

MCC form for period ending March 9,	2	0	1	6
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SPDES ID

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

Name of MS4

[illegible]

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

Name of Single Entity

[illegible]

☐ **This is a joint report being submitted on behalf of a coalition.**

Name of Coalition

[illegible]

SPDES ID						
N	Y	R	2	0	A	

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

SPDES ID						
N	Y	R	2	0	A	

SPDES ID							
N	Y	R	2	C	A		

SPDES ID							
N	Y	R	2	C	A		

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

SPDES ID								
N	Y	R	2	0	A			

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
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N Y R 2 0 A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	2	0	1	6
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Name of MS4 TOWN OF SOUTHEAST

SPDES ID

N	Y	R	2	0	A	3	2	0
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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:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 TOWN OF SOUTHEAST

SPDES ID

N Y R 2 0 A 3 2 0

Section 2 - Contact Information**Important Instructions - Please Read**Contact information must be provided for ***each*** of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

First Name	MI	Last Name
T o n y		H a y
Title		
S u p e r v i s o r		
Address		
1 3 6 0 R o u t e 2 2		
City	State	Zip
B r e w s t e r	N Y	1 0 5 0 9 -
eMail		
t h a y @ s o u t h e a s t - n y . g o v		
Phone	County	
(8 4 5) 2 7 9 - 4 3 1 3	P u t n a m	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 TOWN OF SOUTHEAST

SPDES ID

N Y R 2 0 A 3 2 0

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

M i c h a e l

MI

Last Name

B r u e n

Title

H i g h w a y S u p e r i n t e n d e n t

Address

1 0 P a l m e r R o a d

City

B r e w s t e r

State

N Y

Zip

1 0 5 0 9 -

eMail

m b r u e n @ s o u t h e a s t - n y . g o v

Phone

(8 4 5) 2 7 9 - 2 1 4 1

County

P u t n a m

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 TOWN OF SOUTHEAST

SPDES ID

N Y R 2 0 A 3 2 0

Section 2 - Contact Information**Important Instructions - Please Read**Contact information must be provided for ***each*** of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

First Name: V i c t o r i a MI: Last Name: D e s i d e r o
 Title: P l a n n i n g B o a r d S e c r e t a r y
 Address: 1 M a i n S t r e e t
 City: B r e w s t e r State: N Y Zip: 1 0 5 0 9 -
 eMail: v d e s i d e r o @ s o u t h e a s t - n y . g o v
 Phone: (8 4 5) 2 7 9 - 7 7 3 6 County: P u t n a m

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,	2	0	1	6
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Name of MS4 TOWN OF SOUTHEAST

SPDES ID

N	Y	R	2	0	A	3	2	0
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Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ☐ Yes ☒ No

☐ 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

[illegible]

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

[illegible]

Address

[illegible]

City

State

Zip

[illegible]

eMail

[illegible]

Phone

$$\left(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} = \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G? ☐ Yes

☐ Yes ☒ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

[illegible][illegible][illegible][illegible][illegible][illegible]

Additional tasks/responsibilities

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

Development of post-construction retrofit program.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 Town of Southeast

SPDES ID

N	Y	R	2	0	A	3	2	0
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Section 4 - Certification Statement

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

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

First Name

MI

Last Name

T	o	n	y									
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[illegible]

Title (Clearly print title of individual signing report)

[illegible]

Signature



Date _____

05 / 19 / 2014

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,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF SOUTHEAST

SPDES ID

N	Y	R	2	0	A	3	2	0
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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

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

TOWN OF SOUTHEAST

SPDES ID

N	Y	R	2	0	A	3	2	0
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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?

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

[illegible]

Other

2. Specific audiences targeted during this reporting period:

- ☐ Public Employees
- ☒ Residential
- ☒ Businesses
- ☐ Restaurants
- ☐ Other:
- ☒ Contractors
- ☒ Developers
- ☒ General Public
- ☒ Industries
- ☒ Agricultural

[illegible]

Other

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	O	W	N	O	F	S	O	U	T	H	E	A	S	T
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SPDES ID

N	Y	R	2	0	A	3	2	0
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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

				1
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☐ Kiosks or Other Displays

Locations

--	--	--	--	--

☐ List-Serves

In List

--	--	--	--	--

☒ Mailing List

In List

	3	9	0	0
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☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

			8	1
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☒ School Program

Attendees

			2	8
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☐ TV Spot/Program

Days Run

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☒ Printed Materials:

Total # Distributed

			5	5
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Locations (e.g. libraries, town offices, kiosks)

T	O	W	N		H	A	L	L										
P	L	A	N	N	I	N	G		D	E	P	A	R	T	M	E	N	T
B	U	I	L	D	I	N	G		D	E	P	A	R	T	M	E	N	T

☐ Other:

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

URL

w	w	w	.	s	o	u	t	h	e	a	s	t	-	n	y	.	g	o	v	/	p	u	b	l	i	c	d	o	c	u	m	
e	n	t	s	/	s	o	u	t	h	e	a	s	t	n	y	m	s	4	/	i	n	d	e	x								

URL

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e	n	t	s	/	s	o	u	t	h	e	a	s	t	n	y	m	s	4	/	i	n	d	e	x	#	i	n	t	r	o		

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

TOWN OF SOUTHEAST

SPDES ID

N Y R 2 0 A 3 2 0

3. Web Page cont.: Provide specific web addresses - not home page.

URL

www.southeast-ny.gov/publicdocuments/southeastnynms4/southeastnms4permitapplicationdirection

URL

www.southeast-ny.gov/publicdocuments/southeastnynms4/escpermitform.pdf

URL

www.southeast-ny.gov/publicdocuments/southeastnynms4/outreach

URL

www.southeast-ny.gov/publicdocuments/southeastnynms4/public

URL

www.southeast-ny.gov/publicdocuments/southeastnynms4/dischARGE

URL

linkto:http://cfpub.epa.gov/npdes/stormwatermonth.cfm#customize

URL

linkto:http://www.epa.gov/pwpw/nps/kids/

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF SOUTHEAST

SPDES ID

N	Y	R	2	0	A	3	2	0
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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.

Continue to make flyer/factsheet available.

Continue to provide information packet/brochure available to permit applicants.

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

Continue to distribute guidance documents to permit applicants.

Continue to increase awareness and public outreach through Founder's Day Program, Town Clean Up Day and Poster Contest in schools.

Continue Direct distribution of education materials by Stormwater Inspector in the field.

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

			4
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(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).

Conduct quarterly briefings at Town Board work session on septic maintenance, yard waste, fertilizer and pesticide use, leaf collection, etc.

Continue to conduct public outreach through Town cleanup days, Founder's Day and Poster Contest in Schools.

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 TOWN OF SOUTHEAST

SPDES ID

N Y R 2 0 A 3 2 0

2. URL(s) con't.:

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

URL

w w w . t o w n o f s o u t h e a s t - n y . g o v / p u b l i c
d o c u m e n t s / s o u t h e a s t n y m s 4 / m s 4 a n n
u a l r e p o r t 2 0 1 6 . p d f

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.

SPDES ID

Name of MS4/Coalition

TOWN OF SOUTHEAST

N	Y	R	2	0	A	3	2	0
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2. URL(s) con't.:

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

URL

[illegible]URL[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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

TOWN OF SOUTHEAST

SPDES ID

N Y R 2 0 A 3 2 0

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

T o w n o f S o u t h e a s t H i g h w a y D e p a r

Address

1 0 P a l m e r R o a d

City

B r e w s t e r N Y

Zip

1 0 5 0 9 -

Phone

(8 4 5) 2 7 9 - 2 1 4 1

☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

City

Zip

-

Phone

() -

☒ Other

☒ Annual Report ☒ SWMP Plan ☒ Comments

Address

1 M a i n S t r e e t

City

B r e w s t e r N Y

Zip

1 0 5 0 9 -

Phone

(8 4 5) 2 7 9 - 7 7 3 6

☒ Web Page URL:

☒ Annual Report ☒ SWMP Plan ☒ Comments

h t t p : / / w w w . s o u t h e a s t - n y . g o v / p u b
l i c d o c u m e n t s / s o u t h e a s t n y m s 4 / i n d
e x

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

☒ eMail

☒ Comments

p l a n n i n g @ s o u t h e a s t - n y . g o v

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF SOUTHEAST

SPDES ID

N	Y	R	2	0	A	3	2	0
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4.a. If this report was made available on the internet, what date was it posted?

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

0	4
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 /

2	7
---	---

 /

2	0	1	6
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4.b. For how many days was/will this report be posted?

3	6	5
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☒ Yes ☐ No

If Yes, what was the date of the meeting?

0	5
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 /

1	9
---	---

 /

2	0	1	6
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If No, is one planned?

☐ Yes ☐ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☒ Yes ☐ No

If No, is one planned for each?

☐ Yes ☐ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF SOUTHEAST

SPDES ID

N	Y	R	2	0	A	3	2	0
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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 to include stormwater public involvement/participation into the annual Town Cleanup. Continue to seek comments from the public during site plan, subdivision, wetland, special use permit applications.

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

Town Cleanup event held over several days in different neighborhoods. Members of the public are invited to speak on all site plan, subdivision, and wetland permit applications before the Planning Board, and special permit applications before the Town Board. Some members of the public will comment on the appearance and long-term maintenance of stormwater management facilities. For wetland permit applications, comments regarding the recharge of the wetland area are often received.

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

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(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).

Continuation of Town Cleanup events.
Encourage participation in catch basin monitoring.
Continue to involve public in discussion of stormwater issues during Planning Board and Town Board meetings.

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

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

TOWN OF SOUTHEAST

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☐ 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

[illegible]

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☒ Yes ☐ No

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☒ Yes ☐ No

☐ Yes ☒ No

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

TOWN OF SOUTHEAST

SPDES ID

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- 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?**

	7	5	%
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MS4 Annual Report Form

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

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

Name of MS4/Coalition

TOWN OF SOUTHEAST

SPDES ID

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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.

Continue to identify and eliminate illicit discharges.
Continue to provide training for Town Staff

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

The Town of Southeast Highway Department continues to check for illicit discharges during routine maintenance of its stormwater management facilities.

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

			4
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(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).

Identify illicit discharge complaints by source.
Develop consistent protocol for investigating potential illicit discharges.
Change part-time MS4 field inspector position to full time.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

TOWN OF SOUTHEAST

SPDES ID

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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?

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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? ☒ Yes ☐ No ☐ NT

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

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

	1	1
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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
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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	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>5</td></tr></table>					5	☐ No Authority
				5				
☒ Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table>					1	☐ No Authority
				1				
☐ Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	☒ No Authority
				0				
☐ Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	☒ No Authority
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☐ Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	☐ No Authority
				0				
☐ Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	☐ No Authority
				0				
☐ Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	☐ No Authority
				0				
☐ Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	
				0				
☐ Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						☐ No Authority

MS4 Annual Report Form

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

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

Name of MS4/Coalition

TOWN OF SOUTHEAST

SPDES ID

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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?

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1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		5
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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

	1	3
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3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
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 %

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

	9	2
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 %

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

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

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

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition	TOWN OF SOUTHEAST
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SPDES ID

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6. con't.:

Submit additional pages as needed.

○ MS4/Coalition Office

Department

[illegible]

Address

[illegible]

City

[illegible]

Zip

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Phone

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○ Library

Address

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● Other

Address

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Phone

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

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URL

[illegible][illegible]

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

TOWN OF SOUTHEAST

SPDES ID

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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.

Require SWPPP for all proposed site plan and subdivision applications.
Continue to inspect construction sites weekly.

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

100 percent of SWPPPs are reviewed by Town Engineer. The Town Engineer provides comments on all SWPPP to the applicant and Planning Board. The Planning Board will not approve a site plan or subdivision without the Town Engineer's sign-off on the SWPPP.

Town or certified professional inspects construction sites as required.

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

		5	2
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Continue to implement standardized inspection form for all site stormwater runoff control.
Continue to document and track construction site inspections on a regular basis.
Add staff to allow more frequent regular inspections and improve compliance oversight.

MS4 Annual Report Form

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Name of MS4/Coalition

TOWN OF SOUTHEAST

SPDES ID

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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?

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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	1	0	0
○ Filter Systems			
● Infiltration Basins	8	0	0
● Open Channels	2	0	0
● Ponds	7 5	4 5	1 4
○ Wetlands			
○ Other			

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

☒ 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:

[illegible]

MS4 Annual Report Form

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

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

Name of MS4/Coalition

TOWN OF SOUTHEAST

SPDES ID

N	Y	R	2	0	A	3	2	0
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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?

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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?

	3	3
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 %

MS4 Annual Report Form

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

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

Name of MS4/Coalition

TOWN OF SOUTHEAST

SPDES ID

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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.

Continue to inspect and maintain post construction control practices.

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

The Town, as part of its regular inspection of its conveyance system, identifies where private properties contribute stormwater to the municipal system and seeks to resolve these issues.
The Town continues to enforce stormwater and erosion regulations.
The Town is implementing BMPs through stormwater retrofits.
Town to implement tracking program for regular inspections.

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

		5	2
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(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).

Town to identify additional locations for structural or non-structural BMPs.
Town to implement an effective procedure (O&M Manuals) for inspecting/maintaining post construction control practices.
Town to notify property owners of inspection and maintenance responsibilities.
Town to add staff to increase number of practices inspected and frequency of inspection.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

TOWN OF SOUTHEAST

SPDES ID

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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?

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

Self-Assessment
Operation/Activity/Facility
performed within the past 3

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>years?</u>
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

MS4 Annual Report Form

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

2	0	1	5
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF SOUTHEAST

SPDES ID

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

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

				8
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		1	6	4
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		8	2	6
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			1	4
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Pesticide/Herbicide Applied # Acres

			0	.	0
--	--	--	---	---	---

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

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

			1	1
--	--	--	---	---

4. What was the date of the last training?

0	2	/	0	4	/	2	0	1	6
---	---	---	---	---	---	---	---	---	---

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

	1	3
--	---	---

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

	6	4
--	---	---

 %

MS4 Annual Report Form

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

2	0	1	6
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TOWN OF SOUTHEAST

SPDES ID

N	Y	R	2	0	A	3	2	0
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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.

Continue to inspect and clean Town catch basins and outfalls.

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

The Town of Southeast Highway Department inspects catch basins during the routine maintenance of their stormwater management facilities. Basins are repaired and cleaned as necessary. The Town estimates that 20% of catch basins require some repair on an annual basis. Hired and trained MS4 Field Inspector. Initiated advanced tracking program for inspections and maintenance of catch basins, outfalls and detention basins, through upgraded technology (i.e., tablet and database).

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

		5	2
--	--	---	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Continue to provide training to Town Staff.
Establish a schedule for the inspection and cleaning of the Town's catch basins and conveyance systems.
Develop and implement programs for Town Employees to document the inspections and maintenance of catch basins, outfalls and detention basins.

MS4 Annual Report Form

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2	0	1	5
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SPDES ID

N	Y	R	2	0	A	3	2	0
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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.

--	--	--

 %

MS4 Annual Report Form

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2	0	1	6
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TOWN OF SOUTHEAST

SPDES ID

N	Y	R	2	0	A	3	2	0
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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?

		0
--	--	---

 %

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?

	2	8
--	---	---

7c. What percent of the projects included in 7b have been completed in this reporting period?

		4
--	--	---

 %

7d. What percent of projects planned in previous years have been completed?

	9	3
--	---	---

 %

☐ 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

MS4 Annual Report Form

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2	0	1	5
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N	Y	R	2	0	A	3	2	0
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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

**TOWN BOARD
TOWN OF SOUTHEAST
MS4 ANNUAL REPORT**

RESOLUTION NO. 35 / 2016

INTRODUCED BY: Supervisor Hay

DATE: May 19, 2016

SECONDED BY: Councilman Cullen

WHEREAS, the Town of Southeast is considered a Municipal Separate Storm Sewer Systems (MS4s) GP-0-08-002 because of its location within the New York City drinking water supply watershed; and

WHEREAS, the Town is required to prepare an annual report detailing its activities pursuant to the MS4 Regulations; and

WHEREAS, on May 19, 2016 the Town Board held a public hearing to hear and consider public comment on the Town's 2016 MS4 Annual Report prepared pursuant to the requirements of the MS4 regulations.

NOW THEREFORE BE IT RESOLVED, that the Town Board of the Town of Southeast hereby adopts the 2016 MS Annual Report prepared by on the Town's behalf and hereby authorizes that such document be filed with the appropriate authorities as may be required by law.

Upon Roll Call Vote:

Councilman Alvarez	<u>Aye</u>
Councilman Cullen	<u>Aye</u>
Councilwoman Eckardt	<u>Aye</u>
Councilwoman Hudak	<u>Aye</u>
Supervisor Hay	<u>Aye</u>

VOTE: carried by a vote of 5 in favor, 0 against; 0 abstained.

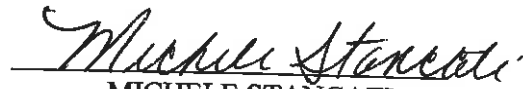
TOWN CLERK'S CERTIFICATION

STATE OF NEW YORK)

: ss.:

COUNTY OF PUTNAM)

I, MICHELE STANCATI, Town Clerk of the Town of Southeast, do hereby certify that the above is a true and exact copy of a Resolution adopted by the Town Board of the Town of Southeast at duly notice special meeting of said board held the 19th day of May, 2016.


MICHELE STANCATI
Town Clerk

