#### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 3

	OLL		11
This cover page must be completed by the report preparer.	N	v	R
Joint reports require only one cover page.	14		10

SPI	DES	ID						
N	Y	R	2	0	A	2	7	0

#### Choose one:

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

Fill in SPDES ID in upper right hand corner.

Naı	ne o	of M	[S4																				
V	I	L	L	A	G	E	0	F	L	I	И	D	E	N	Н	U	R	S	Т				

#### OR

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

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

ame of Single Entity											
		T									
							- 1			1	

#### OR

#### O 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	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	N Y R 2 0 A

Cover Page 1 of 2

#### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 3

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

N	SPDES ID	SPDES ID	SPDES ID
N	N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID	SPDES ID
N	N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID    N   Y   R   2   0   A	SPDES ID	SPDES ID	SPDES ID
N	N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID         SPDES ID			

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

MCC form for period ending March 9, 2 0 2 3

	SPI	DES	ID					Carrent Carlo	
Name of MS4 VILLAGE OF LINDENHURST	N	Y	R	2	0	A	2	7	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	accep	otan	ce c	of:					
<ul><li>An Annual Report for a single MS4</li></ul>									
O A Single Entity (Per Part II.E of GP-0-10-002)									
O A Joint Report									
Joint reports may be submitted by permittees with legally bindi	ng ag	ree	mei	nts.					
If Joint Report, enter coalition name:	0 0								
				-					퓜
	1				1 3				

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

MCC form for period ending March 9, 2 0 2 3

		SP	DES	ID						
Name of MS4	VILLAGE OF LINDENHURST	N	Y	R	2	0	A	2	7	0

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

Fire	st Na	ame				,									1957	MI		Las	st N	ame	;											
M	I	С	Н	A	E	L										A		L	A	V	0	R	A	Т	A							
Titl	e									(ASSESSMENT OF THE PARTY OF THE							770	50	RESUSSITIES									-	-	-		
M	A	Y	0	R																												
Add	ires	S														_																
4	3	0		S	0	U	Т	Н		W	E	L	L	M	0	0	D		A	V	E	N	U	Е								
City	/						,					7								S	tate		Zip	)								
L	I	N	D	E	N	Н	U	R	S	Т										I	Ŋ.	Y	1	1	7	5	7	_	7	9	2	6
eMa	ail												37-11 (1							_								J				
M	A	Y	0	R	@	V	Ι	L	L	А	G	Е	0	F	L	I	N	D	Е	N	Н	U	R	S	T	N	Y		G	0	V	
Pho	ne			1 1									W. C.					Cot	inty													
(	6	3	1	)	9	5	7	-	7	5	0	0						S	U	F	F	0	L	K								

MS4 Municipal Compliance Certification(MCC) Form														
MCC form for period ending March 9, 2 0 2 3														
Name of MS4 VILLAGE OF LINDENHURST SPDES ID N Y R 2 0 A 2 7 0														
Section 2 - Contact Information														
Important Instructions - Please Read														
Contact information must be provided for <u>each</u> of the following positions as indicated below:														
<ol> <li>Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).</li> </ol>														
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).														
<ol> <li>Contact information must be provided for <u>each</u> of the following positions as indicated below:</li> <li>Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).</li> <li>Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)</li> <li>The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c &amp; Part VIII.A.2.c).</li> <li>The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).</li> <li>Report Preparer (Consultants may provide company name in the space provided).         <ul> <li>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.</li> <li>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</li> </ul> </li> </ol>														
Name of MS4  VILLAGE OF LINDENHURST  Section 2 - Contact Information  Important Instructions - Please Read  Contact information must be provided for gach 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														
filled by the same individual. If one individual fills multiple roles, provide the contact information														
provided and a signature authorization form, signed by the Principal Executive Officer or Chief														
Name of MS4 VILLAGE OF LINDENHURST  Name of MS4 VILLAGE OF LINDENHURST  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:  O Principal Executive Officer/Chief Elected Official  Duly Authorized Representative  Local Stormwater Public Contact  Report Preparer  First Name  D D U G L A S														
Name of MS4 VILLAGE OF LINDENHURST  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 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  O Duly Authorized Representative  • Local Stormwater Public Contact  O Stormwater Management Program (SWMP) Coordinator  • Report Preparer  Sirst Name  MI Last Name  D O U G L A S  MI N I S T R A T O R C L E R K  MI A D L O N  M														
Name of MS4 VILLAGE OF LINDENHURST  Section 2 - Contact Information  Important Instructions - Please Read  Contact information must be provided for gach 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  O Duly Authorized Representative  • Local Stormwater Public Contact  O Stormwater Management Program (SWMP) Coordinator  • Report Preparer  Sirst Name  MI Last Name  D O U G L A S														
Local Stormwater Public Contact														
O Stormwater Management Program (SWMP) Coordinator														
Report Preparer														
First Name MI Last Name														
D O U G L A S M A D L O N														
Title														
ntact information must be provided for <code>each</code> of the following positions as indicated below:  Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J.).  Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)  The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c. & Part VIII.A.2.c.).  The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).  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.  each contact, select all that apply: "trincipal Executive Officer/Chief Elected Official buly Authorized Representative ocal Stormwater Public Contact tormwater Management Program (SWMP) Coordinator deport Preparer  Name  MI Last Name  O U G L A S  MI N I S T R A T O R C L E R K  MM A D L O N  MM A D														
Etion 2 - Contact Information  Dordrant Instructions - Please Read  Antact information must be provided for each of the following positions as indicated below:  Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VII).  Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)  The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c. & Part VIII.A.2.c).  The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).  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.  each contact, select all that apply:  rincipal Executive Officer/Chief Elected Official  huly Authorized Representative  coal Stormwater Public Contact  tormwater Management Program (SWMP) Coordinator  eport Preparer  Name  MI Last Name														

MCC Page 2 (additional)

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

MCC form for period ending March 9, 2 0 2 3

	Partner Information  Yes No  Nour MS4 work with partners/coalition to complete some or all permit requirements during this reporting of?  No Yes No  Ses, complete information below.  Submit a separate sheet for each partner. Information provided in other formats will not be eccepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the oalition. It is not necessary to include a separate sheet for each MS4 in the coalition.  Deprice of the oalition Name  Or William No Fine Area British Area Brit																													
Name of	f M	S4	VIL	LAG	E OF	LIN	IDEI	NHU	RST	•												N	Y	R	2	0	A	2	7	0
Section	n 3	-]	Pai	tn	er	In	for	m	ati	<u>on</u>																				
Did your period?	Section 3 - Partner Information id your MS4 work with partners/coalition to complete some or all permit requirements during this reporting priod?  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.  No, proceed to Section 4 - Certification Statement.  **rtner/CoalitionName**    O   W   N   O   F   B   A   B   Y   L   O   N   N   W   R   Z   O   A   O   A   Z   T   O      O   R   T   H   B   A   B   Y   L   O   N   N   W   R   Z   O   A   O   A   Z   T   O      SPDES Partner ID - If applicable   N   Y   R   Z   O   A   O   A   Z   T   O      SPDES Partner ID - If applicable   N   Y   R   Z   O   A   O   A   Z   T   O   A   D      State																													
* / DOMESTIC CONTROL OF CONTROL O	Section 3 - Partner Information  If your MS4 work with partners/coalition to complete some or all permit requirements during this reporting of yes. 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. The proceed to Section 4 - Certification Statement.  Interret Coalition Name  O W N O F B B B B Y L O N SPDES Partner ID - If applicable with representation of the coalition Name  SPDES Partner ID - If applicable N Y R Z O B O A Z O B O																													
		-								art	ner	. In	ıfor	ma	tio	n pi	rovi	idea	d in	ı ot	her	for	ma	ts v	vill	nc	t be	е		
accep	id your MS4 work with partners/coalition to complete some or all permit requirements during this reporting eriod?  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.  Yoo, proceed to Section 4 - Certification Statement.  Artner/CoalitionName  YOUNNOFBABBYLONN  SPDES Partner ID - If applicable NYR 2 0 A 0 4 3 and Address  Bal PHELPS LANE  NYR 2 0 A 0 4 3 and Address  State Zip  NORTHBBABYLONN  Mail																													
	Fyes, 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.  Separate Sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.  Separate Sparate ID - If applicable Noval and Noval																													
If No, pr	Oid your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  O Yes No  f 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.  f No, proceed to Section 4 - Certification Statement.    Cartner/CoalitionName   N   N   O   F   B   A   B   Y   L   O   N   D   Cartner/CoalitionName   N   Y   R   2   O   A   O   4   3																													
Partner/Co	Name of MS4  VILLAGE OF LINDENHURST  N Y R 2 0 A 2 7 0  Section 3 - Partner Information  Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  O 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.  In O W N O F B B A B Y L O N  In O R T H B A B Y L O N  September State  State Sity  N O R T H B A B Y L O N  N Y I I I T O I T O																													
TOW	coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.  f No, proceed to Section 4 - Certification Statement.  artner/CoalitionName  T O W N O F B A B Y L O N  artner/CoalitionName(con't.)  SPDES Partner ID - If applicable N Y R 2 O A O 4 3  address  2 8 1 P H E L P S L A N E																													
Partner/Co	oalit:	ion i	Nan	ie (c	on't	.)								-						_		SPI	DES	Pai	tne	r ID	- If	anr	lica	ble
	T O W N O F B A B Y L O N  artner/Coalition Name (con't.)  SPDES Partner ID - If applicable N Y R 2 0 A O 4 3  ddress																													
Address	-	_	1					-					1		_					-										
		P	Н	E	L	Р	S		L	A	N	Е																		
City			_				I			1			_					St	ate		Zin									
	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/CoalitionName  T O W N O F B A B Y L O N  Partner/CoalitionName(con't.)  SPDES Partner ID - If applicable N Y R 2 0 A O 4 3  Address  2 8 1 P H E L P S L A N E  City  State Zip  N O R T H B A B Y L O N  Mail																													
eMail	To W N O F B A B Y L O N SPOES Partner ID - If applicable N Y R 2 O A O 4 3  Address  2 8 1 P H E L P S L A N E  City  N O R T H B A B Y L O N  N O R T H B A B Y L O N  City  City  N O R T H B A B Y L O N  City  City  N O R T H B A B Y L O N  City  City  N O R T H B A B Y L O N  City  City  N O R T H B A B Y L O N  City  Cit																													
r g r	0	h	@	t	0	W	n	0	f	b	a	b	У	1	0	n		С	0	m										
Phone		,															Ιa	on 11:	., D	indi	na	۸ ۵۰۰		ont :			dom			
( 6 3	1	)	4	2	2	-	7	6	4	0																			•	No
What tas	ke/ı	reci	<b>3</b> 0n	cihi	liti	ec	are	che	rec	1 117	ith	thi	2 100	rtn	or l	(0.0	. 1/	TM 1	1 0	oho	· 1	Duo	OTHO.	100 C	0 ***	N A.	.1+:-	ala '	Тос	1>9
What tab	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. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.    Author:   Coalition Name   T																													
• MM1	Р	0	С	ន	,		W	A	Т	E	R		В	0	D	I	E	S		0	C	,		В	M	P	ន			
• MM2	P	0	С	S	,		W	A	Т	Е	R		В	0	D	I	Е	S		0	С	,		В	M	P	s			
• MM3	Р	0	С	s	,		W	A	Т	E	R		В	0	D	I	Е	S		0	C	,		В	М	P	ន			
O MM4																														
○ MM5																													$\dashv$	_
O MINIS																														
O MM6																10/2000														
Addition	al t	ask	s/re	esno	ons	ihil	itie	es.																						
				•					am	, R	o a f	$M_{\alpha}$	10.00	row	10701	+ D1	aat	ioo	a re		inac	1 fo	. N	rc 1	~ i=	. :		:	1	
wate	rsh	eds	inc	clud	led	in	GP	-()-(	08-	002	). Pa	art	пиз ГХ	em	em	1 /	исі	ice.	3 10	.qu	11 CC	1 10	1 1V.	104	5 11	1 111	ıpa	Hec	ļ	
		To Sallar				- 30 - 310			-		5273 				-				-			_								
	f No, proceed to Section 4 - Certification Statement.																													

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

MCC form for period ending March 9, 2 0 2 3

		SPI	DES	ID						
Name of MS4	VILLAGEOFLINDENHURST	N	Y	R	2	0	A	2	7	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 Na	ame							
M I C H A E L	A	LA	V O	R A	T	A				
Title (Clearly print title of individual signing report)										
M A Y O R										
Signature										
mhould fairples				Da	te					
				6	6	12	8	12	6	23

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

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

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 & 3 \end{vmatrix}$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPI	DES	ID						
Name of MS4/Coalition	VILLAGE OF LINDENHURST	N	Y	R	2	0	A	2	7	0

#### **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?

  0 0 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

If Yes, choose one of the following

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

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

No

URL			, , , ,			,				 	 		 	 			 		
Ħ	11	+		$\top$															
		-   -																	
URL									1100			See Division							
		T		T													11111143	3	
		-		_	+														_
					Ī														
URL											CONTRACT OF								
					П														
$\vdash$	1						_												
URL															-				-
$\vdash$			+	+															
							- 1												

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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	VILLAGE OF LINDENHURST	N Y R 2 0 A 2 7 0
Mini	mum Control Measure 1. Public Ed	ucation and Outreach
The information in th	is section is being reported (check one):	
<ul><li>On behalf of an inc</li><li>On behalf of a coal</li><li>How n</li></ul>		
1. Targeted Publi	c Education and Outreach Best Managem	ent Practices
Check all topics that	t were included in Education and Outreach d	uring this reporting period:
<ul><li>Construction Sites</li></ul>		O Pesticide and Fertilizer Application
O General Stormwate	r Management Information	Pet Waste Management
O Household Hazardo	ous Waste Disposal	<ul><li>Recycling</li></ul>
Illicit Discharge De	etection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Mair	ntenance	<ul><li>Trash Management</li></ul>
<ul><li>Smart Growth</li></ul>		<ul> <li>Vehicle Washing</li> </ul>
O Storm Drain Marki	ng	<ul><li>Water Conservation</li></ul>
• Green Infrastructur	e/Better Site Design/Low Impact Development	O Wetland Protection
Other:		O None
W A T E R F C	W   L   M   A   N   A   G   E   M   E   N   T	
2. Specific audien	ces targeted during this reporting period:	
Public Employees	○ Contractors	
Residential	O Developers	
<ul><li>Businesses</li></ul>	<ul> <li>General Public</li> </ul>	
O Restaurants	<ul><li>Industries</li></ul>	
• Other:	O Agricultural	

Program

C a m p

Summer

Other

						_						1000									_			SP	DES	SID	)					
Nar	ne (	of N	1S4,	/Co	aliti	on	VILL	AGI	E OF	LIN	DEN	IHU]	RST											N	Y	R	2	0	А	2	7	0
3.	W	/ha	ıt s rep	tra or	teg ting	ies g pe	did eric	l yo	our Cl	M: necl	<b>S4</b> /	Co l th	ali at a	tion app	ı us ly:	se t	o a	chi	eve	ed	uca	atio	n a	ınd	ou	itre	each	ı go	als	du	rin	g
$\circ$	Con	str	ucti	on	Site	e O	pera	itor	s T	rain	ned														# T	rain	ied					
O I	Dire	ect	Ma	ilin	gs																			#	∮Ma	ailin	ıgs					
O I	Kio.	sks	or	Otl	ner	Dis	play	/S																#	Loc	atio	ns					
$\circ$ I	List	-Se	rve	S																					# ]	In L	ist					100
O	Mai	ling	g L	ist																					# ]	ln L	ist					
• 1	Vev	vsp	ape	r A	ds (	or A	Artio	cles																#	Day	/s R	un					5
O I	Pub	lic	Ev	ents	s/Pr	ese	ntat	ion	S															#	Atte	ende	ees					
0 5	Sch	ool	Pro	ogra	am																			#	Atte	ende	ees					
07	ΓV	Spo	ot/P	rog	gran	n																		#	Day	/s R	un					
• F										225	101	27.70										T	otal	# D	istr	ibut	ed					
		v V	I	s (e		ibra A	ries, G	tow E	n of	H H		sks)	) L																			
	F	1					T																									
	ľ																	1			╡											
		T										$\exists$		1							f											
• (	Othe	er:																	!													
		S	t	r	е	a	m		С	1	е	a	n	-	u	р	s															
<b>V</b>	Web URL		age:		Pro	ovid edec	le s <sub>l</sub>	pec	ific	wel	b ac	ddre	esse	S - 1	not	hoi	me j	page	e. (	Con	tinı	ie o	n ne	ext	pag	ge if	ado	litic	nal	spa	ice :	is
	v	i	1	1	a	g	е	0	f	1	i	n	d	е	n	h	u	r	s	t	n	У		g	0	v			I			
								Application (S. C.)																								
Ţ	JRL				Г				ı -																							_
																												1	_	_	1	
	-																											+	_	$\downarrow$	-	=

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

ne of MS4/	Coalition	VILI	LAGE	E OF LI	NDE	NHU	RST											N	Y	R	2	0	A	2	7
Web Pag	ge con't.	:	Pr	ovide	spe	ecifi	ic v	veb	ade	dre	sse	S - J	not	ho	me	pag	ge.								
ORL		1				1	I			T	Γ	Γ			I										T
		+	-	++	+	-	-	+		-	-	$\vdash$	┝	-	-		-		_	$\vdash$			_		
		4				_																			
JRL								-				_													
												Γ													
			1		+	+				+		$\vdash$	$\vdash$		<u> </u>								H		1
		+	-		-	-		-	-	-	-	_	-										$\sqcup$		
JRL			_		1		T				1						_		)						
									Г																
					$\dagger$		$\vdash$																		$\dashv$
JRL		<b>—</b>	ı —		Т	1	Т	Т	Т				Г	Г		-									
					T																				T
JRL																									
)KL		T			T	T				Т															T
		+			+	-									_										_
JRL	2	10000117								-					-										
										(E135)	-													П	
		+			+															$\dashv$	$\dashv$		$\dashv$	$\dashv$	+
		+			+															$\dashv$	_				
$\perp \perp \perp$																									
RL						,	·													6	300				
					T															$\dashv$	$\dashv$	$\dashv$	$\dashv$	+	+
		+	H		+															_	$\dashv$	_	$\dashv$	$\dashv$	_
																								- 1	

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

		SPD	ES	שו						
Name of MS4/Coalition	VILLAGE OF LINDENHURST	N	Y	R	2	0	A	2	7	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.

Use sanitation calendar's to remind residents to recycle. The Village received positive feedback from residents, more and more people are recycling. The Village works together with a volunteer with Save the Great South Bay (SGSB), a non-profit organization that advocates for and implements real solutions that will help restore the bay. SGSB conducts community creek clean-ups, and offers local webinars on Bay Friendly Yards & general education on how to keep the bay, creeks, streams and

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

More and more people are becoming aware of pollution issues such as animal waste, plastic and styrofoam, and aluminum cans entering the positive drainage system entering our streams, canals and the Great South Bay, etc. Our goal is to continue to educate our residents on how to reduce pollutants from entering the streams, canals and Great South Bay. Save the Great South Bay recognized the Lindenhurst Memorial Library as the first Bay Friendly Library on Long Island, and a

C. How many times was this observation measured or evaluated in this reporting	ng period?		
		1	
(ex	.: samples/par	rticipants/e	vents)
D. Has your MS4 made progress toward this Measurable Goal during this repo	rting perio	d?	
	Yes	O No	
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	<ul><li>Yes</li></ul>	O No	

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

Continue using the Sanitation Calendar to educate residents on the environmental benefits of recycling. continue to educate residents to participate in Town of BabylonS.T.O.P. Program. Target area include recycling & household hazardous waste disposal. Continue to prepare articles for the Village Website & local newspapers to further educate the general public on uses associated with Non-Point Source Pollution. Utilize the Environmental Liaison to continue to implement hands-on

This report is being submitted for the reporting period ending March 9, 2 0 2 3

If submitt	ing this form as part of a joint report on beha	alf of a coalition lea	ve S	SPD	ES	ID	bla	nk.		
		SP	DES	SID						
120 020 220 220	VII I AGE OF LINDENHURST	N	v	D	2	0	7\	2	7	0

#### Name of MS4/Coalition VILLAGE OF LINDENHURST 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 2 O Comments on SWMP Received #Comments Community Hotlines 3 9 5 7 Phone # 5 2 Phone # Phone# Phone # Phone # Community Meetings # Attendees 0 Plantings Sq. Ft. 2 5 0 0 Storm Drain Markings #Drains 6 O Stakeholder Meetings # Attendees O Volunteer Monitoring # Events Other: SEQRA ITE S PLAN REV IEW PR 0 CE S S 2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? Yes O No O List-Serve # In List O Newspaper Advertising # Days Run O TV/Radio Notices # Days Run

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

Other: PRESENTED

IL

GE

BOARD

TO

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 & 3 \end{bmatrix}$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

ame o	of M	S4/	Coa	litic	on V	ILL.	AGE	OF :	LINI	DENI	HUR	ST											N	Y	R	2	0	А	2	7	0
. Ul																															
	eas					eci	ific	ad	dre	ess(	es)	wł	ier	e no	otic	e(s	) ca	ın l	be a	acc	ess	ed	- no	ot h	on	ie p	ag	e.			
URI		_	100	_		/	,	Ī	i	7	-	_				£	7		T	d			l <sub>a</sub>			_					Ι
h	t	t	р	s	:		/	v		1	1	a	g	е	0	f	1	i	n		е	n	h	u	r	s	t	11	У	•	g
0	V	_	r	е	s	0	u	r	С	е	s	/	n	0	t	i	С	е	S	/							-			-	
URI	ÍП																			Г											
																														_	
																														-	
URI																															Ш
URL	,																														
URL	,																				22-20										
URL	, 																											-	Ť		
																													_		
											201001.1000																				
URL										Т					-1								-1	-		-					
				-							_												-		-	4		-	+		
		_									-												$\dashv$		_	_	4				

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 & 3 \end{vmatrix}$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

ne of MS4/Coalitio	on VILLAGE	3 OF LIND	ENHUE	RST									N	Y	R	2	0	A	2	_7
URL(s) con't. Please provide	•				re n	otic	es c	an b	e ac	eces	ssed	l - 1	not !	ho	me	pa	ıge.			
JRL		ТТ				Т		$\neg$	Τ.											
				1	_		4	$\bot$	$\perp$											_
																				_
									T											
URL										L							ш			_
JRL				TT																
		+++	-	++	+		+	+	+					_	-	$\vdash$		$\dashv$		_
				++	_		_	$\bot$	_											
URL							12000000000000000000000000000000000000				AMI TANA							112222	everence at	
				1	T		一	$\forall$	T									T		
++++				++	+	$\vdash$		+	+					-						_
URL						, ,														
				$\dagger$	+	$\vdash$	+	+	+				$\forall$				H			
JRL		Т			$\neg$	Т		$\neg$	T	Г			T	-1						
					_	$\sqcup$	1	_	-			_	_	_						_
													T							
JRL									1		_									
													Т							
		+++			+							$\dashv$	+					$\dashv$		
++++		+++		++	+		+	+	+				-	+	4			_		
										1										
JRL																				
					$\top$			T						T	T					
									$\perp$					_						

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

Name	of M	[S4/	Coa	litic	n V	/ILL	AGI	E OF	LIN	DEN	HUH	RST											N	Y	R	2	0	A	2	7	0
3. Y	Whe Prog	re (	can n S	th WI	е р МР	ub ') F	lic Plar	acc 1 ai	ess	co sub	pie mi	s o	f tł om	nis me	anı nts	iua on	l ro	epo ose	rt,	Sto	orn	ıwa nts	itei ?	·M	an	age	me	ent			
	Enter whet																													d	
• M	S4/C	oal	itior	ı O																Rep						Pla			Con	nme	ents
	Dep	artı D	nen M		N	I	S	Т	Ъ	70	m	-	7.7	Т	Т		Ī.,	1-	T -	-	_	Т	_		Г						
	Ado				1/	Т	5	1	R	A	Т	I	V	E		0	F	F	I	C	Ε										
	4	3	0		S	0	U	Т	Н		W	Е	L	L	W	0	0	D		A	v	E	N	U	E						
	City	/																			1	Zir						_			
	L	I	N	D	Е	N	Н	U	R	S	Т								N	Y		1	1	7	5	7	-	7	9	2	6
	Pho				\	_	I _	_	1		1_			1																	
	(	6	3	1	)	9	5	7	_	7	5	0	0																		
O Lil	orary Add	, Ires	s													(	) A	nnı	ıal	Rep	ort	(	$\supset S$	WN	ИΡ	Plai	1	0	Con	ıme	ents
																						Π						Γ	Π		
	City	7																	_	_		Zip						1			
												20100000															_				
	Pho	ne															J	L							_		ı				
	1				)				_																						
	(	!			,									1																	
O Ot	her Add	lress	l		<i>,</i> [						ļ			l		(	) <b>A</b>	nnu	ıal	Rep	ort	(	S	WN	⁄IP ]	Plar	1	0	Con	ıme	ents
○ Ot		lress	S														A	nnu	ial	Rep	ort	(	o s	WN	/IP ]	Plar	1	0	Con	nme	ents
○ Ot			S														A	nnu	ial	Rep	ort	Zip		WN	<b>ЛР</b> ]	Plar	1	01	Con	nme	ents
○ Ot	Add		3														) A	nnu	ial	Rep	ort			WN	ИР I	Plar	1	0 (	Con	nme	ents
O Ot	Add	,	S														) A	nnu	ial	Rep	ort			WN	<b>ЛР</b> ]	Plan	n 	0	Con	nme	ents
○ Ot	City	,	S		)[				-								) A	nnu	ıal	Rep	ort			WN	MP ]	Plar	-	0	Con	nme	ents
O Ot	City Phon	ne		L:	)[				-											Rep		Zip				Plar	_		Con		
	City Phon	ne		L:	)[				-													Zip					_				
	City Phon	ne		L:	)[				-													Zip					_				
	City Phon	ne		L:	)[				-													Zip					_				
	Add City Phot	ne	UR		) [		cifi		- dds	acc	of of			T T T T T T T T T T T T T T T T T T T		C	) A	nnu	al I	Rep	ort	Zip	) S	WN	MP ]	Plar	-	00			
	Add City Phon ( [	ne	UR		) [	spe	cifi	c ac	- dddr	ess	of	pag	ge v	whee	ere	C	) A	nnu	al I	Rep	ort	Zip	) S	WN	MP ]	Plar	-	O (		nme	nts
○ We	Add City Phor	ase	UR	ovic			cifi		- dddr	ess			ge v	whe	ere	C	) A	nnu	aal ]	Rep	ort	Zip	) S	WN	MP ]	Plar	-	O (	Com	nme	nts

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

	SPE	ES ID	)					
Name of MS4/Coalition VILLAGE OF LINDENHURST	N	YR	2	0	A	2 '	7	0
4.a. If this report was made available on the internet, what date w	vas it po	sted?	•					
Leave blank if this report was not posted on the internet.	0 7	/ 0	1	/	2	0 2	2	3
4.b. For how many days was/will this report be posted?						1	3	0
If submitting a report for single MS4, answer 5.a If submitting a	a joint re	port,	ans	wei	· 5.b			
5.a. Was an Annual Report public meeting held in this reporting	period?			0	Yes	(		lо
If Yes, what was the date of the meeting?		/		1				
If No, is one planned?				•	Yes	(	N C	10
5.b. Was an Annual Report public meeting held for all MS4s cont	ributin	g to t	his	rep	ort (	lur	ing	3
this reporting period?				Ô	Yes		N	Į0
If No, is one planned for each?				0	Yes		N	10
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.				0	Yes		N	lo

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

	SPL	)ES	ID						
Name of MS4/Coalition VILLAGE OF LINDENHURST	N	Y	R	2	0	A	2	7	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.

Continue ongoing effort to educate Village Officials, residents, and community groups on the Village Stormwater Management Program. Continue on-going effort to detect, identify & eliminate illicit discharges, including dumping into positive drainage system. The pollutants of concernnitrogen, phosphorus, silt and sediment, pathogens, and floatables impacting the Village creeks, canals, and the Great South Bay. The sources of these pollutants are typically urban/stormwater

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

Over the course of time the Village Staff continues to take measures to reduce Non-Point Source Pollution. Therefore, the stormwater that flows through the streams, creeks and canals into the Great South Bay will improve and less pollutants will enter the system. The Village Staff is committed to taking every measure possible to reduce non-point source pollution entering into our waterways. The Village continues to install leaching basins to catch stormwater before it enters the positive system.

C. How many times was this observation measured or eva	duated 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 the next reporting cycle (including an implementation	o meet the goals of this MCM during schedule).

Continue on-going efforts by installing leaching basins, cleaning drainage structures, installing catch basin curb box covers. The Village has purchased an AirVac to clean drainage structures of contaminants, debris ad pollutants on a regular basis. The Village is also purchasing five (5) Big Belly solar-powered trash/recycling receptacles.

Name of MSA/Coolition VILLAGE OF LINDENHURST	SPDES ID    N   Y   R   2   0   A   2   7   0
Name of MS4/Coalition VILLAGE OF LINDENHURST	
Minimum Control Measure 3.	Ulicit Discharge Detection and Elimination
The information in this section is being reported (	check one):
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to the</li> </ul>	his report?
1. Enter the number and approx. percent	of outfalls mapped: # 1 0 0 %
2. How many of these outfalls have been so reporting period (outfall reconnaissance	creened for dry weather discharges during this inventory)?
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this
<ul><li>Auto Recyclers</li></ul>	<ul><li>Landscaping (Irrigation)</li></ul>
<ul><li>Building Maintenance</li></ul>	<ul><li>Marinas</li></ul>
○ Churches	O Metal Plateing Operations
<ul> <li>Commercial Carwashes</li> </ul>	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
○ Hospitals	Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
• Other:	O None
RESIDENTIAL/C	O M M E R C I A L P A R K S
O Sewersheds:	

	SPDES ID
Name of MS4/Coalition VILLAGE OF LINDENHURST	N Y R 2 0 A 2 7 0
3.b. What types of illicit discharges have	been found during this reporting period?
Broken Lines From Sanitary Sewer	O Industrial Connections
O Cross Connections	○ Inflow/Infiltration
O Failing Septic Systems	O Pump Station Failure
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows
<ul><li>Illegal Dumping</li></ul>	O Straight Pipe Sewer Discharges
● Other:    P	○ None           I L I T Y         W A S T E W A T E R
4. How many illicit discharges/potential reporting period?	l illegal connections have been detected during this
5. How many illicit discharges have bee	en confirmed during this reporting period?
6. How many illicit discharges/illegal coperiod?	onnections have been eliminated during this reporting
7. Has the storm sewershed mapping be If No, approximately what percent was	
8. Is the above information available in Is this information available on the war If Yes, provide URL(s):	
Please provide specific address of page	where map(s) can be accessed - not home page.
URL	

					Ī									T		T	T						T
					$\exists$									1	1								I
URL				1																			1
								I						T									I
			T		1		T							T									Ī
+	++	++	+	$\exists$	$\exists$	+		$\vdash$					$\dashv$	+	1	$\dashv$	$\dashv$						I
																							1
URL		T	1		Т							П		T	T	П	T						T
+				$\Box$		+	1	-				-		+	-	+	+						I
			-	$\vdash$	+		+						+	$\dashv$	1	+	+					 	I
														_	-								
URL		T	T	П									Т	T	-	-					-	-	T
		+	-	H	+		+	H				-	$\dashv$	+	+	$\dashv$					_		I
			_	$\mathbb{H}$	+		+	H	_			-	+	+	+	4	4	_					I
URL	T	T		П								П		Т	T								T
			+		+	_	-	-				_	4	+	-	1				_		2 1	I
-			+	Ш		-	<u> </u>			Name of		4		4			_						
			1																				

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

in submitting this form as part of a joint report on behalf of a coantion leave SFDES ID	Jiank.
SPDES ID	
Name of MS4/Coalition VILLAGE OF LINDENHURST NYR 20	A 2 7 0
12 Evaluating Progress Toward Massurable Coals MCM 2	
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward achieving measurable golidentified in your Stormwater Management Program Plan (SWMPP), including requirement III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting	g period.
On-going Department of Public Works systematically maintains and cleans drainage basin pipes on a Village-wide basis. On-going pooper scooper law has been in effect and enforce wide. Additional installation of Dog Waste stations within Village Park areas.	s/drainage ed Village
B. Briefly summarize the observations that indicated the overall effectiveness of this Goal.	Measurable
It is difficult to determine the exact success of the Village's Storm water Management Proposed because it is difficult to determine how much non-point source pollution is entering the Vi streams, canals and Great South Bay. The Village will continue to work at taking measure educate the residents and implement programs that help reduce the impact on storm water pollution. SEE ATTACHED	llage's
C. How many times was this observation measured or evaluated in this reporting per	iod?
	1
	es/participants/e
D. Has your MS4 made progress toward this measurable goal during this reporting p	
	Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	Vas A Na
F. Briefly summarize the stormwater activities planned to meet the goals of this MCN the next reporting cycle (including an implementation schedule).	Yes ● No <b>I during</b>
On-going The Village averages the installation of approximately 12 catch and leaching bas Village wide per year, to mitigate storm water runoff. SEE ATTACHMENT	ins

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

Name of MS4/Coalition VILLAGE OF LINDENHURST N Y	R	2	0	A	2	7	0

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

	Construction Site and Post-Construction Control		
Th	e 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 remechanism that provides equivalent protection to the NYS SPDES General Per Stormwater Discharges from Construction Activities?	gulatory rmit for • Yes	′ ○ No
1b	e. Has each Town, City and/or Village contributing to this report documented the equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney cerfification or using the NYSDE Analysis Workbook?	Erosion	w is and
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La © 09/2004 © 0	aw. 03/2006	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	• Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have reviewed in this reporting period?	ve been	0
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of procomments related to construction SWPPPs?  • Yes	ublic O No	O 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 SWPPP process?	the loca • Yes	al O 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:

O Notices of Violation	#	0	O No Authority
O Stop Work Orders	#	0	O No Authority
O Criminal Actions	#	0	O No Authority
O Termination of Contracts	#	0	O No Authority
O Administrative Fines	#	0	O No Authority
O Civil Penalties	#	0	O No Authority
<ul> <li>Administrative Orders</li> </ul>	#	1	O No Authority
O Enforcement Actions or Sanctions	#	0	
Other	#	0	O No Authority

Name of MS4/Coalition VILLAGE OF LINDENHURST SPDES ID  N Y R 2	2 0 A 2	7 0
Minimum Control Measure 4. Construction Site Stormwater Run	off Cont	rol
The information in this section is being reported (check one):		
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>		
1. How many construction projects have been authorized for disturbances of one during this reporting period?	e acre or m	ore 0
2. How many construction projects disturbing at least one acre were active in your during this reporting period?	our jurisdi	ction 0
3. What percent of active construction sites were inspected during this reporting	g period?	ONT
	1 0	0 %
4. What percent of active construction sites were inspected more than once?		ONT
	1 0	0 %
5. Do all inspectors working on behalf of the MS4s contributing to this report us	se the NYS	\$
Construction Stormwater Inspection Manual? • Yes	O No	ONT
6. Does your MS4/Coalition provide public access to Stormwater Pollution Prev (SWPPs) of construction projects that are subject to MS4 review and approv		ns
• Yes	○ No	O NT
If your MS4 is Non-Traditional, are SWPPPs of construction projects made a public review?	NE SELEC	r • No

		PDE		T	Г	200	П	
of MS4/Coalition VILLAGE OF LINDENHURST		N Y	R	2	0	A	2	7
on't.:								
Submit additional pages as needed.								
S4/Coalition Office  Department								
A D M I N I S T R A T I V E O F F I C E			T					
Address								
	E	U V	E					
	Zip	1 324		1			ш	
L I N D E N H U R S T N Y		1 7	5	7	]_	7	9	2
Phone			-		J			-
(   6   3   1   )   9   5   7   <b>-</b>   7   5   0   0								
prary								
Address								
City	Zip			1	1			
					-			
Phone								
ner								
Address								
1 2 1 A L B A N Y A V E N U E								
City	Zip							
L I N D E N H U R S T N Y	1 :	1 7	5	7	-			
Phone								
( 6 3 1 ) 9 5 7 - 7 5 2 0								
b Page URL(s): Please provide specific address where SWPPPs can b	oe ac	cesse	ed -	not	hor	ne i	กลอย	2
URL		••		1101	1101	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	page	•
	e r	h	u	r	s	t	n	У
h t t p s : / / v i l l a g e o f l i n d		_	+					
	/	T		1				
	/							
	/							
	/							
g o v / r e s o u r c e s / n o t i c e s	/							
g o v / r e s o u r c e s / n o t i c e s	/							

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

		SPDI	ES	ID						
Name of MS4/Coalition	VILLAGE OF LINDENHURST	N	Y	R	2	0	A	2	7	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.

In accordance with Section 402 of the Clean Water Act and the New York State Department of Environmental Conservation SPDES General Permit for Stormwater Discharge from Municipal Seperate Storm Sewer System permit the Village adopted Local Law #8-2010 to amend Chapter 189 Waterways to Prohibit Illicit Discharges, Activities and connections to Seperate Storm Sewer System. SEE ATTACHMENT

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

It should be noted that virtually no large tracts of land are left to develop in the Village of Lindenhurst. The remaining large tracts of land are dedicated to parks and recreation and open speae use and are either owned by Suffolk County or the Village of Lindenhurst. In fact the last building permit issued for development of a parcel of land over one acre was on March 22, 2002. SEE ATTACHMENT

C.	How	many	times	was	this	observatio	ı measured	or	evaluated	in	this	reporting	period?
----	-----	------	-------	-----	------	------------	------------	----	-----------	----	------	-----------	---------

(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 O No

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

Although there is minimum development in the Village of Lindenhurst and the present codes regarding erosion and sediment control meets the NYS recommendations for Stormwater Management and Sediment Control and Prohibit Illicit Discharge, activities to storm sewer system. In addition, the Village did adopt a new Stormwater Management & Erosion Control Code based on the New York State model code.

PARKS

#### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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	VILLAGE OF LIND	ENHURST		N Y R	2 0 A 2 7 0
Minimum	Control Mea	sure 5. Post-	-Constructio	on Stormwater N	<u> Ianagement</u>
The information in the	nis section is bein	g reported (chec	k one):		
On behalf of an inc On behalf of a coa How m		ributed to this 1	report?		
				nagement practices eporting period?	has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	ces	0			
O Filter Systems		0			
O Infiltration Basins		0			
<ul><li>Open Channels</li></ul>					
○ Ponds		0			
O Wetlands		0			
Other		0			
2. Do you use an BMPs, inspecti			base, spreadsl	neet) to track post-	construction  ○ Yes • No
3. What types of Development/E					npact
<ul><li>Building Codes</li></ul>	O Municipal Co	omprehensive Pl	ans		
Overlay Districts	Open Space I	Preservation Pro	gram		
<ul><li>Zoning</li></ul>	<ul><li>Local Law or</li></ul>	Ordinance			
○ None	Land Use Re	gulation/Zoning			
O Watershed Plans	Other Compr	ehensive Plan			
Other:					

PROJECT

IMPROVEMENT

		SI	PDES	ID						
Name of MS4/Coalition VILLAGE OF LINDEN	NHURST	1	1 X	R	2	0	A	2	7	0
4a. Are the MS4s contributing to this	report involved in a regi	onal/watershed	wide	e pl	ann	20.775	eff Ye			No
4b. Does the MS4 have a banking and	l credit system for storm	water managem	ent p	orac	etic		16	5		INO
						0	Ye	S		No
4c. Do the SWMP Plans for each MS4 and approval of banking and cred										
						O	Ye	S		No
4d. How many stormwater managemer reporting period?	ent practices have been in	mplemented as j	part	of t	his	sys	tem	in	thi	S
5. What percent of municipal officia training on Low Impace Developm Infrastructure principles in this re	ment (LID), Better Site D	for program im esign (BSD) and	plem oth	ent	atio	on a en	itte	nde	ed	%

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

		SPI	JE S	עוו				20.00 DC		
Name of MS4/Coalition	VILLAGE OF LINDENHURST	N	Y	R	2	0	A	2	7	0
		A 101 1 1 1 1 1 1 1 1	-		-	-	-	-		

#### 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.

Any new developments/construction the Planning Board requires that all stormwater be contained on-site. The property owner is then required to maintain the drainage system on-site forever. During construction the current procedures requires the installation of drainage structures and pavement. The Village Building Inspector inspects the site during and after installation to ensure compliance with the site plan. SEE ATTACHMENT

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

The problem in the Village of Lindenhurst has been that most storm water emanates from points north of the Village so it is very difficult to measure affected areas outside the Village jurisdiction. However, with our on-going Stormwater Management Program there has to be a reduction in non-point source pollution. SEE ATTACHMENT

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

0 0 2

(ex.: samples/participants/events)

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

• Yes O No

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

• Yes O No

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

On-going installation of leaching basins to collect storm water before it enters the positive drainage system. -on-going installation of catch basin curb box covers that prevents most floatables from flowing into the positive system. SEE ATTACHED The Village worked with GOSR to implement a Bay Front Park Natural Systems Resiliency Improvement project that was completed in December 2022. The project will help reduce erosion and flooding, as well as improve water quality and

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

		SPI	DES	ID						
Name of MS4/Coalition	VILLAGE OF LINDENHURST	N	Y	R	2	0	А	2	7	0

#### Minimum Control Measure 6. Stormwater Management for Municipal Operations

On behalf of an individual MS4 On behalf of a coalition
How many MS4s contributed to this report?
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

effectiveness of existing programs and 3) identify the municipal operations and facilities

potentially generated by the permittee's operations and facilities; 2) evaluate the

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

that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Self-Assessment
Operation/Activity/Facility

			- positional radiation of the same of
			performed within the past 3
Operation/Activity/Facility	Addressed i	n SWMP?	years?
Street Maintenance	• Yes	O No	Yes O No
Bridge Maintenance	O Yes	• No	○ Yes • No
Winter Road Maintenance	• Yes	○ No	O Yes • No
Salt Storage	• Yes	○ No	● Yes ○ No
Solid Waste Management	O Yes	● No	○ Yes • No
New Municipal Construction and Land Disturba	nce • Yes	○ No	○ Yes • No
Right of Way Maintenance	Yes	O No	• Yes O No
Marine Operations		• No	○ Yes • No
Hydrologic Habitat Modification		● No	○ Yes • No
Parks and Open Space	• Yes	○ No	○ Yes • No
Municipal Building	■ Yes	○ No	○ Yes • No
Stormwater System Maintenance		○ No	○ Yes • No
Vehicle and Fleet Maintenance		○ No	○ Yes • No
Other	O Yes	• No	○ Yes • No

	SPI	DES II	)					
Name of MS4/Coalition VILLAGE OF LINDENHURST	N	YR	2	0	Α	2	7	0
2. Provide the following information about municipal operations go	od h	ousel	ceep	ing	g pr	og)	ran	1S:
Parking Lots Swept (Number of acres X Number of times swept)		# Ac	res				4	0
• Streets Swept (Number of miles X Number of times swept)		# M	les			8	5	0
<ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>			#		2	3	0	0
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>			#					0
O Phosphorus Applied In Chemical Fertilizer		# L	bs.					0
O Nitrogen Applied In Chemical Fertilizer		# L	bs.					0
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)	of	# Acre	s			(	0].[	0
3. How many stormwater management trainings have been provide	d to	muni	cipa	ıl e	mp	loy	ees	
during this reporting period?								2
4. What was the date of the last training?	0 1	] / [1	5	/	2	0	2	3
5. How many municipal employees have been trained in this report	ing p	eriod	?					4
6. What percent of municipal employees in relevant positions and d stormwater management training?	epar	tmen	ts re	ecei	ve	2	0	%

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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 VILLAGE OF LINDENHURST	N Y R 2 0 A 2 7 0
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward achi identified in your Stormwater Management Program Plan (SWMPP), III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWM	IPP in this reporting period.
On-going Village of Lindenhurst Department of Public Works has co Practices within its main Department of Public Works yard in connect operations and equipment maintenance. It should be noted the Villag shed to further our efforts to reduce contaminants from entering the g has plans to rebuild the buildings/garages at the Department of Public	tion with its municipal te has constructed a covered salt tround water. The Village also
B. Briefly summarize the observations that indicated the overall e Goal.	effectiveness of this Measurable
On-going BMP improvements of overall operations, the Village has a Suffolk County Department of Health Services regulations. This has preleases of contaminants to surface or groundwater resources. On-going BMP improvements of overall operations, the Village has a Suffolk County Department of Health Services regulations. This has preleases of contaminants to surface or groundwater resources.	prevented any significant
C. How many times was this observation measured or evaluated i	n this reporting period?
	5 0
D. Has your MS4 made progress toward this measurable goal dur	ring this reporting period?  • Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the S	
F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule	ne goals of this MCM during
Ongoing effort to improve operations and compliance with Suffolk C Services regulations. The Village's on-going efforts to improve our E continue and be improved upon.	

		SPD	ES	ID						
Name of MS4/Coalition	VILLAGE OF LINDENHURST	N	Y	R	2	0	А	2	7	0
										the state

How many MS4	4s contributed to this re	eport?		
S4s must answer the qu	estions or check NA a	s indicated in the table	below.	
MS4 Description	Answer	Check NA	(POC)	
NYC EOH Watershed	1	-	-	
raditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus	
raditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus	
On-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus	
Onondaga Lake Watershed raditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus	
raditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	Phosphorus	
on-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	Phosphorus	
Greenwood Lake Watershed	1,0,74-4,64,7	2,5,4,5,66,10,11,12	- Inospinorus	
raditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus	
raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus	
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus	
Oyster Bay	-		-	
raditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens	
raditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens	
on-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens	
Peconic Estuary	-	-	-	
raditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen	
raditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen	
on-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen	
Oscawana Lake Watershed	-	-	-	
raditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus	
raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus	
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus	
LI 27 Embayments	-			
raditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens	
	1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9	5,6,8a,8b 5,6,8a,8b,10,11,12	Pathogens	
raditional Non-Land Use		5 ( 0 01 10 11 10	Pathogens	

pped in time	reporting p	orrou.
Additional	BMPs Page	1 of 3

		SPDES ID		
Naı	ume of MS4/Coalition VILLAGE OF LINDENHURST	N Y R 2	0 A 2	2 7 0
3.	Does your MS4/Coalition have a Stormwater Conveyance and Maintenance Plan Program?	ce System (infrastructi O Yes	u <b>re) Ins</b> p O No	ection N/A
4.	Estimate the percentage of on-site wastewater treatment and maintained or rehabilitated as necessary in this repo	2.74	n inspec	eted %
5.	Has your MS4/Coalition developed a program that proving NYSDEC SPDES General Permit for Stormwater Discha (GP-0-08-001) to reduce pollutants in stormwater runoff disturb five thousand square feet or more?	arges from Constructi	on Activ	vities
6.	Has your MS4/Coalition developed a program to address runoff from new development and redevelopment project equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Act the New York State Stormwater Design Manual Enhance Standards?	ets that disturb greate the NYS DEC SPDES ctivities (GP-0-08-001)	r than or General ), includi	r
7a.	a. Does your MS4/Coalition have a retrofitting program to phosphorus/nitrogen/pathogen loading?	reduce erosion or ○ Yes	O No	• N/A
7b	o. How many projects have been sited in this reporting per	iod?		
7c.	. What percent of the projects included in 7b have been co	ompleted in this repor	ting peri	iod?
7d	I. What percent of projects planned in previous years have	and the state of t		%
8a.	a.Has your MS4/Coalition developed and implemented a to procedures policy that addresses proper fertilizer applica- lands?	urf management prac		
8b	o. Has your MS4/Coalition developed and implemented a to procedures policy that addresses proper disposal of grass municipally owned lands?			0 <b>n/a</b>

	SPDES ID	SPDES ID					
Name of MS4/Coalition VILLAGE OF LINDENHURST	N Y R 2	0 A 2	2 7 0				
9. Has your MS4/Coalition developed and implemented a program		_					
	O Yes	O No	• N/A				
10. Has your MS4/Coalition enacted a local law prohibiting pet was	ste on municipa	ıl prope	rties and				
prohibiting goose feeding?	• Yes	O No	O N/A				
11. Does your MS4/Coalition have a pet waste bag program?	• Yes	O No	O N/A				
12. Does your MS4/Coalition have a program to manage goose							
populations?	Yes	O No	ON/A				

# VILLAGE OF LINDENHURST MS4 ANNUAL REPORT ending 3-9-2023 ATTACHMENT'S

#### MCC Section 2 – Contact Information

LOCAL STORMWATER PUBLIC CONTACT & REPORT PREPARER:

Douglas Madlon
Administrator Clerk
430 South Wellwood Avenue
Lindenhurst, NY 11757-7926
dmadlon@villageoflindenhurst.gov
(631) 957-7503
Suffolk County

#### MCM1 4. A.

The Village has sponsored an educational program regarding pollution prevention during the youth summer camp.

#### MCM1 4. F.

The Village of Lindenhurst sponsors a summer youth program at Village Park for children 5-12 years old. Over the past year, the program has included youth counselors organizing poster education programs regarding the issues of pollution, litter and elimination of pollutants (such as glass bottles, aluminum cans, Styrofoam and litter) entering the positive drainage system that flows into streams, canals and eventually the Great South Bay.

#### MCM2 7. A.(continued)

On-going efforts - The Village of Lindenhurst Stormwater Management plan includes the task of reducing NPS potential pollution areas Villagewide. This has been addressed by the following: The areas of concentration have been along the four natural streams that traverse the Village of Lindenhurst. The four creeks are Strongs Creek, Neguntatogue Creek, Little Neck Creek and Santapogue Creek.

The Village has also implemented a program to remove curb-inlet drainage grates that allow floatables to enter the positive drainage system. The Village has either installed inserts or cemented curb-inlets in approximately 20 locations over the past year.

Debris catchers have been installed at various locations along Neguntatogue Creek (on Newark Street and Kane Street) that collect floatables along the stream at the culvert adjacent to Pennsylvania Avenue north of East Gates Avenue before floating into canals and the Great South Bay.

A street sweeper program includes all Village roads to be swept eight times a year. The Department of Public Works has a Drainage Crew that performs storm drain maintenance on a daily basis.

Key members of the Village staff have attended training courses pertaining to effective management practices for various aspects of municipal work. This has allowed for a better understanding of all related procedures and problems, and therefore has enabled the Village to be proactive when dealing with stormwater mitigation.

The Village has been working with New York State Department of Transportation to have debris catchers installed in streams north of the Village border to reduce the pollutants i.e.: bottles, cans, Styrofoam cups, non-point source pollutants, coming off New York State's highways into natural streams that flow through the Village of Lindenhurst to canals and the Great South Bay.

#### MCM3 - 12. B (continued)

The problem the Village encounters is that New York State, Suffolk County and Town of Babylon directs storm water into the positive drainage system that flows through the Village, but the Village has no control over pollutants entering the system.

#### MCM3 - 12. C (continued)

Ongoing observation. New York State D.O.T. has not responded.

#### MCM3 - 12. F (continued)

The concept is to collect stormwater in leaching basins percolating it into the ground mimicking nature before entering the positive drainage system that flows into natural streams, canals and the Great South Bay. On-going Street Sweeping Program, in which all streets are swept on a monthly basis.

N.Y.S. D.O.T. has installed a debris catcher off Sunrise Highway east of Wellwood Avenue that has partially caught bottles, cans, Styrofoam, litter, and debris from coming south into the Village. However, a better job is needed to remove the debris from the creek.

The Village also adopted the State Model Code for illicit discharge during calendar year 2010.

#### MCM 4 Page 3 of 3 - 7. A (Continued)

In addition the Village Board adopted the New York State guideline for Stormwater Management and Erosion and Sediment Control.

#### MCM 4 Page 3 of 3 - 7. B (Continued)

Therefore, the Village very rarely experiences private development of a parcel of land one-acre or more so the existing codes regarding Stormwater Management and Erosion and Sediment Control have worked for the Village.

#### MCM 5 Page 3 of 3 - 6. A (Continued)

Under New York State Law on new construction when soil disturbance of one acre or more requires a Stormwater Pollutant Discharge Elimination System Construction Permit (SPDES). The Village Building Inspector will not issue a building permit until a NYSPDES Permit is obtained. This has helped in the Villages overall Stormwater Management Plan.

#### MCM 5 Page 3 of 3 - 6. B. (Continued)

The Village responds to complaints on older commercial and industrial sites that do not have drainage infrastructure built to planning board specifications.

Planning Board requirements for new construction to maintain all storm water on site has insured that in the event the Village determines that on-site drainage is not being maintained enforcement action may be taken to correct the problem.

These new Planning Board requirements for the maintenance of on-site drainage have had a positive effect on reducing stormwater flow/pollutants into the Village's waterways.

#### MCM 5 Page 3 of 3 - 6. F (Continued)

The Village will continue to improve conditions for covenants and restrictions that all drainage on a site development be maintained into future.

#### MCM 6 Page 3 of 3 - 6. F (Continued)

At the Village's Department of Public Works there are two tanks, a 4,000 gallon gasoline tank and a 6,000 gallon diesel fuel tank. The Village's ongoing effort to keep the petroleum dispensing system free of contaminants and stormwater in May 2012 a OMNTEC 800011 automatic tank alarm and inventory control system with all necessary sensors and probes. In addition, two new fiber light 36" water shedding manhole covers were installed. This will help ensure no contaminating pollutants enter surface water and end up in the positive drainage system.