DEPARTMENT OF PUBLIC WORKS
MUNICIPAL BUILDING • 255 MAIN STREET • WHITE PLAINS, NEW YORK 10601
(914) 422-1206 • FAX: (914) 422-1469

THOMAS M. ROACH
MAYOR

RICHARD G. HOPE
COMMISSIONER

ANTHONY R. CARR, P.E., CFM
DEPUTY COMMISSIONER

STEFANIA A. MIGNONE
DEPUTY COMMISSIONER

May 27, 2016

MS4 Permit Coordinator
New York State Department of Environmental Conservation (NYSDEC)
Division of Water – 4th Floor
625 Broadway
Albany, NY 12233-3505

Re: City of White Plains
2015 – 2016 Municipal Compliance Certification and
Stormwater Management Program Annual Report Form
SPDES ID: NYR20A230

Dear Sir or Madam:

In accordance with NYSDEC Phase II Storm Water Regulations and SPDES General Permit No GP-0-15-003, we are attaching one (1) completed hard copy of our Municipal Compliance Certification and Stormwater Management Program Annual Report Forms for the 2015 to 2016 reporting period.

If you have any questions or require any additional information, please do not hesitate to contact our office at (914) 422-1212. We greatly appreciate your attention to this matter.

Respectfully submitted,

CITY OF WHITE PLAINS

Anthony R. Carr, PE, CFM
Deputy Commissioner of Public Works/City Engineer

Enclosures

cc: Mr. Richard G. Hope, Commissioner of Public Works, CWP (w/ encl. and via email)
Mr. Robert Guena, PE, Superintendent of Water & Wastewater, CWP (w/ encl. and via email)
Mr. Gregory McCann, Associate Engineer, CWP (w/ encl. and via email)
Ms. Rebecca Fahey, Engineer II, CWP (w/ encl. and via email)
Ms. Annmaria Benevenuto, Administration, CWP (w/ encl. and via email)
Ms. Elizabeth R. Bilek-Smith, Planner and Env. Scientist, D&B Engineers (w/ encl. and via email)

3258632975

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2016

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

SPDES ID: NYR20A230

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: City of White Plains

OR

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

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

Name of Single Entity:

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: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2016

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

SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: City of White Plains

SPDES ID: NYR20A230

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, 2016

Name of MS4: City of White Plains

SPDES ID: NYR20A230

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: Thomas | MI: M | Last Name: Roach

Title: Mayor

Address: 255 Main Street

City: White Plains | State: NY | Zip: 10601-

eMail:

Phone: (914) 422-4200 | County: Westchester

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: City of White Plains

SPDES ID: NYR20A230

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: Richard | MI: G | Last Name: Hope

Title: Commissioner of Public Works

Address: 255 Main Street

City: White Plains | State: NY | Zip: 10601-

eMail:

Phone: (914) 422-1206 | County: Westchester

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: City of White Plains

SPDES ID: NYR20A230

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name | MI | Last Name

Title: D&B Engineers and Architects

Address: 4 West Red Oak Lane Suite 315

City: White Plains | State: NY | Zip: 10604-

eMail:

Phone: (914) 467-7000 | County: Westchester

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: City of White Plains

SPDES ID: NYR20A230

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: The Long Island Sound Watershed

Partner/Coalition Name (con't.): Intermunicipal Council

SPDES Partner ID - If applicable: NYR20

Address: 740 West Boston Post Road

City: Mamaroneck

State: NY

Zip: 10543-

eMail: liswicmail@liswic.org

Phone: (914) 381-7845

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)?

- ○ MM1
- ○ MM2
- ○ MM3
- ● MM4 Standardization of Regulations
- ● MM5 Standardization of Regulations
- ○ MM6

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, 2016

Name of MS4: City of White Plains

SPDES ID: NYR20A230

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: Bronx River Advisory Board

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20

Address: 255 Main Street

City: White Plains

State: NY

Zip: 10601-

eMail: jnicolet@whiteplainsny.gov

Phone: (914) 422-1210

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)?

- ○ MM1
- ○ MM2
- ● MM3 Mapping, Water Quality Testing
- ○ MM4
- ● MM5 Standardization of Regulations
- ○ MM6

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, 2016

Name of MS4: City of White Plains

SPDES ID: NYR20A230

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: Richard | MI: G | Last Name: Hope

Title (Clearly print title of individual signing report): Commissioner of Public Works

Signature: Richard G. Hope (ACE)

Date: 05/27/2016

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, 2016

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 White Plains

SPDES ID: NYR20A230

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

○ Yes ● No

If Yes, choose one of the following

- ○ Report(s) attached to the annual report
- ○ Web Page(s) where report(s) is/are provided below

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

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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 White Plains

SPDES ID: NYR20A230

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. Targeted Public Education and Outreach Best Management Practices

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

- ● Construction Sites
- ● General Stormwater Management Information
- ● Household Hazardous Waste Disposal
- ● Illicit Discharge Detection and Elimination
- ● Infrastructure Maintenance
- ● Smart Growth
- ● Storm Drain Marking
- ● Green Infrastructure/Better Site Design/Low Impact Development
- ● Other:

YardWaste,Compost,ImpariedWaters

Other

- ● Pesticide and Fertilizer Application
- ● Pet Waste Management
- ● Recycling
- ○ Riparian Corridor Protection/Restoration
- ● Trash Management
- ● Vehicle Washing
- ● Water Conservation
- ● Wetland Protection
- ○ None

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ● Businesses
- ● Restaurants
- ● Other:

School Districts

Other

- ● Contractors
- ● Developers
- ● General Public
- ● Industries
- ● Agricultural

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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 White Plains

SPDES ID: NYR20A230

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	# Trained	
● Direct Mailings	# Mailings	2
● Kiosks or Other Displays	# Locations	4
○ List-Serves	# In List	
● Mailing List	# In List	1000
● Newspaper Ads or Articles	# Days Run	1
● Public Events/Presentations	# Attendees	1500
● School Program	# Attendees	5000
● TV Spot/Program	# Days Run	365
● Printed Materials:	Total # Distributed	2000

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

Building, PDW, Clerk Offices in City Hall
Public Library
Public BulletinBoard

● Other:

DogBags, DoorHangers

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

URL

ny-whiteplains.civicplus.com/index.aspx?nid=462

URL

ny-whiteplains.civicplus.com/index.aspx?NID=406

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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 White Plains

SPDES ID: NYR20A230

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

URL
ny-whiteplains.civicplus.com/index.aspx?nid=510

URL
ny-whiteplains.civicplus.com/DocumentCenter/View/272

URL
www.cityofwhiteplains.com/index.aspx?nid=503

URL
www.cityofwhiteplains.com/DocumentCenter/View/1374

URL
www.cityofwhiteplains.com/DocumentCenter/View/590

URL
ny-whiteplains.civicplus.com/index.aspx?nid=102

URL
www.nassaucountyny.gov/agencies/DPW/stormwater.html

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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 White Plains

SPDES ID: NYR20A230

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 City Public Education and Outreach program will be tailored to describe topics related to the impacts of storm water discharges on local water bodies, pollutants of concern and their sources, and the steps that can be taken to reduce pollutants in storm water and non-storm water discharges. The City program will make special note of the discharge of pathogens to the Upper Bronx River and tributaries and the discharge of silt/sediment to the Upper Mamaroneck River and tributaries.

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

The City has chosen to evaluate the number of storm water and/or pollution prevention direct mailings as an indicator for measuring the overall effectiveness of the City's compliance with the Public Education and Outreach program requirements. There were two storm water/pollution prevention direct mailing in this reporting period.

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

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period? ● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? ● Yes ○ No

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

The City plans to continue evaluating the number of storm water and/or pollution prevention direct mailings as an indicator for measuring the overall effectiveness of the City's compliance with the Public Education and Outreach program requirements in the next reporting cycle. The City will distribute mailings related to storm water and/or pollution prevention next year.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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 White Plains

SPDES ID: NYR20A230

Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report? ___

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- ● Cleanup Events — # Events: 3
- ○ Comments on SWMP Received — # Comments:
- ● Community Hotlines
  - Phone # (914) 422-1333
  - Phone # (914) 422-1208
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
- ● Community Meetings — # Attendees: 500
- ● Plantings — Sq. Ft.: 50500
- ○ Storm Drain Markings — # Drains:
- ● Stakeholder Meetings — # Attendees: 50
- ○ Volunteer Monitoring — # Events:
- ● Other: SEEK, SWEAK & Beautification Cmtee

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ● Yes ○ No

- ○ List-Serve — # In List:
- ○ Newspaper Advertising — # Days Run:
- ○ TV/Radio Notices — # Days Run:
- ● Other: Posted in City Hall & Library
- ● Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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 White Plains

SPDES ID: NYR20A230

2. URL(s) con't.:

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

URL: ny-whiteplains.civicplus.com/index.aspx?nid=202

URL:

URL:

URL:

URL:

URL:

URL:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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 White Plains

SPDES ID: NYR20A230

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, 2016

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 White Plains

SPDES ID: NYR20A230

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: Dept of Public Works-City Hall

Address: 255 Main Street

City: White Plains NY Zip: 10601-

Phone: (914) 422-1216

● Library ● Annual Report ○ SWMP Plan ○ Comments

Address: 100 Martine Avenue

City: White Plains NY Zip: 10601-

Phone: (914) 422-1400

● Other ○ Annual Report ○ SWMP Plan ● Comments

Address: City Clerk's Office 255 Main St

City: White Plains NY Zip: 10601-

Phone: (914) 422-1227

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

ny-whiteplains.civicplus.com/DocumentCenter/View/1828

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, 2016

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 White Plains

SPDES ID: NYR20A230

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. 05 / 25 / 2016

4.b. For how many days was/will this report be posted? 365

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? ___ / ___ / ____

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, 2016

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 White Plains

SPDES ID: NYR20A230

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 Public Involvement and Participation program will incorporate stewardship activities that help to reduce pollutants of concern (i.e., the discharge of pathogens to the Upper Bronx River and tributaries and the discharge of silt/sediment to the Upper Mamaroneck River and tributaries) and encourage the general public, residents and businesses to become involved in storm water management and environmental stewardship events.

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

The City has chosen to evaluate the number of cleanup events held annually within the City as an indicator for measuring the overall effectiveness of the City's compliance with the Public Involvement and Participation program requirements. There were three cleanup events held within the City during this reporting cycle.

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

1

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

The City plans to continue evaluating the number of cleanup events held annually within the City as an indicator for measuring the overall effectiveness of the City's compliance with the Public Involvement and Participation program requirements in the next reporting cycle. Cleanup events will take place within the City periodically throughout the next reporting cycle.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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 White Plains

SPDES ID: NYR20A230

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report? ___

1. Enter the number and approx. percent of outfalls mapped: 221 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 44

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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Name of MS4/Coalition: City of White Plains

SPDES ID: NYR20A230

3.b. What types of illicit discharges have been found during this reporting period?

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ● 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?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? %

8. **Is the above information available in GIS?** ○ Yes ● No
   Is this information available on the web? ○ Yes ● No
   If Yes, provide URL(s):

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

URL

URL

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Name of MS4/Coalition: City of White Plains

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8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

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

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

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

100 %

MS4 Annual Report Form

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Name of MS4/Coalition: City of White Plains

SPDES ID: NYR20A230

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 City Illicit Discharge Detection and Elimination program will focus on identifying, locating, eliminating, reducing and preventing illicit discharges to the maximum extent practicable, including the discharge of pathogens to the Upper Bronx River and tributaries and the discharge of silt/sediment to the Upper Mamaroneck River and tributaries.

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

The City has chosen to evaluate the number of illicit discharges detected as an indicator for measuring the overall effectiveness of the City's compliance with the Illicit Discharge Detection and Elimination program requirements. There were zero illicit discharges detected and investigated during this reporting period.

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

1

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

The City will continue to follow the procedures for Illicit Discharge Detection and Elimination described in the City's Written Procedures for MCM 3: IDDE and the CWP/USEPA Illicit Discharge Detection and Elimination: A Guidance Manual for Program Development and Technical Assessment. Illicit discharges will be investigated and eliminated according to the authority provided by the City illicit discharge local law on a case-by-case basis.

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Name of MS4/Coalition: City of White Plains

SPDES ID: NYR20A230

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 cerfification 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? 7

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? 0

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:**

● Notices of Violation	#	1	○ No Authority
○ Stop Work Orders	#		○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

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Name of MS4/Coalition: City of White Plains

SPDES ID: NYR20A230

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?** 5

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 4

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

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.

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Name of MS4/Coalition: City of White Plains

SPDES ID: NYR20A230

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Public Works Office - City Hall

Address: 255 Main Street

City: White Plains NY Zip: 10601-

Phone: (914) 422-1216

○ Library

Address:

City: Zip:

Phone: ( ) -

○ Other

Address:

City: Zip:

Phone: ( ) -

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

URL

URL

MS4 Annual Report Form

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Name of MS4/Coalition: City of White Plains

SPDES ID: NYR20A230

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 Construction Site Storm Water Runoff Control program will provide equivalent protection to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activity. This includes reviewing SWPPPs submitted to the City for projects disturbing an acre or greater of land. The review process will take note of any potential discharge of pathogens to the Upper Bronx River and tributaries and discharge of silt/sediment to the Upper Mamaroneck River and tributaries.

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

The City has chosen to evaluate the percent of SWPPPs reviewed as an indicator for measuring the overall effectiveness of the City's compliance with the Construction Site Storm Water Runoff Control program requirements. Seven SWPPPs submitted to the City were reviewed in this reporting period. The City monitors every active construction site on a weekly schedule regardless of the size or type of construction. The City maintains records of the weekly inspections.

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

1

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

The City will review SWPPPs as they are submitted to the City for comment and approval. The City intends to continue the inspection schedule of active construction sites in the next reporting cycle regardless of the size of soil disturbance or type of construction. The City will continue to follow the City Written Procedures for MCM 4&5: Construction Site Storm Water Runoff Control and Post-Construction Storm Water Management.

MS4 Annual Report Form

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Name of MS4/Coalition: City of White Plains

SPDES ID: NYR20A230

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. 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	2	2	2
● Filter Systems	2	2	2
● Infiltration Basins	2	2	2
● Open Channels	2	8	8
● Ponds	0		
● Wetlands	0		
● Other	3	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?

- ○ 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: Purchasing Green Space

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Name of MS4/Coalition: City of White Plains

SPDES ID: NYR20A230

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 Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

100 %

MS4 Annual Report Form

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Name of MS4/Coalition: City of White Plains

SPDES ID: NYR20A230

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 Post-Construction Storm Water Management program will address storm water runoff from regulated new development and redevelopment projects to the City's municipal separate storm sewer system.

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

The City has chosen to evaluate the number of post-construction storm water practices inventoried as an indicator for measuring the overall effectiveness of the City's compliance with the Post-Construction Storm Water Management program requirements. Eleven practices have been inventoried. The City requires practices installed for 200 sqft of increased imperviousness to have a maintenance agreement executed with the City and an escrow provided to ensure maintenance.

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

1

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

The City plans to continue evaluating the number of post-construction storm water management practices inventoried as an indicator for measuring the overall effectiveness of the City's compliance with the Post-Construction Storm Water Management program requirements. The City will add BMPs to the inventory as necessary in the next reporting cycle. the City will continue to ensure compliance with their program by logging practices, agreements and escrows in their database.

MS4 Annual Report Form

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Name of MS4/Coalition: City of White Plains

SPDES ID: NYR20A230

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. **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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	● Yes	○ No	● Yes	○ No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	● Yes	○ No	● Yes	○ No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	● Yes	○ No	● Yes	○ No

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SPDES ID: NYR20A230

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

Parking Lots Swept (Number of acres X Number of times swept)	# Acres	74
Streets Swept (Number of miles X Number of times swept)	# Miles	60000
Catch Basins Inspected and Cleaned Where Necessary	#	400
Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	17
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	5.0

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 2

4. What was the date of the last training? 03 / 08 / 2015

5. How many municipal employees have been trained in this reporting period? 48

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 100 %

MS4 Annual Report Form

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Name of MS4/Coalition: City of White Plains

SPDES ID: NYR20A230

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 Pollution Prevention and Good Housekeeping for Municipal Operations program will address operations that collect, store or release sediments, wastes, or other potential pollutants with special consideration for the discharge of pathogens to the Upper Bronx River and tributaries and discharge of silt/sediment to the Upper Mamaroneck River and tributaries.

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

The City has chosen to evaluate the number of storm water management trainings held for employees as an indicator for measuring the overall effectiveness of the City's compliance with the Pollution Prevention and Good Housekeeping for Municipal Operations program requirements. There were two storm water management trainings held for City employees in this reporting period.

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

1

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

The City plans to continue evaluating the number of storm water trainings as an indicator for measuring the overall effectiveness of the City's compliance with the Pollution Prevention and Good Housekeeping program requirements in the next reporting cycle. The City will continue to follow the BMPs outlined in the City's BMPs for Municipal Facilities and Operations guidance document and the NYSDEC Municipal Pollution Prevention and Good Housekeeping Assistance Document.

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SPDES ID: NYR20A230

Additional Watershed Improvement Strategy Best Management Practices

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? ___

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?** ○ Yes ○ 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. ___ %

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Name of MS4/Coalition: City of White Plains

SPDES ID: NYR20A230

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?** ○ Yes ○ No ● N/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

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 ● N/A

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?** ○ Yes ○ No ● N/A

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SPDES ID: NYR20A230

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?** ○ Yes ○ No ● N/A

12. **Does your MS4/Coalition have a program to manage goose populations?** ○ Yes ○ No ● N/A