



**MS4 Annual Report Cover Page****MCC form for period ending March 9, 2022**

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

SPDES ID

N Y R 2 0 A

## MS4 Municipal Compliance Certification(MCC) Form

**MCC form for period ending March 9, 2022**

Name of MS4 City of Peekskill

### SPDES ID

N	Y	R	2	0	A	3	1	0
---	---	---	---	---	---	---	---	---

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)
- 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**

MCC form for period ending March 9, 2022

SPDES ID

Name of MS4

CITY OF PEEKSKILL

N Y R 2 0 A 3 1 0

**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

M A T T H E W

MI

Last Name

ALEXANDER

Title

C I T Y M A N A G E R

Address

8 4 0 M A I N S T .

City

P E E K S K I L L

State

NY

Zip

1 0 5 6 6 -

eMail

M A L E X A N D E R @ C I T Y O F P E E K S K I L L . C O M

Phone

( 9 1 4 ) 7 3 4 - 4 2 4 6

County

W E S T C H E S T E R

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

MCC form for period ending March 9,

2 0 2 2

SPDES ID

Name of MS4 City Of Peekskill

N Y R 2 0 A 3 1 0

**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

D a v i d

MI

Last Name

R a m b o

Title

W a t e r a n d S e w e r S u p e r i n t e n d e n t

Address

8 4 0 M a i n S t r e e t

City

P e e k s k i l l

State

N Y

Zip

1 0 5 6 6 -

eMail

d r a m b o @ c i t y o f p e e k s k i l l . c o m

Phone

( 9 1 4 ) 7 3 4 - 4 1 3 5

County

W e s t c h e s t e r

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

MCC form for period ending March 9, 2022

Name of MS4 City Of Peekskill

### SPDES ID

N	Y	R	2	0	A	3	1	0
---	---	---	---	---	---	---	---	---

### **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

**Partner/Coalition Name (con't.)**

**SPDES Partner ID - If applicable**

\_\_\_\_\_

### Address

\_\_\_\_\_

### City

\_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_

eMail

\_\_\_\_\_

Phone

$$(\boxed{\phantom{0}} \boxed{\phantom{0}} \boxed{\phantom{0}}) \boxed{\phantom{0}} \boxed{\phantom{0}} \boxed{\phantom{0}} = \boxed{\phantom{0}} \boxed{\phantom{0}} \boxed{\phantom{0}} \boxed{\phantom{0}} \boxed{\phantom{0}}$$

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. MM1 School Programs or Multiple Tasks)?

### Additional tasks/responsibilities

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

**MS4 Municipal Compliance Certification(MCC) Form****MCC form for period ending March 9, 2 0 2 2**Name of MS4 SPDES ID  

N	Y	R	2	0	A	3	1	0
---	---	---	---	---	---	---	---	---

**Section 4 - Certification Statement**

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

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

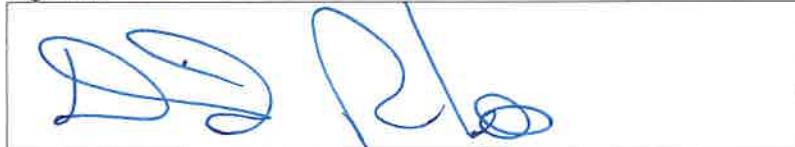
First Name

MI

Last Name

Title (Clearly print title of individual signing report)

Signature



Date

0	5	/	2	3	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

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, 2022

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

Name of MS4/Coalition City Of Peekskill

## City Of Peekskill

SPDES ID

## Water Quality Trends

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

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

How many MS4s are contributed to this report? 1

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.

JRL

## URL

## URL

## URL

## MS4 Annual Report Form

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

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

Name of MS4/Coalition

City Of Peekskill

SPDES ID

N	Y	R	2	0	A	3	1	0
---	---	---	---	---	---	---	---	---

### Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

		1
--	--	---

#### 1. Targeted Public Education and Outreach Best Management Practices

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

<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Construction Sites</li> <li><input checked="" type="radio"/> General Stormwater Management Information</li> <li><input checked="" type="radio"/> Household Hazardous Waste Disposal</li> <li><input checked="" type="radio"/> Illicit Discharge Detection and Elimination</li> <li><input checked="" type="radio"/> Infrastructure Maintenance</li> <li><input type="radio"/> Smart Growth</li> <li><input type="radio"/> Storm Drain Marking</li> <li><input checked="" type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development</li> <li><input type="radio"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Pesticide and Fertilizer Application</li> <li><input checked="" type="radio"/> Pet Waste Management</li> <li><input checked="" type="radio"/> Recycling</li> <li><input checked="" type="radio"/> Riparian Corridor Protection/Restoration</li> <li><input checked="" type="radio"/> Trash Management</li> <li><input checked="" type="radio"/> Vehicle Washing</li> <li><input type="radio"/> Water Conservation</li> <li><input checked="" type="radio"/> Wetland Protection</li> <li><input checked="" type="radio"/> None</li> </ul>
---	--

Other

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

#### 2. Specific audiences targeted during this reporting period:

<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Public Employees</li> <li><input checked="" type="radio"/> Residential</li> <li><input checked="" type="radio"/> Businesses</li> <li><input type="radio"/> Restaurants</li> <li><input type="radio"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Contractors</li> <li><input checked="" type="radio"/> Developers</li> <li><input checked="" type="radio"/> General Public</li> <li><input checked="" type="radio"/> Industries</li> <li><input type="radio"/> Agricultural</li> </ul>
---	---

Other

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

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition

City Of Peekskill

SPDES ID							
N	Y	R	2	0	A	3	1
0	0	0	0	0	0	0	0

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

- Construction Site Operators Trained
- Direct Mailings
- Kiosks or Other Displays
- List-Serves
- Mailing List
- Newspaper Ads or Articles
- Public Events/Presentations
- School Program
- TV Spot/Program

**● Printed Materials:**

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

W	a	t	e	r		F	i	l	t	e	r		P	l	a	n	t	
C	i	t	y		H	a	l	l		L	o	b	b	y				
D	P	W		O	f	f	i	c	e									
C	i	t	y		C	l	e	r	k		O	f	f	i	c	e		

**● Other:**

W	e	b		Q	u	e	s	t	i	o	n	n	a	i	r	e		
---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

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

URL

h	t	t	p	s	:	/	/	w	w	w	.	c	i	t	y	o	f	p	e	e	k	s	k	i	l	l	.c	o	m	/	
w	a	t	e	r	-	a	n	d	-	s	e	w	e	r	/	p	a	g	e	s	/	s	t	o	r	m	w	a	t	e	r
-	e	d	u	c	a	t	o	n																							

URL

h	t	t	p	s	:	/	/	.	c	i	t	y	o	f	p	e	e	k	s	k	i	l	l	.c	o	m	.	/			
w	a	t	e	r	-	a	n	d	-	s	e	w	e	r	/	f	i	l	e	s	/	s	t	o	r	m	w	a	t	e	r
-	m	a	n	a	g	e	m	e	n	t	-	i	n	f	o	r	m	a	t	o											

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

City Of Peekskill

N Y R 2 0 A 3 1 0

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

URL

h	t	t	p	s	:	/	/	w	w	w	.	c	i	t	y	o	f	p	e	e	k	s	k	i	l	l	.	c	o	m	/
w	a	t	e	r	-	a	n	d	-	s	e	w	e	r	/	f	i	l	e	s	/	s	t	o	r	m	w	a	t	e	r
-	m	a	n	a	g	e	m	e	n	t	-	p	r	o	g	r	a	m	-	q	u	e	s	t	i	o	n	n	a	i	r

URL

h	t	t	p	:	/	/	w	w	w	.	w	e	s	t	c	h	e	s	t	e	r	g	o	v	.	c	o	m	/	s	t					
o	r	m	w	a	t	e	r																													

URL


URL


URL


URL


URL


**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition **City Of Peekskill**

SPDES ID								
N	Y	R	2	0	A	3	1	0

**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

To make contact with as many residents of The City of Peekskill as possible, along with business owners within the City to educate and bring awareness in keeping our local environment clean. In addition, the city maintains a storm water questionnaire on it's website, which includes 16 questions seeking information from residents and businesses with respect to their understanding of storm water and storm water issues within the city.

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

Public clean up events were held, which resulted in excellent public participation, along with Bulk trash drop off days every Saturday. Also, there were 12 additional bulk trash collection days scheduled, whereby the City collects bulk waste from every household. The Public Works Department participated in stream clean up events during the early spring and fall. Items such as tire, couches and litter debris were collected and disposed of properly.

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

		1	0
--	--	---	---

(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 city will continue to host the questionnaire and storm water literature on line at the City of Peekskill website as well as at City Hall, along with other display locations. We regularly walk the main streams (Shady Brook, McGregor Brook and Dickey Brook) that traverse through the City every spring before the vegetation grows in. Any accumulated litter is collected and properly disposed of.



## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2022.

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

Name of MS4/Coalition City of Peekskill

## City of Peekskill

**SPDES ID**

N Y R 2 0 A 3 1 0

## 2. URL(s) con't.:

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

## URL

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2022.

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

Name of MS4/Coalition City of Peekskill

## City of Peekskill

SPDES ID

## 2. URL(s) con't.:

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

## URL

URL

URL

URL

URL

## URL

## URL

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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 **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

Address

City

Zip

Phone

 Library Annual Report SWMP Plan Comments

Address

City

Zip

Phone

 Other Annual Report SWMP Plan Comments

Address

City

Zip

Phone

 Web Page URL: Annual Report SWMP Plan Comments

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

 eMail Comments

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2022**

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

Name of MS4/Coalition **City of Peekskill**

SPDES ID

N Y R 2 0 A 3 1 0

**4.a. If this report was made available on the internet, what date was it posted?**

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

0 5 / 2 3 / 2 0 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 / 2 3 / 2 0 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 2 2**

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

Name of MS4/Coalition **City of Peekskill**

SPDES ID

N	Y	R	2	0	A	3	1	0
---	---	---	---	---	---	---	---	---

**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 City of Peekskill held throughout the reporting period clean up events, that the public was invited to participate in. The events were as follows River Keepers Event & Department of Public Works clean up events. In addition, the City regularly operates a street sweeper on the downtown roads throughout the year. Over 87 tons of material was collected in 2021-2022.

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

Upon return to the sites at different points of the year, it seems that less than normal amount of debris had been discarded. Each River Keeper event yields less debris than previous year.

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

		3
--	--	---

(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).**

A monthly clean up effort will continue to take place on Saturday once a month, in conjunction with the DPW. The most problematic areas will be cleaned first. Also volunteers from the River-keeper association participated with the clean up efforts and also held a clean up event as part of the sweep clean up day. Also, DPW staff routinely clean up intersections, the City's riverfront, and other litter hotspots throughout the year.

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022.

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

Name of MS4/Coalition City of Peekskill

### SPDES ID

N Y R 2 0 A 3 1 0

### **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

1. Enter the number and approx. percent of outfalls mapped:  #  1 0 0 %

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?**



## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2022

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

Name of MS4/Coalition City of Peekskill

### SPDES ID

N Y R 2 0 A 3 1 0

#### 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

● 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

Yes  No  NT

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

g 5 8

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition **City of Peekskill**

SPDES ID

N	Y	R	2	0	A	3	1	0
---	---	---	---	---	---	---	---	---

**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.**

Illicit discharge detected is immediately corrected through violation notices.

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

The City has inventoried and inspected 40 outfall pipes. This is accomplished during dry weather conditions(August) and post storm events.

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

		5
--	--	---

(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).**

Continue to inspect outfalls for illicit discharges. Continue to respond to and mitigate illicit discharges as identified. Continue to work within the parameters of a grant for mapping additional features to complete mapping as part of the Sleepy Hollow Consortium. Mapping will be available on our GIS program in the near future.

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition 

SPDES ID

N	Y	R	2	0	A	3	1	0
---	---	---	---	---	---	---	---	---

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

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

On behalf of an individual MS4  
 On behalf of a coalition

How many MS4s contributed to this report? 

**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 certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

 09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  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:**

<input checked="" type="radio"/> Notices of Violation	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td>3</td></tr></table>				3	<input type="radio"/> No Authority
			3				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td>1</td></tr></table>				1	<input type="radio"/> No Authority
			1				
<input type="radio"/> Criminal Actions	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>					<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>					<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>					<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>					<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>					<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>					
<input type="radio"/> Other	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>					<input type="radio"/> No Authority

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition 

SPDES ID

N	Y	R	2	0	A	3	1	0
---	---	---	---	---	---	---	---	---

**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report? 

1. How many construction projects have been authorized for 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?  NT  %

4. What percent of active construction sites were inspected more than once?  NT  %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT

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.

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2022**

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

City of Peekskill

N Y R 2 0 A 3 1 0

**6. con't.:**

Submit additional pages as needed.

**● MS4/Coalition Office**

Department

B u i l d i n g   D e p a r t m e n t

Address

8 4 0   M a i n   S t r e e t

City

P e e k s k i l l

Zip

N Y 1 0 5 6 6 -

Phone

( 9 1 4 )   [ ] - [ ]

**○ Library**

Address

[ ]

City

[ ] Zip [ ] - [ ]

Phone

( [ ] ) [ ] - [ ]

**● Other**

Address

P l a n n i n g   D e p a r t m e n t

City

N Y 1 0 5 6 6 -

Phone

( 9 1 4 ) [ ] - [ ]

**○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.**

URL

[ ]

[ ]

[ ]

URL

[ ]

[ ]

[ ]

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition 

SPDES ID

N	Y	R	2	0	A	3	1	0
---	---	---	---	---	---	---	---	---

**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 City of Peekskill will review proposed construction projects over 1 acre submitted to City Planning Board, as appropriate along with the SWPPP for each project. Water & Sewer department will inspect construction projects, documenting any problems encountered and corrective actions taken.

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

During this reporting period the City reviewed 4 construction SWPPPs. There was very little to no debris leaked into catch basins since storm water prevention rules were followed. Examples: Piles of standing soil seeded and hayed, bare soil on construction site hydro seeded, silt fencing installed and maintained, and where there were construction vehicles entering/exiting work area tires were cleaned.

**C. How many times was this observation measured or evaluated in this reporting period?** 5 0

(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 City will continue its SWPPP review program as described in the City's storm-water Management Program Plan. 2 employees were certified for Erosion and Sediment Control. More instructional training, and meetings with all city staff who are involved in Storm water inspection.

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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

Name of MS4/Coalition City Of Peekskill

### SPDES ID

N	Y	R	2	0	A	3	1	0
---	---	---	---	---	---	---	---	---

## **Minimum Control Measure 5. Post-Construction Stormwater Management**

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. 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
○ Alternative Practices			
● Filter Systems	1	4	2
● Infiltration Basins	1	3	1
● Open Channels	1	5	1
● Ponds	1	1	1
○ Wetlands			
● Other	2	1	1

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?  Yes  No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- Building Codes
- Municipal Comprehensive Plans
- Overlay Districts
- Open Space Preservation Program
- Zoning
- Local Law or Ordinance
- None
- Land Use Regulation/Zoning
- Watershed Plans
- Other Comprehensive Plan
- Other:

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition 

SPDES ID

N	Y	R	2	0	A	3	1	0
---	---	---	---	---	---	---	---	---

**4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?** Yes  No**4b. Does the MS4 have a banking and credit system for stormwater management practices?** Yes  No**4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?** Yes  No**4d. How many stormwater management practices have been implemented as part of this system in this reporting period?**

		0
--	--	---

**5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impact Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?**

		0
--	--	---

 %

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

City Of Peekskill

N	Y	R	2	0	A	3	1	0
---	---	---	---	---	---	---	---	---

**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 City created and updates as needed an inventory and inspection manual of all post-construction practices located within its jurisdiction.

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

14 Hydrodynamic separators, 1 swale, 1 pond, 1 infiltration trench, 1 cistern, 1 rain garden, and 1 new parking lot were inventoried.

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

			8
--	--	--	---

(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 City of Peekskill staff will inspect these practices annually.

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition

City Of Peekskill

SPDES ID

N Y R 2 0 A 3 1 0

**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
- On behalf of a coalition

How many MS4s contributed to this report? 

		1
--	--	---

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.

<b><u>Self-Assessment</u></b>
<b><u>Operation/Activity/Facility</u></b>
<b><u>performed within the past 3</u></b>

<b><u>Operation/Activity/Facility</u></b>	<b><u>Addressed in SWMP?</u></b>		<b><u>years?</u></b>	
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No .....	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No .....	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No .....	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No .....	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No .....	<input checked="" type="radio"/> Yes	<input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No .....	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No .....	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No .....	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No .....	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No .....	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No .....	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No .....	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No .....	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other.....	<input type="radio"/> Yes	<input type="radio"/> No .....	<input type="radio"/> Yes	<input type="radio"/> No

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition **City Of Peekskill**

SPDES ID

N	Y	R	2	0	A	3	1	0
---	---	---	---	---	---	---	---	---

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

- Parking Lots Swept (Number of acres X Number of times swept)
- Streets Swept (Number of miles X Number of times swept)
- Catch Basins Inspected and Cleaned Where Necessary
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary

# Acres 

		6	2	4
--	--	---	---	---

# Miles 

	2	7	0	0
--	---	---	---	---

# 

		1	9
--	--	---	---

# 

			4
--	--	--	---

- Phosphorus Applied In Chemical Fertilizer

# Lbs. 

				0
--	--	--	--	---

- Nitrogen Applied In Chemical Fertilizer

# Lbs. 

				0
--	--	--	--	---

- Pesticide/Herbicide Applied

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

# Acres 

		1	0	.	
--	--	---	---	---	--

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

			1
--	--	--	---

**4. What was the date of the last training?**

0	2	/	2	4	/	2	0	2	1
---	---	---	---	---	---	---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

	1	5
--	---	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

8	8	%
---	---	---

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition **City Of Peekskill**

SPDES ID

N	Y	R	2	0	A	3	1	0
---	---	---	---	---	---	---	---	---

**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 City continues to perform and complete a Self-Evaluation of all departments and activities noted above for every City - Owned Facility.

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

Facilities accessed for all activities noted above include : Central Garage, Water Plant, Sewer pump Stations, Public Pool/ Parks Department, and Peekskill Stadium Parking.

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

		2	3
--	--	---	---

(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 City will perform Self - Evaluations every 3 years or as needed.