	, 0 R 0	3 A	N I	С	G	A	R D	Ε	Ν	I	1 0	ť	, R	A	II	1	BA	RRF	LS
Other 2. Specific audience	es targeted	dur	ing th	is ro	eporti	ng	perio	d:											
Public Employees	\bigcirc Contract	ors																	
• Residential	○ Develope	ers																	
 Businesses 	• General 1	Publi	с																
\bigcirc Restaurants	○ Industrie	S																	
• Other:	○ Agricultu	ıral																	
SCHOOL	DIST	ΓR	IC	Т	s,		FA	R	М	ΕI	2 2	3	М	A	R I	C E	Г	S	

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

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

SPDES ID

NYR

2

0 A

2

9 6

Name of MS4/Coalition Rockland County Solid Waste Management Authority

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply: # Business Outreach Visits 797 Visits

			-											-							#	Dus	mes	5 U	uut	caun	1 V 13	5115 -	. 19	/ 1	15115	
○ C	onst	tru	ction	Sit	e C)pera	tors	s Tr	ain	ed													ł	# Tr	ain	ed					0	
• D	irec	t N	Aaili	ngs																			#	Ma	ilin	gs	1	1	0	0	0	0
• K	iosk	KS (or O	ther	Di	splay	/S																#]	Loc	atio	ns			1	3	0	
• L	ist-S	Ser	ves																					# I	n L	ist		2	8	5	6	
• M	laili	ng	List																					# I	n L	ist	1	0	6	1	4	1
ΟN	ews	spa	per A	Ads	or	Artio	eles																#]	Day	s R	un					0	
• Pi	ubli	c]	Even	ts/P	rese	entat	ions	5		С	ovi	d p	rev	ent	ed	pub	lic	eve	ents	5,			#1	Atte	nde	ees				2	9	
• S	choo	ol	Prog	ram						vi	rtua	ιſε	ever	its '	we	re p	erf	orm	ned	•			#1	Atte	nde	ees			2	5	2	
• T	V S	po	t/Pro	gra	m/F	Radi	0																#]	Day	s R	un				9	3	
• Pi			Mate																		Тс	otal	# D	istri	but	ed	1	3	9	8	5	
						aries,	f	n off £	ices.		Í										Fe	ollov	wer	5								
	Μ		a i	n		0		T		С	е		_		_						-				Ou	trea	.ch -	15,	363	use	rs	
																						Ins	stag	ram	- 6	25 p	profi	ile v	iew	s		
				1	t						-							-		=				er -	158	twe	eets/	year	•			
																					W	ebs		-								
																										27,6						
• 0	ther							I																	-	819 82,1						
	S		o c	i	a	1		М	е	d	i	a										1 45	30 V	10 W	- 6	02,1	1.57					
				-		-			0	<u>.</u>	-	0.																				
• W	/eb	Pa	ge:			ide s	peci	ific	wel	b ad	ldre	sse	es - 1	not	ho	me p	bage	e. C	Con	tinu	ie o	n ne	ext	pag	je it	fad	diti	onal	l sp	ace	is	
T	RL			ne	eede	ed.																										
Ē		w	w	. r		b C	k	1	a	n	d	g	r	e	e	n		С	0	m	/	р	a	g	e	/						
	_			+	+		-				u l				-	11	•				/	Р	a	Э		/	\vdash	\square				
Ļ	e	d	u c	C a	ı t	: i	0	n	-	7	•	h	t	m	1												Ļ					

URL

W	w	W	•	r	0	С	k	1	a	n	d	g	r	е	е	n	•	С	0	m	/	р	a	g	е	/				
С	0	-	С	0	m	р	0	S	t	i	n	g	-	f	a	С	i	1	i	t	У	-	2	3	•	h	t	m	1	

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

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

Name of MS4/Coalition Rockland County Solid Waste Management Authority

SPI	DES	ID						
Ν	Y	R	2	0	А	2	9	6

3. Web Page con't.: Provide specific web addresses - not home page.

URI		2	<u> </u>	011						р••			•••	<i>a</i> uac		505						•••									
W	w	w		r	0	С	k	1	a	n	d	g	r	е	е	n		С	0	m	/	р	a	g	е	/					
С	0	n	С	r	e	t	e	_	С	r	u	s	h	i	n	g	-	f	a	С	i	1	i	t	У	_	2	6	•	h	t
m	1																														
UR																<u> </u>															
W		w	•	r	0	С	k	1	a	n	d	g	r	е	е	n	•	С	0	m	/	р	a	g	е	/					
С	0	n	f	е	r	е	n	С	е	_	С	е	n	t	е	r	-	a	n	d	_	g	r	е	е	n	_	h	0	u	S
е	-	2	7		h	t	m	1																							
UR			<u> </u>													<u> </u>															
W		w	•	r	0	С	k	1	а	n	d	g	r	е	е	n	•	С	0	m	/	р	a	g	е	/					
f	r	e	n	С	h	-	f	a	r	m	s	-	9	3	•	h	t	m	1												
UR			Į	Į		Į		I		Į		I				Į														I	
W		w	•	r	0	С	k	1	a	n	d	g	r	е	е	n	•	С	0	m	/	р	a	g	е	/					
h	0	u	s	е	h	0	1	d	-	h	a	z	a	r	d	0	u	ß	-	w	a	ន	t	е	-	2	4	•	h	t	m
1																															
UR																															
W	w	w	•	r	0	С	k	1	a	n	d	g	r	е	е	n	•	С	0	m	/	р	a	g	е	/					
m	a	t	е	r	i	a	1	S	_	r	е	С	0	v	е	r	У	_	f	a	С	i	1	i	t	У	_	m	r	f	-
2	2	•	h	t	m	1																									
UR																															
W	w	w	•	r	0	С	k	1	a	n	d	g	r	е	е	n	•	С	0	m	/	р	a	g	е	/					
У	a	r	d	-	w	a	S	t	е	-	f	а	С	i	1	i	t	У	-	2	5	•	h	t	m	1					
UR																															

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

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

Rockland County Solid Waste Management Authority Name of MS4/Coalition

SPL	DES	ID						
Ν	Y	R	2	0	А	2	9	6

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 RCSWMA, A Non-Traditional MS4, Public Education and Outreach Program, will be tailored to describe topics related to the impacts of stormwater discharges on local water bodies, pollutants of concern and their sources, and the steps that can be taken to reduce pollutants in stormwater runoff and non-stormwater discharges.

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

RCSWMA, a Non-Traditional MS4, has evaluated school programs hosted by RCSWMA as an indicator for measuring the overall effectiveness of the Public Education & Outreach Program. Programs included school recycling program visits, Keep Rockland Beautiful - Great American Cleanup, Storm Drain Marker Program, Local Farmer's Markets, Rockland Service Corps, Rockland Classes and Local Summer Camps. RCSWMA utilizes a mobile application, website and a twitter account for residents for information regarding local events, presentations and pertinent recycling information.

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

Covid prevented public events, virtual events were performed. (ex.: sample /participants/

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

Yes O No

 \bigcirc No

• Yes

ents

2 8 1

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

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

The RCSWMA plans to continue to evaluate the Public Education and Outreach programs hosted by the RCSWMA as an indicator for measuring the overall effectiveness of the program in the next reporting period. The RCSWMA plans to continue hosting education and outreach programs throughout the next reporting period. In addition, RCSWMA will continue using their mobile app, website and twitter account to provide residents with local events, presentations and pertinent recycling information. RCSWMA plans to continue marking and maintenance activities associated with storm drains.

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

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

Name of MS4/Coalition Rockland County Solid Waste Management Authority

Minimum Control Measure 2. Public Involvement/Participation

SPDES ID

YR

2

0 A

2 9 6

Ν

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

- On behalf of an individual MS4
- \bigcirc 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:

• Cleanup Events	# Events		1
\bigcirc Comments on SWMP Received	# Comments		
○ Community Hotlines	Phone # ()	-	
Phone # ()	Phone # ()	-	
Phone # ()	Phone # ()	-	
Phone # ()	Phone # ()	-	
Phone # ()	Phone # ()	-	
Phone # ()	Phone # ()	-	
○ Community Meetings	# Attendees		
○ Plantings	Sq. Ft.		
○ Storm Drain Markings	#Drains		
\bigcirc Stakeholder Meetings	# Attendees		
○ Volunteer Monitoring	# Events		
$\bullet \text{ Other: } H \circ U \circ E H \circ L \circ H A Z W$	A S T E F A C I L I	т ү	

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

Program (SWMP) Plan provided?	• Yes	○ No
○ List-Serve # In Lis	t	
○ Newspaper Advertising # Days Run	1	
○ TV/Radio Notices # Days Run	1	
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 2 1

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

Name of MS4/Coalition Rockland County Solid Waste Management Authority



2. URL(s) con't.:

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

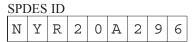
URL

URI																													 	
W	W	w	•	r	0	С	k	1	a	n	d	g	r	е	е	n	•	С	0	m	/	р	a	g	е	/				
a	g	е	n	d	a	S	-	5	9		h	t	m	1																
																														\square
URI								I											1		1				I		I	1	I]
URI					<u> </u>							<u> </u>								ļ							<u> </u>]
									L													L		L						
URI																														
URI																														
URI																														
URI																														

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

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

Name of MS4/Coalition Rockland County Solid Waste Management Authority



2. URL(s) con't.:

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

URI		 		 		 	 	 	 	 	 			 	 		
URI																	
	<u> </u>																
URI	<u> </u>																
	-										 						
URI																	
URI														 			
URI		 	 		 	 		 	 	 				 			
URI				 			 					 				I	

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

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

Name of MS4/Coalition Rockland County Solid Waste Management Authority

 SPDES ID

 N
 Y
 R
 2
 0
 A
 2
 9
 6

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.

• MS)ffic	e											A	nnu	al l	Rep	ort) S	WN	1P 1	Plar	ı	• (Con	nme	ents
	Dep			1																											
	R Ado	O	C	K	L	A	Ν	D		С	0	U	Ν	Т	Y		S	0	L	I	D		W	A	S	Т	Ε				
	1	7	2		М	A	I	Ν		S	Т	R	Е	Е	Т																
	City	/																				Zip									
	Ν		Ν	U	Е	Т]	N	Y		1	0	9	5	4	-				
	Pho				1.				1					1																	
	(8	4	5)	7	5	3	-	2	2	0	0																		
○ Lib	rary Add	Ires	5													0	A	nnu	al l	Rep	ort	(S.	WN	1P 1	Plar	ı	00	Con	nme	ents
	City	/		I												<u> </u>						Zip						I			
																											-				
	Pho	ne																_													
	()				-																						
																													~		
\bigcirc Oth	er Ado	Ires	2													C) A	nnu	al l	Rep	ort	(> S'	WN	1P I	Plar	1	\bigcirc (Con	nme	ents
		105	5																												
	City	7												-								Zip									
																											-				
	Pho	ne														•															
	()				-																						
○ We	h Pa	age	UR	81.·												C	A	nnu	al l	Rep	ort	() S'	WN	1P]	Plar	ı	01	Con	nme	ents
		190		<u> </u>																-1											
		_		<u> </u>			 															+	 					<u> </u>	<u> </u>		
		ease	e pr	OVI	de	spe	cif	ic a	ddr	ess	of	pa	ge v	whe	ere	rep	ort	car	ı be	e ac	ces	ssec	1 - r	not	hor	ne	pag	ge.			
○ eM	ail																											0	Con	nme	ents

This report is being submitted for the reporting period ending March 9, 2 0 2 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID NYR 2 0 A 2 9 6 Rockland County Solid Waste Management Authority Name of MS4/Coalition 4.a. If this report was made available on the internet, what date was it posted? Leave blank if this report was not posted on the internet. 4.b. For how many days was/will this report be posted? Years 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? 2 2 2 5 1 0 0 0 If No, is one planned? ○ Yes \odot No 5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? NA ○ 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.

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

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

Name of MS4/Coalition Rockland County Solid Waste Management Authority

SPL	DES	ID						
Ν	Y	R	2	0	А	2	9	6

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.

The RCSWMA, a Non-Traditional MS4, Public Involvement/Participation program, incorporates opportunities for the public (i.e., employees and visitors) to become involved in the development, implementation, review and revision of the Storm Water Management Program.

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

The RCSWMA, a Non-Traditional MS4, has evaluated the number of events they participate in annually as an indicator for measuring the overall effectiveness of the Public Involvement/Participation program. The RCSWMA participated in and provided services for the annual Keep Rockland Beautiful Day, Household Hazardous Waste Days and Controlled Substance Days.

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



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

• Yes O No

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

• Yes O No

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

The RCSWMA plans to continue to evaluate the number of cleanup and other public events that the RCSWMA participates in during the reporting period as an indicator for measuring overall effectiveness of the Public Involvement/Participation program.

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

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

Rockland County Solid Waste Management Authority Name of MS4/Coalition

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
- \bigcirc 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)? 1 4
- 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	\bigcirc Landscaping (Irrigation)
 Building Maintenance 	○ Marinas
○ Churches	\bigcirc Metal Plateing Operations
\bigcirc Commercial Carwashes	\bigcirc Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	Parking Lot Maintenance
• Construction Vehicle Washouts	○ Printing
\odot Cross-Connections	○ Residential Carwashing
○ Distribution Centers	○ Restaurants
\bigcirc Food Processing Facilities	\bigcirc Schools and Universities
\bigcirc Garbage Truck Washouts	○ Septic Maintenance
\bigcirc Hospitals	\bigcirc Swimming Pools
\bigcirc Improper RV Waste Disposal	• Vehicle Fueling
\bigcirc Industrial Process Water	Vehicle Maint./Repair Shops
• Other:	○ None
TRUCK WASHOUT	S
• Sewersheds:	



4 #

1

0 A

2

9 6

0 %

1 0

SPDES ID

Ν Y R 2

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

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

SPDES ID Υ R 2 2 6 Rockland County Solid Waste Management Authority Ν 0 Α 9 Name of MS4/Coalition **3.b.What types of illicit discharges have been found during this reporting period?** ○ Broken Lines From Sanitary Sewer ○ Industrial Connections ○ Inflow/Infiltration \bigcirc Cross Connections ○ Failing Septic Systems ○ Pump Station Failure ○ Floor Drains Connected To Storm Sewers ○ Sanitary Sewer Overflows ○ Illegal Dumping ○ Straight Pipe Sewer Discharges ○ Other: None 4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 0

- 5. How many illicit discharges have been confirmed during this reporting period?
- 6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

0

O No

No.

No

%

• Yes

○ Yes

○ Yes

- **7.** Has the storm sewershed mapping been completed in this reporting period? If No, approximately what percent was completed in this reporting period?
- 8. Is the above information available in GIS? Is this information available on the web? If Yes, provide URL(s):

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

OIL	-															
URI		 		 												
																1

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

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

Rockland County Solid Waste Management Authority Name of MS4/Coalition



8. URL(s) con't.:

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

URL																		
URL																		
URL	, I																	
URL					1				1									
URL			 	 				I	I	I	 					 		

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

11. What percent of staff in relevant positions and departments has received IDDE training? 1

0 0 %

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

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

Name of MS4/Coalition Rockland County Solid Waste Management Authority

SPL	DES	ID						
Ν	Y	R	2	0	А	2	9	6

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

The RCSWMA, a Non-Traditional MS4, IDDE program will focus on identifying, eliminating, reducing, and preventing illicit discharges to the maximum extent practicable and informing the public of improper disposal of waste.

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

The RCSWMA, a Non-Traditional MS4, has evaluated the number of outfalls screened for dry weather discharges as an indicator for measuring the overall effectiveness of the IDDE program. 100 percent of outfalls were screened for dry weather discharges. There were no illicit discharges detected in this reporting period.

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

One event for each facility.

(ex.: samples/participants/events

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

• Yes \bigcirc No

4

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

• Yes \bigcirc 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 RCSWMA will continue to evaluate the number of outfalls screened for dry weather discharges as an indicator for measuring the overall effectiveness of the IDDE program. Illicit discharges observed will be investigated and eliminated on a case-by-case basis. The RCSWMA will continue to educate the public about improper disposal of waste through their education programs.

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

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

Name of MS4/Coalition Rockland County Solid Waste Management Authority



NT

0

<u>Minimum Control Measures 4 and 5.</u> <u>Construction Site and Post-Construction Control</u>

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

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

How many MS4s contributed to this report?

- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory
mechanism that provides equivalent protection to the NYS SPDES General Permit for
Stormwater Discharges from Construction Activities?• Yes• No
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook?

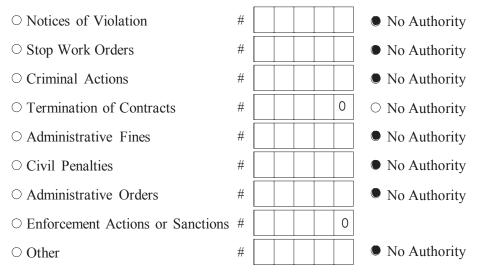
If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. \odot 09/2004 \odot 03/2006

- 2. Does your MS4/Coalition have a SWPPP review procedure in place? O Yes No
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?
- **4.** Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? Yes No NT

If Yes, how many public comments were received during this reporting period?

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? • Yes • 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:



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

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

Name of MS4/Coalition Rockland County Solid Waste Management Authority

SPDES IDNYR20A296

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
- \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

- 1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?
- 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
- 3. What percent of active construction sites were inspected during this reporting period? \odot NT

		NA - No construction was performed during this monitoring period.		%
4.	What percent of active construction sites were in	nspected more than once?		○ NT
		NA - No construction was performed during this monitoring period.	1	%
5.	Do all inspectors working on behalf of the MS4s	contributing to this report use	the NY	S
	Construction Stormwater Inspection Manual?	○ Yes	○ No	• NT
6.	Does your MS4/Coalition provide public access (SWPPPs) of construction projects that are subj	ect to MS4 review and approva	ul?	
		\bigcirc Yes	\bigcirc No	• NT
	If your MG4 is Non Traditional are SWDDDs of	construction projects made av	ailabla f	for

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? • Yes • No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

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

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

Name of MS4/Coalition Rockland County Solid Waste Management Authority

SPI	DES	ID						
Ν	Y	R	2	0	А	2	9	6

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

	Dep	artı	nen	t																											
	R	0	C	K	L	A	N	D		C	0	U	Ν	Т	Y		S	0	L	I	D		W	A	S	Т	Е				
	Ado	lres	s																												
	1	4	2		М	a	i	n		S	t	r	е	e	t																
	City	/														·						Zip					1				
	Ν	a	n	u	е	t												N	1 A			1	0	9	5	4	-				
	Pho	ne												1																	
	(8	4	5)	7	5	3	-	2	2	0	0																		
○ Lib	rary	7																													
	Add	lres	S	-									1						-		1										
	City	7																				Zip					1				
																											-				
	Pho	ne												1																	
	()				-																						
○ Oth	er																														
	Add	lres	S	_			_				_				_	_			_		_	_		_		_					
	City	7														·			-			Zip									
																											-				
	Pho	ne																									,				
	()				-																						
○ We	b Pa	age	UR	RL(s	5):	Р	leas	se p	rov	ide	spe	cifi	c a	ddre	ess	whe	ere S	SW	PPI	Ps c	an	be a	icce	esse	d -	not	hor	ne p	bage	e.	
	URL							_																							
		_																											_	_	
	URL																														
		_																													=
		_																													
												,		N A	4 D		2	C /	~												

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

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

Name of MS4/Coalition Rockland County Solid Waste Management Authority

SPL	DES	ID						
Ν	Y	R	2	0	А	2	9	6

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

The RCSWMA, a Non-Traditional MS4, Construction Site Storm Water Runoff Control program, will provide equivalent protection to the NYSDEC General Permit for Stormwater Discharges from Construction Activity as applicable.

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

RCSWMA will implement erosion and sediment control management practices and requirements for construction site operators to control waste for construction activities as an indicator for measuring the overall effectiveness of the Construction Site Storm Water Management program as necessary.

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



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

• Yes O No

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

• Yes O No

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

RCSWMA will continue evaluating the implementation of erosion and sediment control management practices and Construction Activity General Permit requirements for applicable projects as an indicator for measuring the overall effectiveness of the Construction Site Storm Water Management program as applicable.

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

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

Name of MS4/Coalition Rockland County Solid Waste Management Authority

SPDES ID N Y R 2 0 A 2 9

6

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
\bigcirc Alternative Practices			
\bigcirc Filter Systems			
\bigcirc Infiltration Basins			
• Open Channels	1	1 2	9
Ponds	3	1 2	0
\bigcirc Wetlands			
• Other	9	1 3	3

- 2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? • Yes • No
- 3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?
- O Building Codes O Municipal Comprehensive Plans

 \bigcirc Overlay Districts \bigcirc Open Space Preservation Program

- Zoning Local Law or Ordinance
- None Land Use Regulation/Zoning
- \bigcirc Watershed Plans \bigcirc Other Comprehensive Plan
- O Other:

This report is being submitted for the reporting period ending March 9, 2 0 2 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 Rockland County Solid Waste Management Authority	N Y R 2 0 A 2 9 6
4a. Are the MS4s contributing to this report involved in a regional/waters	hed wide planning effort?
	○ Yes ● No
4b. Does the MS4 have a banking and credit system for stormwater mana	gement practices?
	○ 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 stormwat	*
	○ Yes ● No
4d. How many stormwater management practices have been implemented	l as part of this system in this
reporting period?	0
5. What percent of municipal officials/MS4 staff responsible for program	n implementation attended
training on Low Impace Development (LID), Better Site Design (BSD)	and other Green
Infrastructure principles in this reporting period?	

0 %

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

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

Name of MS4/Coalition Rockland County Solid Waste Management Authority

SPL	DES	ID			-			
Ν	Y	R	2	0	A	2	9	6

6. Evaluating Progress Toward Measurable Goals MCM 5

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 RCSWMA, a Non-Traditional MS4, Post-Construction Storm Water Management program, will address stormwater runoff from regulated new development and redevelopment projects associated with the MS4 and continue to inventory and maintain RCSWMA assets.

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

The threshold for a SPDES General Permit for Stormwater Discharges from Construction Sites is rarely met within the RCSWMA's jurisdiction. However, RCSWMA will add the number of BMPs to the inventory as necessary and plans to evaluate the number of BMPs inventoried as an indicator for measuring the overall effectiveness of the Post-Construction Storm Water Management program.

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

0

(ex.: samples/participants/events)

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

• Yes O No

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

• Yes O No

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

The RCSWMA plans to continue to evaluate the number of BMPs inventoried as an indicator for measuring the overall effectiveness of the Post-Construction Storm Water Management program. BMPs will be added to the inventory as necessary.

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

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

Name of MS4/Coalition Rockland County Solid

Rockland County Solid Waste Management Authority

S	SPE	DES	ID		-			-	
	Ν	Y	R	2	0	А	2	9	6

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?



1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

			Self-Assess	ment
			Operation/Activi	<u>ty/Facility</u>
			performed within	the past 3
Operation/Activity/Facility	Addressed in	n SWMP?	<u>vears?</u>	
Street Maintenance	• Yes	○ No	• Yes	\bigcirc No
Bridge Maintenance	O Yes	• No	O Yes	• No
Winter Road Maintenance	• Yes	○ No	• Yes	\bigcirc No
Salt Storage	• Yes	○ No	• Yes	\bigcirc No
Solid Waste Management	• Yes	○ No	• Yes	\bigcirc No
New Municipal Construction and Land Disturban	nce • Yes	○ No	• Yes	\bigcirc No
Right of Way Maintenance	○ Yes	• No	····· O Yes	No
Marine Operations	○ Yes	• No	····· · Yes	• No
Hydrologic Habitat Modification	O Yes	• No	O Yes	• No
Parks and Open Space	····· O Yes	• No	• Yes	No
Municipal Building	• Yes	○ No	• Yes	\bigcirc No
Stormwater System Maintenance	• Yes	○ No	• Yes	\bigcirc No
Vehicle and Fleet Maintenance		○ No	• Yes	\bigcirc No
Other	• Yes	○ No	• Yes	\bigcirc No

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

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

Name of MS4/Coalition	Rockland County Solid Waste Management Authority



2. Provide the following information about municipal operations good housekeeping programs:

• Parking Lots Swept (Number of acres X Number of times swept)	# Acres		7	7	5	
\bigcirc Streets Swept (Number of miles X Number of times swept)	# Miles					
Catch Basins Inspected and Cleaned Where Necessary	#			1	2	
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#					
O Phosphorus Applied In Chemical Fertilizer	# Lbs.					
O Nitrogen Applied In Chemical Fertilizer	# Lbs.					
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)Pesticide application was less than 0.1 acr 	# Acres	ately	0.03].[alo	ng
fencing and onsite building sidings for Wes 3. How many stormwater management trainings have been provided to during this reporting period?					raw 0	facilities.
4. What was the date of the last training?	/]/[N/A
5. How many municipal employees have been trained in this reporting	period?				0	
6. What percent of municipal employees in relevant positions and depa stormwater management training?	artments re	Г	7 e 1 0	0	%	

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

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

Name of MS4/Coalition Rockland County Solid Waste Management Authority

SPL	DES	ID						
Ν	Y	R	2	0	А	2	9	6

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

The RCSWMA, a Non-Traditional MS4, Municipal Storm Water Management and Good Housekeeping program, will address operations that collect, store or release sediments, wastes, or other potential pollutants. The RCSWMA will address pollution prevention and good housekeeping BMP priorities.

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

The RCSWMA, a Non-Traditional MS4, plans to evaluate existing BMPs and good housekeeping and the need to implement appropriate pollution prevention and good housekeeping BMPs and measurable goals to ensure the reduction of pollutants of concern in stormwater discharges to the maximum extent practicable. BMPs and outfall locations have been repaired and modified in the reporting period.

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

Four events for each facility.

(ex.: samples/participants/events)

1 6

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

• Yes O No

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

• Yes \bigcirc 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 RCSWMA plans to continue evaluating the pollution prevention and good housekeeping BMPs and will continue sweeping facility roadways. The RCSWMA will continue to follow the BMPs outlined in the NYSDEC Municipal Pollution Prevention and Good Housekeeping Assistance document as necessary and will implement maintenance of onsite stormwater management systems as needed.

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

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

Rockland County Solid Waste Management Authority Name of MS4/Coalition

SPDES ID Ν YR 2 0 A 2 9 6

Additional Watershed Improvement Strategy Best Management Practices

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

On behalf of an individual MS4

 \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

MS4s must answer the questions or check NA as indicated in the table 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	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	_	-	-
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	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic 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
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	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?

○ No ● N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?

○ Yes ○ No

N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

Estimate what percentage was mapped in this reporting period.

% %

Additional BMPs Page 1 of 3

○ Yes

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

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

Name of MS4/Coalition Rockland County Solid Waste Management Authority



- 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ● Yes ○ No ○ N/A
- 4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?
- 5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? Yes No N/A
- 6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ○ Yes ○ No ● N/A
- 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or
phosphorus/nitrogen/pathogen loading?O YesNoN/A
- 7b.How many projects have been sited in this reporting period?
- 7c. What percent of the projects included in 7b have been completed in this reporting period?
- 7d. What percent of projects planned in previous years have been completed?

○ No Projects Planned

Ν

ΝA

A%

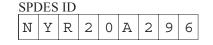
- 8a.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?

 Yes
 No
- 8b.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? O Yes O No N/A

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

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

Name of MS4/Coalition Rockland County Solid Waste Management Authority



9. Has your MS4/Coalition developed and implemented a program of native planting? ○ Yes ○ No • N/A 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding? ○ Yes ○ No • N/A 11. Does your MS4/Coalition have a pet waste bag program? \bigcirc Yes \bigcirc No • N/A 12. Does your MS4/Coalition have a program to manage goose \bigcirc Yes \bigcirc No populations? • N/A