

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 

2	0	2	1
---	---	---	---

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

SPDES ID  

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

**Choose one:**

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

V	i	l	l	a	g	e		o	f		O	l	d		F	i	e	l	d													
---	---	---	---	---	---	---	--	---	---	--	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

**OR**

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

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

Name of Single Entity

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

**OR**

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

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition


SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

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, 2021

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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



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

MCC form for period ending March 9, 

2	0	2	1
---	---	---	---

Name of MS4 

Village of Old Field
----------------------

SPDES ID  

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

**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 

B	r	u	c	e															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI 

--

 Last Name 

F	e	l	l	e	r														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title 

M	a	y	o	r															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address 

P	O		B	O	X		2	7	2	4									
---	---	--	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--

City 

S	e	t	a	u	k	e	t												
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

 State 

N	Y
---	---

 Zip 

1	1	7	3	3	-				
---	---	---	---	---	---	--	--	--	--

eMail 

m	a	y	o	r	f	e	l	l	e	r	@	o	l	d	f	i	e	l	d	n	y	.	o	r	g															
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone 

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

 County 

S	u	f	f	o	l	k													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2021

Name of MS4 Village of Old Field

SPDES ID

NYR20A407

## 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  
 B r i a n M M c C a f f r e y

Title  
S W M P A d m i n i s t r a t o r

Address  
P O B o x 2 7 2 4

City State Zip  
 S e t a u k e t N Y 1 1 7 3 3 -

eMail  
v i l l a g e c l e r k @ o l d f i e l d n y . o r g

Phone County  
 ( 6 3 1 ) 9 4 1 - 9 4 1 2 S u f f o l k

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

MCC form for period ending March 9, 2021

Name of MS4

SPDES ID  
NYR20A407

**Section 3 - Partner Information**

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable  
NYR20

Address

City  State  Zip  -

eMail

Phone (  )  -

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  Yes  No

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

- MM1
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

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

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

Name of MS4 Village of Old Field

SPDES ID

N Y R 2 0 A 4 0 7

**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

B r u c e

MI

Last Name

F e l l e r

Title (Clearly print title of individual signing report)

M a y o r

Signature

[Signature box]

Date

/ /

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	2	1
---	---	---	---

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

Name of MS4/Coalition 

Village of Old Field
----------------------

SPDES ID  

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

### 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

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

URL


URL


URL




# MS4 Annual Report Form

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

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

Name of MS4/Coalition Village of Old Field

SPDES ID  

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

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

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

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

How many MS4s contributed to this report?      

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

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

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

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

Other

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

- |                                                   |                                                 |
|---------------------------------------------------|-------------------------------------------------|
| <input checked="" type="radio"/> Public Employees | <input checked="" type="radio"/> Contractors    |
| <input checked="" type="radio"/> Residential      | <input checked="" type="radio"/> Developers     |
| <input type="radio"/> Businesses                  | <input checked="" type="radio"/> General Public |
| <input type="radio"/> Restaurants                 | <input type="radio"/> Industries                |
| <input type="radio"/> Other:                      | <input type="radio"/> Agricultural              |

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

Other

**MS4 Annual Report Form**

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

2	0	2	1
---	---	---	---

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

Name of MS4/Coalition 

Village of Old Field
----------------------

SPDES ID  

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

**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 

--	--	--	--	--
- Kiosks or Other Displays # Locations 

--	--	--	--	--
- List-Serves # In List 

--	--	--	--	--
- Mailing List # In List 

--	--	--	--	--
- Newspaper Ads or Articles # Days Run 

--	--	--	--	--
- Public Events/Presentations # Attendees 

--	--	--	--	--
- School Program # Attendees 

--	--	--	--	--
- TV Spot/Program # Days Run 

--	--	--	--	--
- Printed Materials: Total # Distributed 

--	--	--	--	--

  - Locations (e.g. libraries, town offices, kiosks)
  - |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
  - |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
  - |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
  - |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
- Other: 

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

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

URL  

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

URL  




**MS4 Annual Report Form**

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

2	0	2	1
---	---	---	---

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

Name of MS4/Coalition

Village of Old Field
----------------------

SPDES ID

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

**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.**

Number of visits (i.e., hits) on the stormwater management webpage.
---------------------------------------------------------------------

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

The total number of visits to the stormwater management webpage during the reporting period was 442.
------------------------------------------------------------------------------------------------------

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

	4	2	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).**

Update stormwater educational materials on the stormwater management webpage, as necessary.
---------------------------------------------------------------------------------------------



### MS4 Annual Report Form

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

2	0	2	1
---	---	---	---

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

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

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

URL

w	w	w	.	o	l	d	f	i	e	l	d	n	y	.	o	r	g	/	n	e	w	s	/												

URL


URL


URL


URL


URL


URL


## MS4 Annual Report Form

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

2	0	2	1
---	---	---	---

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

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

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

URL


URL


URL


URL


URL


URL


URL


### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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 Old Field

SPDES ID  
N Y R 2 0 A 4 0 7

#### 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  
V i l l a g e C l e r k

Address  
V i l l a g e H a l l L i g h t h o u s e

City Old Field N Y Zip 1 1 7 3 3 -

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

- Library
- Annual Report
- SWMP Plan
- Comments

Address

City Zip

Phone  
( ) -

- Other
- Annual Report
- SWMP Plan
- Comments

Address

City Zip

Phone  
( ) -

- Web Page URL:
- Annual Report
- SWMP Plan
- Comments

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

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

- eMail
- Comments



**MS4 Annual Report Form**

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

2	0	2	1
---	---	---	---

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

Name of MS4/Coalition 

Village of Old Field
----------------------

SPDES ID  

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

**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
---	---

 / 

1	9
---	---

 / 

2	0	2	1
---	---	---	---

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

3	6	5
---	---	---

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

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

Yes  No

If Yes, what was the date of the meeting?

--	--

 / 

--	--

 / 

--	--	--	--

If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

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

**MS4 Annual Report Form**

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

2	0	2	1
---	---	---	---

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 Old Field
----------------------

SPDES ID

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

**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.**

Number of public comments received on the annual report.
----------------------------------------------------------

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

No comments were received on the annual report.
-------------------------------------------------

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

			0
--	--	--	---

*(ex.: samples/participants/events)***D. Has your MS4 made progress toward this measurable goal during this reporting period?**
 Yes    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 make annual reports available to the general public.
------------------------------------------------------------------

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition Village of Old Field

SPDES ID  
N Y R 2 0 A 4 0 7

**Minimum Control Measure 3. Illicit Discharge Detection and Elimination**

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

On behalf of an individual MS4

On behalf of a coalition

How many MS4s contributed to this report?    

The Village does not have any outfalls.

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

**2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?**     0

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

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops

Other:

None

R e s i d e n t i a l

Sewersheds:

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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 Old Field

SPDES ID NYR 20A 407

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

- Broken Lines From Sanitary Sewer
- Industrial Connections
- Cross Connections
- Inflow/Infiltration
- Failing Septic Systems
- Pump Station Failure
- Floor Drains Connected To Storm Sewers
- Sanitary Sewer Overflows
- Illegal Dumping
- Straight Pipe Sewer Discharges
- Other:  None

Grid for listing other discharge types

#### 4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

0

#### 5. How many illicit discharges have been confirmed during this reporting period?

0

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

0

#### 7. Has the storm sewershed mapping been completed in this reporting period? Yes No

If No, approximately what percent was completed in this reporting period? %

0 %

#### 8. Is the above information available in GIS? Yes No

Is this information available on the web?  Yes  No

If Yes, provide URL(s):

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

URL grid 1

URL grid 2

MS4 Annual Report Form

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

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

Name of MS4/Coalition Village of Old Field

SPDES ID								
N	Y	R	2	0	A	4	0	7

**8. URL(s) con't.:**

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

URL


URL


URL


URL


URL


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

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

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

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

 %

**MS4 Annual Report Form**

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

2	0	2	1
---	---	---	---

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

Name of MS4/Coalition

Village of Old Field
----------------------

SPDES ID

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

**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.**

Number of illicit discharges discovered and eliminated.
---------------------------------------------------------

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

There have been no illicit discharges discovered or eliminated during the reporting period.
---------------------------------------------------------------------------------------------

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

			0
--	--	--	---

*(ex.: samples/participants/events)***D. Has your MS4 made progress toward this measurable goal during this reporting period?**
 Yes    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 IDDE training and continue to search for illicit discharges.
----------------------------------------------------------------------

**MS4 Annual Report Form**

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

2	0	2	1
---	---	---	---

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

Name of MS4/Coalition 

Village of Old Field
----------------------

SPDES ID

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

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

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

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

How many MS4s contributed to this report? 

--	--	--

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

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

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

09/2004  03/2006  NT

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

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

		0
--	--	---

**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

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

--	--	--

**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

**6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:**

- Notices of Violation # 

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

 No Authority
- Stop Work Orders # 

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

 No Authority
- Criminal Actions # 

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

 No Authority
- Termination of Contracts # 

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

 No Authority
- Administrative Fines # 

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

 No Authority
- Civil Penalties # 

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

 No Authority
- Administrative Orders # 

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

 No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--	--
- Other # 

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

 No Authority



**MS4 Annual Report Form**

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

2	0	2	1
---	---	---	---

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

Name of MS4/Coalition

Village of Old Field

SPDES ID

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

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

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

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

How many MS4s contributed to this report? 

--	--	--

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

		0
--	--	---

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

		0
--	--	---

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

--	--	--

 %

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

--	--	--

 %

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

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

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

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 4 0 7

**6. con't.:**

Submit additional pages as needed.

MS4/Coalition Office

Department

Address

City

Zip

 - 

Phone

(  )  -

Library

Address

City

Zip

 - 

Phone

(  )  -

Other

Address

City

Zip

 - 

Phone

(  )  -

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

URL

URL

**MS4 Annual Report Form**

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

2	0	2	1
---	---	---	---

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

Name of MS4/Coalition

Village of Old Field

SPDES ID

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

**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.**

Number of SWPPPs reviewed.

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

Low number of SWPPPs reviewed is indicative of few parcels remaining in the Village that are greater than 1 acre.

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

			0
--	--	--	---

*(ex.: samples/participants/events)*

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

Yes    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 review SWPPPs as they are received.



**MS4 Annual Report Form**

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

2	0	2	1
---	---	---	---

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

Name of MS4/Coalition 

Village of Old Field
----------------------

SPDES ID  

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
--	--	---

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

		0
--	--	---

 %

**MS4 Annual Report Form**

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

2	0	2	1
---	---	---	---

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

Name of MS4/Coalition

Village of Old Field
----------------------

SPDES ID

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

**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.**

Conduct post-construction inspections of Village-owned BMPs each year.
------------------------------------------------------------------------

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

Inspections were performed on four constructed wetland swales.
----------------------------------------------------------------

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

			4
--	--	--	---

*(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 perform post-construction inspections.
----------------------------------------------------

**MS4 Annual Report Form**

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

2	0	2	1
---	---	---	---

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

Name of MS4/Coalition 

Village of Old Field
----------------------

SPDES ID  

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

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

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

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

How many MS4s contributed to this report? 

--	--	--

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

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

**MS4 Annual Report Form**

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

2	0	2	1
---	---	---	---

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

Name of MS4/Coalition 

Village of Old Field
----------------------

SPDES ID

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

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

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

				1
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

				8
--	--	--	--	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		8	4
--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

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

--	--	--	--	--	--
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

					.	
--	--	--	--	--	---	--

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

				2
--	--	--	--	---

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

0	3	/	0	4	/	2	0	2	1
---	---	---	---	---	---	---	---	---	---

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

	1	7
--	---	---

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

1	0	0	%
---	---	---	---



**MS4 Annual Report Form**

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

2	0	2	1
---	---	---	---

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

Name of MS4/Coalition

Village of Old Field
----------------------

SPDES ID

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

**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.**

Number of roadway catch basins inspected and maintained.
----------------------------------------------------------

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

84 of 84 roadway catch basins were inspected and cleaned during the reporting year.
-------------------------------------------------------------------------------------

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

		8	4
--	--	---	---

*(ex.: samples/participants/events)***D. Has your MS4 made progress toward this measurable goal during this reporting period?**
 Yes    No
**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**
 Yes    No
**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

Continue to inspect and maintain roadway catch basins in the Village.
-----------------------------------------------------------------------