



**TOWN OF LEWISBORO
TOWN BOARD MEETING AGENDA
TOWN HOUSE
MONDAY, MAY 23, 2022
7:30 P.M.**

- I. PUBLIC HEARING Regarding Bacio Trattoria's Petition for Zoning Map Amendment**
- II. PUBLIC COMMENT I**
- III. COMMUNICATIONS**
 - Resolution Honoring Troop 154 Eagle Scout Ian Rhodes**
- IV. CONSENT AGENDA**
 - Approval of Minutes of May 9, 2022**
- V. OLD BUSINESS**
 - a. Resolution: Approving Goldens Bridge Hamlet Organization (GBHO) Agreement for Pocket Park and Authorizing Supervisor to Sign**
 - b. Resolution: Accepting MS4 Interim and Annual Reports and Authorizing Supervisor to Sign**
 - c. Resolution: Approving Contract for Update of 1985 Comprehensive Master Plan with Nelson Pope & Voorhis (NPV) and Authorizing Supervisor to Sign**
 - d. Discussion: NYS Senate Bill 2991 - Collector Roads Bill Allowing Town to Establish Certain Speed Limits at 25 Miles Per Hour and Setting Public Hearing**
- VI. NEW BUSINESS**
 - a. Resolution: Approving Sani-Pro Disposal Services Corp. d/b/a Suburban Carting Co.'s Application for License to Collect and Dispose of Refuse and Recyclables**
 - b. Discussion: Modifying Veterans Tax Exemption Cap and Setting Public Hearing**
 - c. Discussion: New Leon Levy Trails Request – George Scott**

- d. **Discussion: Golden Roads Daffodil Planting on Town Property – George Scott**
- e. **Discussion: Request for Stop Sign at Hall Avenue and Pond Street in Goldens Bridge**
- f. **Discussion: Approval of LBA Project at Fox Valley Park (Scoreboard and Batting Cages) – LBA President Jim Moreo**
- g. **Resolution: Authorizing Use of Onatru Farm for June 11 Garden Club Gala and Waiving Fees**

VII. PUBLIC COMMENT II

VIII. APPROVAL OF CLAIMS

IX. POLLING OF THE BOARD

X. ANNOUNCEMENTS

Town Board Meeting Monday, June 13, 2022, at 7:30 p.m., at the Town House, 11 Main Street, South Salem.

XI. MOTION TO GO INTO EXECUTIVE SESSION

Town Board Meetings Accessibility: The Town of Lewisboro is committed to providing equal access to all its facilities, services, and activities to the fullest extent possible. The Town House, Cyrus Russell Community House, Onatru Farmhouse, and the Bouton Road Town Offices are accessible to persons with physical handicaps. If anyone who wishes to attend any meeting of the Town Board has special needs, please contact the Supervisor's Office (763-3151) at least one week before any scheduled in-person meeting, and we will try to accommodate whenever possible.

Join Zoom Meeting

<https://us06web.zoom.us/j/85173466342?pwd=V2syd2RVWlBwbzBsYnRqUU52aXNuUT09>

Meeting ID: 851 7346 6342

Passcode: 152856

Dial by your location

+1 929 205 6099 US (New York)

Meeting ID: 851 7346 6342

Passcode: 152856

TOWN BOARD OF THE TOWN OF LEWISBORO
COUNTY OF WESTCHESTER: STATE OF NEW YORK

-----X
In the Matter of the Application of

ANACAPRI, LLC

**PETITION FOR
ZONING MAP
AMENDMENT**

For amendments to the Zoning Map of the Town of Lewisboro changing the Zoning Designation of a Portion of Property Zoned R-1/2A to RB affecting real property located at 19 Mark Mead Road, also known and designated on the Tax Assessment Map of the Town of Lewisboro as Sheet 20, Block 10800, Lot 1.

-----X
ANACAPRI, LLC (the "Petitioner") hereby petitions the Town Board of the Town of Lewisboro for an amendment to the Zoning Map pursuant to New York State Town Law Sections 264 and 265 as follows:

The Petitioner & Its Parcels

1. Petitioner is the operator of a restaurant in the Town of Lewisboro known as Bacio Trattoria, which is located at 12 North Salem Road, Cross River, New York 10518. The northerly portion of Petitioner's 1.939 acre restaurant property is zoned Retail Business (RB). Petitioner is unable to provide additional on-site parking for its patrons because (1) the southerly portion of the restaurant property is zoned Residential-One Half Acre (R-1/2A) and (2) the septic system is located in this southerly portion of the restaurant property.

2. Petitioner has entered into a Contract to purchase a 1.70± acre parcel located across North Salem Road from the restaurant property. Said property is known as 19 Mark Mead Road and is improved by a two-family residence and a detached garage. It is

identified on the Tax Map of the Town of Lewisboro as Sheet 20, Block 10800, Lot 1. It is currently zoned R-1/2A. A complete metes and bounds description of this parcel is contained in the Schedule A legal description annexed hereto. Said property now under contract by Petitioner is hereinafter referred to as the "Parcel".

The Proposed Rezoning of the Parcel

3. Petitioner respectfully requests the Town Board to rezone the northerly 75± feet of the Parcel from R-1/2A to RB (from the existing driveway to the northerly boundary line of the Parcel). Such rezoning is sought to enable Petitioner to utilize said northerly portion of the Parcel for parking in conjunction with its restaurant located immediately across North Salem Road to the west. The amended zoning district line separating the proposed new RB zoned northerly portion from the southerly R-1/2A zone would be consistent with the zoning district line that presently dissects the restaurant property located across North Salem Road.

4. Petitioner further proposes that said northerly portion of the Property, if rezoned to RB, would be used only for parking and no other commercial uses that are otherwise allowed in an RB district would be permitted anywhere on the Parcel. Hence by rezoning only the northerly 75± feet of the Property from R-1/2A to RB and restricting use of such RB zoned portion of the parcel to parking only, Petitioner will be permitted to use such rezoned area for parking without adversely impacting the residences along Mark Mead Road in the adjoining R-1/2A District. RB uses on the Parcel will be limited to parking only.

5. If rezoned, Site Development Plan review by the Planning Board will be required before the northerly portion of the Property can be utilized by Petitioner for

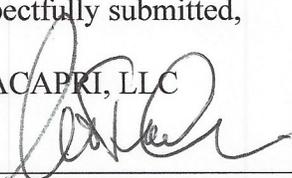
parking. Site plan approval would include requirements or conditions for appropriate screening (fencing and/or landscaping), parking layout, lighting, storm water controls and hours of use, etc. The parking area will be accessed from North Salem Road, not Mark Mead Road. Petitioner proposes to utilize the existing curb cut and driveway (which are directly across from the parking lot exit of the restaurant property) for ingress to and egress from the new parking area. Restaurant parking will be restricted to the area between existing driveway and northerly property line. A crosswalk and signage will be designed and implemented if the Planning Board finds same necessary to ensure safe pedestrian crossings over North Salem Road by restaurant patrons and staff.

6. Petitioner respectfully submits that the proposed rezoning of the northerly 75± feet of the Property for parking is appropriate for this transitional area where the RB and R-1/2A districts meet. The proposed rezoning will have little or no impact on the Mark Mead Road residences to the south and east. Petitioner's rezoning request, if granted, will enhance its customer's dining experience while also improving safety without undue disturbance to Petitioner's neighbors on Mark Mead Road.

WHEREFORE, the Petitioner respectfully requests that the Town Board grant this Petition and amend the zoning map to re-designate the northerly 75± feet of tax lot 1 from R-1/2A to RB with RB permitted uses being limited to parking only.

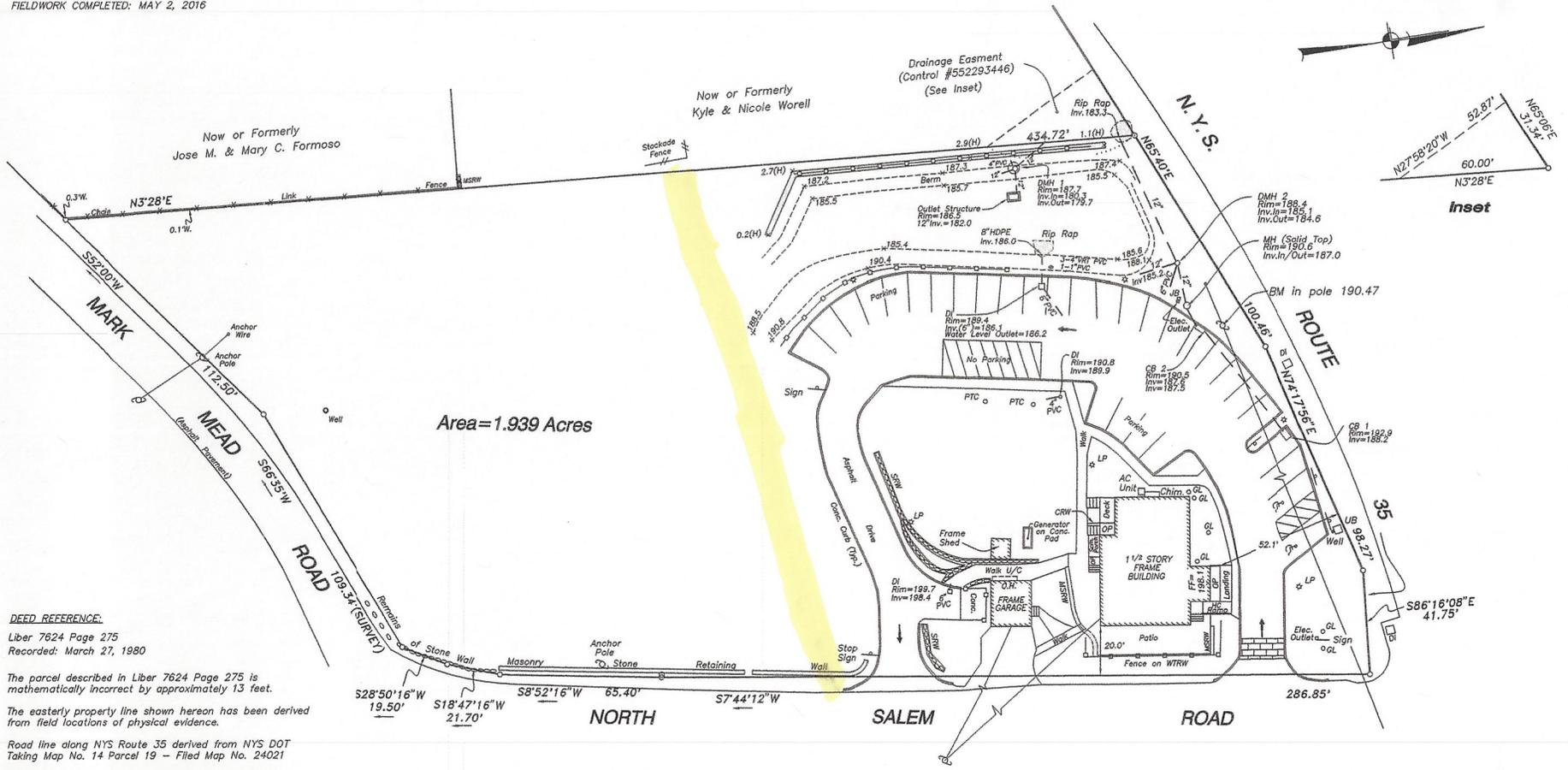
Respectfully submitted,

ANACAPRI, LLC


By: Antonio Coppola Manager

Dated: April 25, 2022

FIELDWORK COMPLETED: MAY 2, 2016



DEED REFERENCE:

Liber 7624 Page 275
Recorded: March 27, 1980

The parcel described in Liber 7624 Page 275 is mathematically incorrect by approximately 13 feet.

The easterly property line shown hereon has been derived from field locations of physical evidence.

Road line along NYS Route 35 derived from NYS DOT Taking Map No. 14 Parcel 19 - Filed Map No. 24021

This property was originally surveyed on September 12, 2005 by Bunney Associates Land Surveyors and has been updated by Insite Engineering, Surveying & Landscape Architecture, P.C., owner of the records of Bunney Associates.

Underground structures, if any exist, not shown hereon, except as noted. The location of underground improvements or encroachments are not always known and often must be estimated. If any, underground improvements or encroachments are not covered by this certificate.

Certifications indicated hereon signify that this survey was prepared in accordance with the existing Code of Practice for Land Surveys adopted by the New York State Association of Professional Land Surveyors, Inc. Said certifications shall run only to the person for whom this survey was prepared and on his behalf to the title company, governmental agency and/or lending institution listed hereon, and to the assignees of the lending institution.

Only copies from the original of this survey marked with the surveyor's embossed seal are genuine, true and correct copies of the surveyor's original work and opinion. A copy of this document without a proper application of the surveyor's embossed seal should be assumed to be an unapproved copy.



JEFFREY B. DeROSA, L.S.
New York State License No. 050749

This survey is subject to a current, up to date Title Report. To date, no Title Report or Abstract of Title has been provided.

Property corner monuments were not placed as part of this survey.

This map may not be used in connection with a "Survey Affidavit" or similar document, statement or mechanism to obtain title insurance for any subsequent or future grantees.

Unauthorized alteration or addition to this survey is a violation of Section 7209, subdivision 2 of the New York State Education Law.

According to NYSAPLS policy adopted January 23, 1993, the alteration of survey maps by anyone other than the original preparer is misleading, confusing and not in the general welfare and benefit of the public. Licensed Land Surveyors shall not alter survey maps, survey plans, or survey plats prepared by others.



3 Garrett Place • Carmel, New York 10512
Phone (845) 225-9690 • Fax (845) 225-9717
www.insite-eng.com

Legend

- SRW Stone Retaining Wall
- CRW Concrete Retaining Wall
- MSRW Masonry Stone Retaining Wall
- PTC Propane Tank Cover
- JB Junction Box
- LP Light Post
- UB Utility Box
- E Electrical Outlet
- GL Ground Lighting
- Sign
- Fence
- 2.9(H) Height of wall

All Pipes are HDPE unless otherwise noted.

As Built Survey

Prepared for

K & K Real Estate, Inc.

Situate in the

Town of Lewisboro

Westchester County, New York

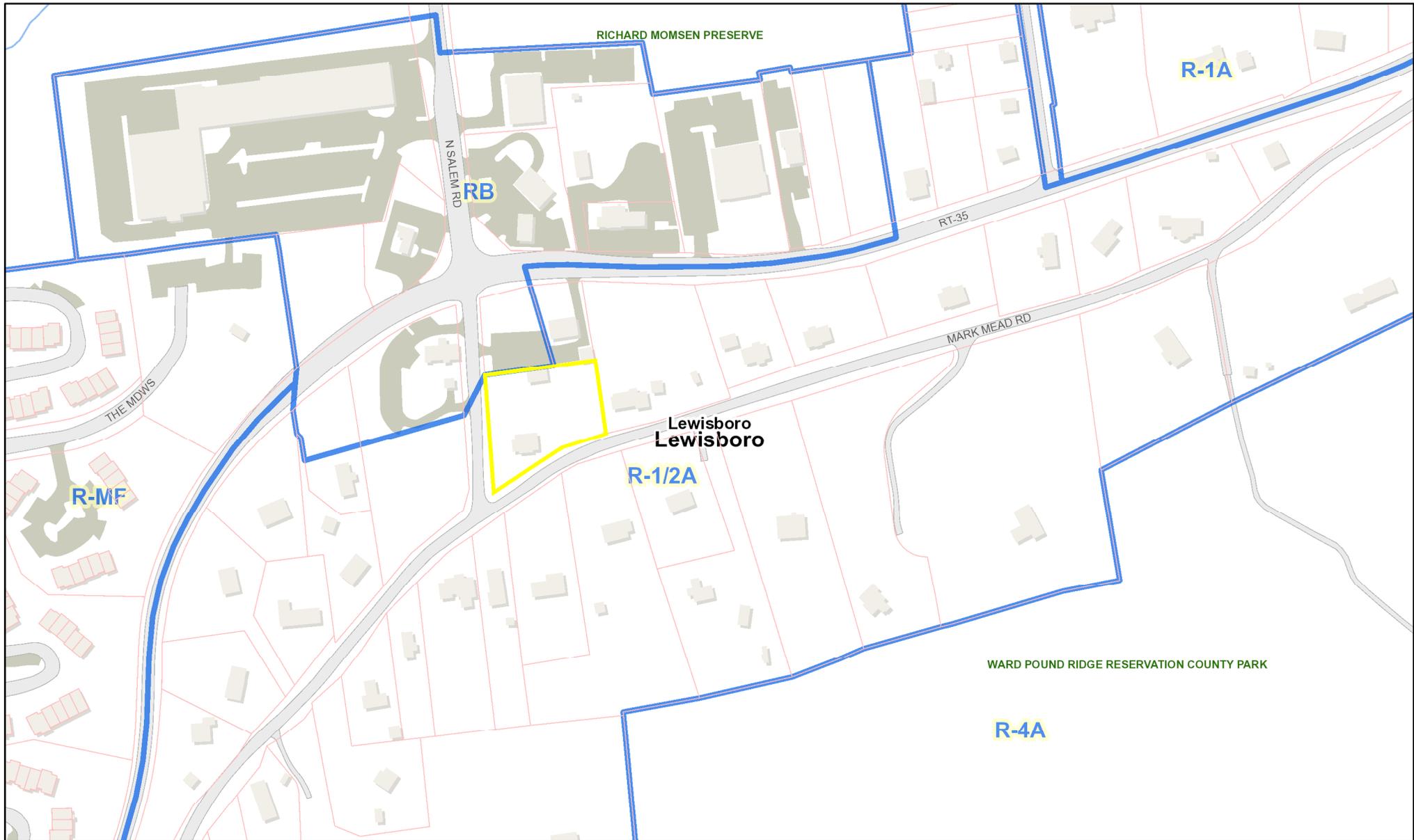
Scale 1" = 30' Date: May 10, 2016

GRAPHIC SCALE



(IN FEET)
1 inch = 30 ft.

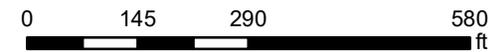
19 MARK MEAD RD. ID: 42.18-1-6 (Lewisboro)



April 28, 2022

Tax parcel data was provided by local municipality. This map is generated as a public service to Westchester County residents for general information and planning purposes only, and should not be relied upon as a sole informational source. The County of Westchester hereby disclaims any liability from the use of this GIS mapping system by any person or entity. Tax parcel boundaries represent approximate property line location and should NOT be interpreted as or used in lieu of a survey or property boundary description. Property descriptions must be obtained from surveys or deeds. For more information please contact local municipality assessor's office.

1:3,000



Westchester County GIS

GIS COORDINATE INFORMATION SYSTEM
<http://giswww.westchestergov.com>
Michaelian Office Building
148 Martine Avenue Rm 214
White Plains, New York 10601

Proposed New Zoning District Line



May 19, 2022

Tax parcel data was provided by local municipality. This map is generated as a public service to Westchester County residents for general information and planning purposes only, and should not be relied upon as a sole informational source. The County of Westchester hereby disclaims any liability from the use of this GIS mapping system by any person or entity. Tax parcel boundaries represent approximate property line location and should NOT be interpreted as or used in lieu of a survey or property boundary description. Property descriptions must be obtained from surveys or deeds. For more information please contact local municipality assessor's office.

1:1,500



Westchester County GIS

GIS COOPERATIVE ENVIRONMENTAL ZONING SYSTEM
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 148 Martine Avenue Rm 214
 White Plains, New York 10601

NYS Office of Information Technology Services - GIS Program Office

REVOCABLE LICENSE AGREEMENT

This REVOCABLE LICENSE AGREEMENT (the "Agreement") is made and entered into this ____ day of _____, 2022 (the "Effective Date") by and between the TOWN OF LEWISBORO, a municipal corporation of the State of New York, having its principal office and place of business at 11 Main Street, South Salem, NY 10590 (the "Town"), and the GOLDENS BRIDGE HAMLET ORGANIZATION, INC., a domestic not-for-profit corporation with a principal address of P.O. Box 299, Goldens Bridge, NY 10526, (hereinafter referred to as "GBHO").

WHEREAS, the Town is the owner of certain parcel of vacant real property located at Fairmount Road, Goldens Bridge, NY which is known and designated as TOWN tax map number 31.13-2-26/31.13.2-48 (the "Subject Property"); and

WHEREAS, the Town wishes to enter into a revocable license agreement with GBHO for the use and utilization of a certain portion of the Subject Property by GBHO as a pocket park for passive use only;

In consideration of the foregoing it is hereby agreed as follows:

1. The Town shall permit the use of the portion of the Subject Property designated as "Pocket Park Area" on exhibit "A" attached hereto.
2. The Term of this Agreement shall commence on the Effective Date and shall continue for ninety-nine (99) years (the "Initial Term), and thereafter shall automatically renew on a year-to-year basis.
3. GBHO shall be permitted to utilize the Pocket Park Area as designated and described in this Agreement for the limited purposes of passive activity upon the parcel. At no time during the course of the term of this Agreement shall active recreation be permitted on the Subject Property and/or within the designated Pocket Park Area.
4. In connection with this Agreement, and subject to insurance and indemnification requirements set forth herein, GBHO, it'sits agents, servants, employees

and/or contractors shall be permitted, but is under no obligation to perform the following work items at the Subject Property (the "Improvements"):

- A. Connect Fairmount Road to the existing concrete pad located on the Subject Property with an approximately 72-inch-wide path that will be approximately 20 feet in length.
- B. Install exterior grade benches or equivalent seating as well as a shade bearing device.
- C. Install homes and nests for attraction of winged animals on the Subject Property.
- D. Create a walking path through the Subject Property.
- E. Perform a cleanup and ordinary maintenance, including the removal of invasive plant species, on the ~~pond on the~~ Subject Property.
- F. Place and maintain up to two (2) composting bins on the Subject Property.

5. At all times during the performance of the Improvements by GBHO at the Subject Property, (and at no other times), GBHO shall be required to obtain and provide evidence of liability insurance in form and coverage limits suitable to the Town. Such insurance coverage provided and maintained by GBHO shall be primary ~~int~~event of any loss or casualty whatsoever which occurs during the course and term of the performance of improvements to be performed at the subject property by GBHO. Said insurance shall name The Town of Lewisboro as additional insured and shall be in accordance with the terms and conditions of Schedule "A" attached, which is hereby incorporated into this agreement and made a part hereof. At all times during the performance of the Improvements by GBHO at the Subject Property (and at no other times), GBHO further hereby agrees to indemnify and hold harmless the Town of Lewisboro from all claims, actions, suits, loss, casualty etc., whatever type in nature, including but not limited to personal injury, property damage, etc. which occur and/or accrue as a result of the acts and/or omissions of GBHO as set forth herein.

- 6. The TOWN shall have the exclusive and unilateral right to revoke and/or

rescind this agreement by resolution of the Town Board upon ~~120-day(s)~~60 days' notice to GBHO.

Dated this _____ day of _____, 2022 at South Salem, NY.

The Town of Lewisboro

Goldens Bridge Hamlet Organization, Inc.

By: Tony Goncalves
Town Supervisor

By: Jonathan Monti

SCHEDULE A
TOWN OF LEWISBORO
INSURANCE REQUIREMENTS

Notwithstanding any terms, conditions or provisions in any other writing between the parties, the contractor hereby agrees to effectuate the naming of the TOWN OF LEWISBORO as an unrestricted additional insured on the contractor's insurance policies, with the exception of Workers' Compensation and Employer's Liability. Before any of the work is started under this contract, the contractor shall file with the municipality an ACCORD certificate(s) of insurance or equivalent.

The policy naming the TOWN OF LEWISBORO as an additional insured shall:

1. Be an insurance policy from an A.M. Best rated "secured" or better New York State admitted insurer.
2. Provide for 30 days' notice of cancellation.
3. State that the contractors' coverage shall be primary coverage for the TOWN OF LEWISBORO, its Board, employees and volunteers.
4. The TOWN OF LEWISBORO shall be listed as an additional insured by using endorsement CG 2026 or broader. The certificate must state that this endorsement is being used. If another endorsement is used, a copy shall be included with the certificate of insurance.

The contractor/vendor agrees to indemnify the TOWN OF LEWISBORO for any applicable deductibles.

REQUIRED INSURANCE

Commercial General Liability Insurance

\$1,000,000 per occurrence/ \$2,000,000 general and products/completed operations aggregates. The general aggregate shall apply on a per-project basis.

Automobile Liability

\$1,000,000 per occurrence/\$2,000,000 aggregate, with the municipality as the named insured.

Excess/Umbrella Insurance

\$5,000,000 per occurrence/\$10,000,000 aggregate.

Vendor/Contractor acknowledges that failure to obtain such insurance on behalf of the TOWN OF LEWISBORO constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the TOWN OF LEWISBORO. The contractor is to provide the TOWN OF LEWISBORO with a certificate of insurance, evidencing the above requirements have been met, prior to the commencement of work or use of facilities.

Progress Report for Part IX.A

Permit #	<u>NYR20A227</u>	Watershed Name	<u>East of Hudson</u>
MS4 Name	<u>Town of Lewisboro</u>	Reporting Period Ending (mm/dd/yyyy)	<u>03 / 09 / 2022</u>

Watershed Improvement Strategy

Describe the strategy to reduce the discharge of phosphorous to this waterbody. Include new sources that may have been identified and any modifications to the strategy to better address new sources.

Through public education and participation, as well as maintaining compliance with Local and State stormwater regulations via permitting, approvals and implementation of BMP's, the Town of Lewisboro continues to make efforts to reduce phosphorus loading to the watershed. The Town also participates in a regional watershed improvement program through EOHWC and continues to actively pursue stormwater retrofit projects.

Public Education & Outreach

1. Description of the education program

Through the use of the Town website and stormwater management webpage, printed materials and brochures, public notices, meetings, email listings and public TV service announcements and TV programs, the Town continues to provide and update the public with educational materials, notification of upcoming related events and distribution of stormwater management and educational materials.

2. Who is the target audience and what is the message delivered to each target audience?

The target audience includes public employees, homeowners, contractors and developers. Topics include construction site management, IDDE, green infrastructure, pesticide and fertilizer application and waste management.

3. Identify how many educational materials have been developed and distributed

1 Item, 450 copies total

4. Identify how many educational materials have been developed and distributed that focus on:

a. understanding the Phosphorous issues

1 Item, 450 copies total

b. Septic systems as a source of Phosphorus
Non-Traditional MS4

1 Item, 450 copies

c. Phosphorous concerns with fertilizer use

1 Item, 450 copies

d. Phosphorous concerns with grass clippings and leaves entering the MS4

1 Item, 450 copies total

e. Construction sites as a source of Phosphorus

0

f. Phosphorous concerns with detergent use

0

PERMIT # NYR20A227

5. Education plan and goals for the next 6 months

Continue to utilize the Town website and stormwater management webpage, printed materials, brochures, public notices and meetings, email listings and public TV service announcements to reach the public to provide and update them with educational materials with regard to stormwater management and phosphorus reduction.

Illicit Discharge Detection and Elimination

Non-Traditional MS4 (Skip Question 6-6e)

6. Number of On-Site Wastewater Treatment Systems (OWTS) with a design capacity of less than 1000 gpd that are located in sewersheds that drain to the listed waterbody 3,100

a. Number of OWTS inspected in this reporting +/- 594

b. Number of OWTS in need of maintenance or rehabilitation None Known

c. Number of OWTS where maintenance or rehabilitation has been performed in this reporting period. None Known

d. State the plan for OWTS that have not been addressed in 6c this reporting period

Owners of OWTS's are required to perform an inspection of their system by a Licensed septage hauler once every 5 years. Any recorded failures or failures otherwise identified by IDDE are required to make repairs as directed by the Westchester County Department of Health (WCHD).

e Describe the OWTS inspection program: Who is responsible for performing OWTS inspections? (eg:Septage Haulers, DOH, engineer, consultant); What methods are used? Are there trends in systems that need maintenance vs systems that need rehabilitation?

Chapter 183: Sewers & Sewage Disposal of the Town Code requires that all owners of OWTS's cause an inspection a minimum of once every 5 years by a Licensed hauler with reporting to WCHD. Those individuals that do not comply are subject to notice of violation and fines. Further, any reported septic failures, repairs to same and corrective action and enforcement is under the pervue of the WCHD.

7. Number of Illicit Discharges detected within sewershed of listed waterbody in this 0 reporting period.

a. Number reported in 7 that have been eliminated 0

b. List of Illicit Discharge locations that have not been eliminated in this reporting period and the target date for elimination

Location	Target Date (mmddyyyy)
<input style="width: 400px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
<input style="width: 400px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
<input style="width: 400px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
<input style="width: 400px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

PERMIT #

Location
<input type="text"/>

Target Date (mmddyyyy)
<input type="text"/>

Construction Site Stormwater Runoff Control

- Non-Traditional MS4 (Skip Question 8)
- 8. Number of SWPPPs reviewed and approved during this reporting period .15
- 9. Number of active construction sites within sewersheds of impaired waterbody during this reporting period: .33
 - a. Number of sites reported in 9 that are between 5000 sqft and 1 acre .24
 - b. Number of sites inspected in this reporting period .33
 - c. Number of sites in need of corrective action .0
 - d. Number of sites where corrective action was completed in this reporting period .0
 - e. Discuss inspections. Discuss trends that may have been observed in this reporting period. State reasoning for not inspecting all active construction sites. (if applicable)

The Town Consulting Engineer, as part of the plan review process, requires Erosion & Sediment Control plans for all projects, as well as post-construction stormwater management as appropriate. All construction projects are inspected by the Town Consulting Engineer in addition to inspections required by the trained contractor or qualified inspector as part of a SWPPP.

10. Construction Site Stormwater Runoff Control plan and goals for the next 6 months

The Town will continue to educate developers and owners through plan review and approval of the importance of proper stormwater mitigation. The Town Consulting Engineer will continue to review the design of these systems and inspect their construction.

Post Construction Stormwater Management

- 11. Number of Stormwater Management Practices (SMPs) located in sewersheds that drain to the listed waterbody .8
 - a. Number reported in 11 that have been inspected in this reporting period .8
 - b. Number of SMPs in need of maintenance or rehabilitation .0
 - c. Number of SMPs where maintenance or rehabilitation has been performed in this reporting period. .0
 - d. Number of SMPs where phosphorous pollutant problems have been identified. .0
 - e. Number reported in 11d where the pollutant problem has been addressed.
 - f. Who is responsible for performing SMP inspections?

Owner, Developer or Contractor, as appropriate. The responsibility to maintain SMP's carries with the property owner via deed covenants.

PERMIT # NYR20A227

- g. Is the criteria in Ch 5, 6, and 10 of the NYS Stormwater Management Design Manual being applied? (If no, please describe deviations) Y N

- h. State procedures to identify sites with post construction controls that are not functioning as designed (ie, rill erosion, pollutant bypass)?

The Town identifies failed systems via IDDE, as well as Town-wide outfall reconnaissance inspections.

12. Describe the retrofit program. Include the funding sources and design description of retrofits. Identify all retrofits that have been constructed and maintained during this reporting period.

The Town is a partner in EOHWC and actively pursues stormwater retrofit projects. the Town completed the Schoolhouse Road Stormwater Retrofit.

13. Post-Construction Stormwater Management plan and goals for the next 6 months

The Town will continue to review, approve and inspect SMP's as part of proposed developments. The Town will continue its partnership with EOHWC and seek viable stormwater retrofit projects.

Municipal Operations Pollution Prevention/Good Housekeeping

Non-Traditional MS4 (Skip Question 14)

- | | |
|--|------|
| 14. Number of catch basin and manhole sumps within sewersheds discharging to listed waterbody | 1636 |
| a. Number reported in 14 that have been inspected in this reporting period | 492 |
| b. Number reported in 14a cleaned in this reporting period | 492 |
| 15. Number of conveyance system outfalls within sewersheds discharging to listed waterbody | 568 |
| a. Number reported in 15 that have been inspected in this reporting period. | 192 |
| b. Number reported in 15a maintained in this reporting period. | 60 |
| c. Number reported in 15a repaired in this reporting period. | 2 |
| 16. Amount by weight in pounds of turf fertilizer containing phosphorous that was applied on municipally owned lands in this reporting period. | 0 |

17. Describe turf management practices implemented during this reporting period. Include strategies implemented to introduce native plants to reduce fertilization and mowing

The Town of Lewisboro has adopted a Stormwater Pollution Prevention Plan to establish protocol for turf management. The use of herbicides and insecticides is banned on Town properties. Phosphorus-free fertilizers are used sparingly on ball fields and clippings are mulched. Aeration and re-seeding is done annually.

MS4 Annual Report Cover Page

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

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 2 2 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

T o w n o f L e w i s b o r o

OR

This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

[Empty grid for 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

[Empty grid for Name of Coalition]

SPDES ID
N Y R 2 0 A

MS4 Annual Report Cover Page

MCC form for period ending March 9,

2	0	2	2
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Provide SPDES ID of each permitted MS4 included in this report.

SPDES ID

N	Y	R	2	0	A				
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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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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				
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2022

Name of MS4

SPDES ID

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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	2
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Name of MS4

Town of Lewisboro

SPDES ID

N	Y	R	2	0	A	2	2	7
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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

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 Last Name

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Title

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Address

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City

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 State

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 Zip

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eMail

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Phone

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 County

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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2022

Name of MS4

SPDES ID

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 (cont.)

SPDES Partner ID - If applicable

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, 2022

Name of MS4

SPDES ID
N Y R 2 0 A 2 2 7

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

E a s t o f H u d s o n W a t e r s h e d

Partner/Coalition Name (con't.)

C o a l i t i o n

SPDES Partner ID - If applicable
N Y R 2 0

Address

1 1 4 2 R o u t e 3 1 1

City

P a t t e r s o n

State

N Y

Zip

1 2 5 6 3 -

eMail

s u p e r v i s o r @ p a t t e r s o n n y . o r g

Phone

(9 1 4) 8 7 8 - 6 5 0 0

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

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

- MM1
- MM2
- MM3
- MM4
- MM5 R e t r o f i t P r o g r a m
- MM6

Additional tasks/responsibilities

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

Stormwater Retrofit Program (IX5b).

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID
N Y R 2 0 A 2 2 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 MI Last Name

Title (Clearly print title of individual signing report)

Signature

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, 2022

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 2 2 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	.	t	h	r	e	e	l	a	k	e	s	c	o	u	n	c	i	l	.	o	r	g	/	r	e	f	e	
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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 Lewisboro

SPDES ID

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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
- Direct Mailings
- Kiosks or Other Displays
- List-Serves
- Mailing List
- Newspaper Ads or Articles
- Public Events/Presentations
- School Program
- TV Spot/Program
- Printed Materials:

# Trained				
# Mailings	1	3	2	0
# Locations				0
# In List	1	4	8	9
# In List	7	3	3	4
# Days Run				1
# Attendees				0
# Attendees				
# Days Run			6	3
Total # Distributed	7	3	0	0

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

T	o	w	n		H	a	l	l											
L	i	b	r	a	r	y													
B	u	i	l	d	i	n	g		D	e	p	t	.						

Other:

P	a	r	k	s		&		R	e	c	r	e	a	t	i	o	n		
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Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

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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 Lewisboro

SPDES ID

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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 update the webpage for stormwater management on the Town website including listing of available education materials, and notice of upcoming regional presentations and related stormwater management events, print and make available brochures and newspaper printing on targeted management practices, continue to develop a collection of educational stormwater management materials and make available to the public and continue to broadcast educational

material on public access television.

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

The Town of Lewisboro is continuing to update the website as needed. In addition, the Town has continued to gather and distribute information about stormwater management and phosphorus reduction. Residents have received an e-mail notice on stormwater management. The public has been informed on any stormwater related events.

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

			1
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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).

Print, mail, e-mail and broadcast on public TV stormwater management information to residents. Ongoing: Continue to update the website on stormwater management, continue to collect and distribute educational materials, notify the public of upcoming presentations and related stormwater events. Continue to air stormwater public service announcements and/or stormwater-related programs on local television.

MS4 Annual Report Form

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

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

Name of MS4/Coalition:

SPDES ID:

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

MS4/Coalition Office Annual Report SWMP Plan Comments

Department

Address

City State Zip

Phone

Library Annual Report SWMP Plan Comments

Address

City State Zip

Phone

Other Annual Report SWMP Plan Comments

Address

City State Zip

Phone

Web Page URL: Annual Report SWMP Plan Comments

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

eMail Comments

MS4 Annual Report Form

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

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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 Lewisboro

SPDES ID

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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	5	/	0	9	/	2	0	2	2
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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	/	0	9	/	2	0	2	2
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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,

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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 Lewisboro

SPDES ID

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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.

Town continues participation as a member of the CKWIC & EOHWC & with CSLAP, schedule and conduct stormwater meetings, provide public notice through televised Town Board meetings and the website, provide full access to the public to review and request copies of all information collected and developed as part of the Town SWMP. The Town posted the Annual Report on the website and made it available for public review and comment with Notice made at public Town Board Meeting.

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

5 lakes in the Town were sampled 38 times. No public comments were received with regard to the Annual Report. The Town Board had 3 presentations on septic systems and phosphorus pollution for Kitchawan, Truesdale and Waccabuc Lakes. Approximately 85 residents attended.
<https://www.youtube.com/watch?v=GReNCw0kZGg>
<https://www.lewisborogov.com/community/page/lakes>

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).

Ongoing: Continue to participate in CKWIC and EOHWC, provide public notice of all SWMP related events and access to all reports, hold a public meeting for the annual report and participate in CSLAP. CSLAP volunteer monitoring is temporarily on hold for 2022 due to COVID-19 and will resume pending ability to sample safely and gain access to certified testing lab for sample processing.

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 Lewisboro

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.

Town continues to enforce a local law requiring septic system pump outs and inspections by all residents at least once every 5 years. Conduct training for Town employees following any changes to the local law addressing illicit discharges. Identify and eliminate any illicit discharges identified. Continue to require yearly septic inspections for residences with septic systems in wetland and wetland buffer as per Planning Board requirements.

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

There were 0 illicit discharges to report this period, both confirmed and 0 to be corrected. The Town Consulting Engineer completed +/-20% Town-Wide outfall reconnaissance inspections for a total of 132 outfalls. A report indicating all inspected outfalls requiring maintenance was provided to the Town Highway Department.

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

			1
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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 employee training. Inspect and collect data of +/-20% of the known outfalls using the reconnaissance inventory method. Ongoing: Maintain illicit discharge community hotline. Conduct inspections of alleged illicit discharges. Eliminate all illicit discharges and coordinate investigation/correction of illicit discharges with WCHD or appropriate authority when necessary. Continue to require septic system inspections, as required by the Town Code.

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 Lewisboro

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?

	2	4
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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?

		8
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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 #

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 ○ No Authority
- Stop Work Orders #

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

 ○ No Authority
- Criminal Actions #

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

 ○ No Authority
- Termination of Contracts #

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

 ○ No Authority
- Administrative Fines #

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

 ○ No Authority
- Civil Penalties #

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

 ○ No Authority
- Administrative Orders #

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

 ○ No Authority
- Enforcement Actions or Sanctions #

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

 ○ No Authority
- Other #

				0
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 ○ No Authority

MS4 Annual Report Form

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

2	0	2	2
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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 Lewisboro

SPDES ID

N	Y	R	2	0	A	2	2	7
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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?

--	--	--

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

		2
--	--	---

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

	1	0
--	---	---

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

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

 %

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

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

 %

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,

2	0	2	2
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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 Lewisboro

SPDES ID

N	Y	R	2	0	A	2	2	7
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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.

Review of all basic and full SWPPPs and conduct construction site inspections in accordance with the NYS manual. Implement mechanism to address non-compliance of stormwater management ordinance. Town continues to provide public access to SWPPPs. The Town continues to enforce the stormwater ordinance which reflects updates to the General Permit, as well as implement a local stormwater permit for disturbances >5,000 s.f. Town-wide.

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

100% of full and basic SWPPPs were reviewed by the Town Consulting Engineer. All plans were reviewed in accordance with the NYS Design Manual. 100% of construction sites were inspected and were inspected in accordance with the NYS Design Manual. Local Town stormwater permits have been issued as a result of the adopted stormwater ordinance.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Ongoing: Continue to review full and basic SWPPPs, conduct site inspections in accordance with the stormwater manual. Continue to provide public access to SWPPPs. Use revised environmental questionnaire for all Building Permit Applications to determine if coverage under SPDES or local Town stormwater permit is required.

MS4 Annual Report Form

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

2	0	2	2
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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 Lewisboro

SPDES ID

N	Y	R	2	0	A	2	2	7
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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									
<input checked="" type="radio"/> Alternative Practices	<table border="1"><tr><td> </td><td> </td><td>4</td></tr></table>			4	<table border="1"><tr><td> </td><td> </td><td>4</td></tr></table>			4	<table border="1"><tr><td> </td><td> </td><td>4</td></tr></table>			4
		4										
		4										
		4										
<input checked="" type="radio"/> Filter Systems	<table border="1"><tr><td> </td><td> </td><td>1</td></tr></table>			1	<table border="1"><tr><td> </td><td> </td><td>1</td></tr></table>			1	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
		1										
		1										
		0										
<input type="radio"/> Infiltration Basins	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Open Channels	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Ponds	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input checked="" type="radio"/> Wetlands	<table border="1"><tr><td> </td><td> </td><td>1</td></tr></table>			1	<table border="1"><tr><td> </td><td> </td><td>1</td></tr></table>			1	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
		1										
		1										
		0										
<input type="radio"/> Other	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			

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

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

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

Other:

S u s t a i n a b i l i t y C o m m i t t e e

MS4 Annual Report Form

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

2	0	2	2
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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 Lewisboro

SPDES ID

N	Y	R	2	0	A	2	2	7
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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?

		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	2
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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 Lewisboro

SPDES ID

N	Y	R	2	0	A	2	2	7
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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.

Participate in the Croton Kensico Watershed Intermunicipal Coalition (CKWIC) and EOHWC regarding retrofitting programming and other aspects of regional stormwater cooperation. Continue to inspect stormwater management practices and report on condition. Continue to evaluate potential stormwater retrofit projects.

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

The Town of Lewisboro Town Consulting Engineer attends EOHWC meetings, as requested. EOHWC continues to work on Retrofit Projects. Post-management stormwater structures are continuing to be identified and maintained as part of the Town's stormwater management plan.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue to participate in CKWIC and EOHWC. Conduct inspections on structural and non-structural stormwater practices and continue to implement necessary maintenance and repairs. Continue to seek additional stormwater retrofit projects. Commence inventory of local stormwater best management practices for projects requiring post-construction stormwater management.

MS4 Annual Report Form

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

2	0	2	2
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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 Lewisboro

SPDES ID

N	Y	R	2	0	A	2	2	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 checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MS4 Annual Report Form

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

2	0	2	2
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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 Lewisboro

SPDES ID

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

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

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

				3
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles

			8	2
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		4	9	2
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

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

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

			2	0
--	--	--	---	---
- 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?

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

4. What was the date of the last training?

0	3
---	---

 /

1	7
---	---

 /

2	0	2	2
---	---	---	---

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

	2	0
--	---	---

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	2
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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 Lewisboro

SPDES ID

N	Y	R	2	0	A	2	2	7
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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.

Identify appropriate Best Management Practices (BMPs) for Town facilities. Continue to conduct street sweeping and cleaning catch basins to improve stormwater management. Maintain records of municipal septic system maintenance. Continue to reduce phosphorus use in town facility management. Completed annual inspections of Town Facilities. Maintain/repair stormwater outfalls as needed.

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

SWPPPs for all town facilities have been created and are available on location. 82 miles of municipal streets were swept, 492 catch basins cleaned and 3 acres of parking lots swept. Fertilizer containing phosphorus was not used on municipal lands and the total number of fertilizer used was greatly reduced. Town utilizes their vacuum truck to facilitate routine maintenance of stormwater conveyance system and management practices.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Ongoing: Continue to use BMPs to conduct street sweeping, catch basin cleaning, salt storage and landscaping. Update SWPPPs as necessary. Continue to perform annual inspections of Town Facilities and maintain/repair stormwater outfalls.

MS4 Annual Report Form

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

2	0	2	2
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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 Lewisboro

SPDES ID

N	Y	R	2	0	A	2	2	7
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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.

		0
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 %

MS4 Annual Report Form

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

2	0	2	2
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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 Lewisboro

SPDES ID

N	Y	R	2	0	A	2	2	7
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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?

1	0	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?

		0
--	--	---

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

		0
--	--	---

 %

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

		0
--	--	---

 %

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

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

2	0	2	2
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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 Lewisboro

SPDES ID

N	Y	R	2	0	A	2	2	7
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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

CONTRACT FOR

Update of 1985 Comprehensive Master Plan for the Town of Lewisboro and
Amendments to the Town Zoning Code

BY AND BETWEEN

The TOWN OF LEWISBORO and
NELSON, POPE & VOORHIS, LLC

THIS AGREEMENT, entered into as of May ____, 2022, by and between NELSON POPE & VOORHIS, LLC, a company organized and existing under the laws of the State of New York with offices in Melville and Suffern, New York hereinafter called the "Consultant", and the TOWN OF LEWISBORO, a municipal corporation of the State of New York, with offices located at Town Hall, 11 Main Street, South Salem, New York 10590, hereinafter called the "Town." This agreement is construed and governed by the laws of the State of New York.

WITNESSETH, that the Consultant and the Town for the considerations stated herein mutually agree as follows:

Article 1. Statement of Work. The Consultant shall furnish all supervision, technical personnel, labor, materials, equipment and services, including transportation services and perform and complete all work and required supplemental work for the completion of this Contract in strict accordance with the hereinafter referenced Contract Documents.

Article 2. Contract Documents. The Contract Documents shall consist of the following (including their attachments and exhibits):

1. This Agreement.
2. Request for Proposal issued September 15, 2021.
3. Proposal from Nelson Pope and Voorhis dated November 15, 2022, as amended in "4" below.
4. Revised Budget from Nelson Pope and Voorhis dated April 29, 2022, which details an agreed upon reduced meeting schedule.

Article 3. The Contract Budget. The Town will pay the Consultant for the performance of the Contract in current funds for the total quantities of work performed at the stated prices stipulated in the Proposal with a not to exceed cost of \$163,000 unless modified based on any addenda approved by the Town. All work that will exceed the scope of work or the revised budget enumerated in the Contract Documents listed in Article 2 will require authorization from the Town of Lewisboro Town Board and/or its designated representative.

Article 4. Contract Duration. Consultant shall coordinate with the Town of Lewisboro and shall endeavor to complete the project by September 2023 unless otherwise agreed to by both

parties.

Article 5. Integration. All prior understandings, agreements, representations and warranties, oral or written, between the Consultant and Town are merged in this contract; it completely expresses their full agreement and has been entered into after full investigation, neither party relying upon any statement made by anyone else that is not set forth in this contract. Any documents or materials not specifically referenced herein shall be deemed to be expressly excluded.

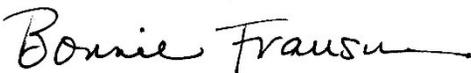
Article 6. Intellectual Property. All work of any kind created under the terms of this contract shall become the intellectual property of the Town of Lewisboro. Consultant agrees that all intellectual property created under this contract shall be a "Work Made For Hire" as that term is defined under the United States Copyright Act and is the exclusive property of the Town of Lewisboro. In the event of a determination that the intellectual property produced under the terms of this contract is not a "Work Made For Hire", then Consultant agrees that all intellectual property produced under the terms of this contract is exclusively assigned to the Town of Lewisboro.

Article 7. Payment. Payment of the Consultant's services shall be made upon receipt by the Town of an invoice, which shall be submitted on a monthly basis. Invoices shall specify the amount of time expended, and a description of the task(s) performed as per the Document enumerated in Article 2, entitling the Consultant to receive the amount requested under the terms of this agreement.

IN WITNESS WHEREOF, the Town Supervisor, on behalf of the Lewisboro Town Board, is hereby authorized to execute this agreement through signature below.

By: _____
Tony Gonçalves, Town Supervisor
TOWN OF LEWISBORO

Date

By: 

Bonnie Franson, AICP CEP, Partner
NELSON, POPE & VOORHIS, LLC

May 17, 2022

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/17/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER PG Genatt Group LLC 3333 NEW HYDE PARK RD SUITE 409 NEW HYDE PARK NY 11042	CONTACT NAME: Alyson Graziosi PHONE (A/C. No. Ext): 516-869-8788 E-MAIL ADDRESS: agraziosi@crpgrp.com		FAX (A/C. No): 1-516-706-2973													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Continental Insurance</td> <td>35289</td> </tr> <tr> <td>INSURER B : Travelers Indemnity Company</td> <td>25658</td> </tr> <tr> <td>INSURER C : Berkley Insurance Company</td> <td>32603</td> </tr> <tr> <td>INSURER D : Property and Casualty Insurance Company of Hartford</td> <td>34690</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Continental Insurance	35289	INSURER B : Travelers Indemnity Company	25658	INSURER C : Berkley Insurance Company	32603	INSURER D : Property and Casualty Insurance Company of Hartford	34690	INSURER E :		INSURER F :
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INSURER F :																
INSURED Nelson Pope & Voorhis, LLC 70 Maxess Road Melville, NY 11747	NPENGIN															

COVERAGES

CERTIFICATE NUMBER: 292487759

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			6020187116	8/14/2021	8/14/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EMP BEN. \$ 1,000,000
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			12UENOL5053	8/14/2021	8/14/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CUP-3S119395-21-NF	8/14/2021	8/14/2022	EACH OCCURRENCE \$ 11,000,000 AGGREGATE \$ 11,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	PROFESSIONAL LIABILITY			AEC-9053085-08	3/8/2022	3/8/2023	\$2,000,000 \$4,000,000 PER CLAIM AGGREGATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

NAMED INSURED ADDRESS: 70 Maxess Road, Melville, 11747
 Town of Lewisboro is included as additional insured as per written contract.

CERTIFICATE HOLDER

CANCELLATION 30 day notice applies

Town of Lewisboro 11 Main Street South Salem, NY 10590	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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PROPOSED LOCAL LAW # OF THE YEAR 2022

BE IT ENACTED BY THE TOWN BOARD OF THE TOWN OF LEWISBORO, COUNTY OF WESTCHESTER, STATE OF NEW YORK AS FOLLOWS:

SECTION 1 : AUTHORITY

This chapter is adopted pursuant to the authority, of Article 2, §10 of the New York State Municipal Home Rule Law.

SECTION 2 : AMENDMENT OF CHAPTER 212

Chapter 212 of the current Code of the Town of Lewisboro entitled “Vehicles & Traffic”, specifically Subsection 212-22 entitled “Schedule I: Speed Limits” is hereby amended to read as follows:

NAME OF STREET	SPEED LIMIT (MPH)	LOCATION
BOUTON ROAD	25	ENTIRE LENGTH
MAIN STREET	25	FROM THE INTERSECTION WITH BOUTON ROAD TO THE BORDER WITH THE STATE OF CONNECTICUT
OSCALETA ROAD	25	ENTIRE LENGTH
SPRING HILL LANE	25	ENTIRE LENGTH
West Lane	25	FROM THE INTERSECTION WITH SPRING HILL ROAD TO THE BORDER WITH THE STATE OF CONNECTICUT

SECTION 3 : AMENDMENT OF CHAPTER 212

Chapter 212 of the current Code of the Town of Lewisboro entitled “Vehicles & Traffic”, specifically Subsection 212-25 entitled “Schedule IV: Stop Intersections” is hereby amended to add the following as stop intersection(s):

STOP SIGN ON	AT INTERSECTION OF	DIRECTION OF TRAVEL
HALL AVENUE	POND STREET	WEST

SECTION 4 – HOME RULE

Nothing in this Local Law is intended, or shall be construed to limit the home rule authority of the Town under State Law or to limit the Town’s discretion in setting fees and charges in connection with any applications requiring Town approval.

SECTION 5 – SEVERABILITY

If any part or provision of this Local Law or the application thereof to any person or

circumstance be adjudged invalid by any court of competent jurisdiction, such judgment shall be confined in its operation to the part or provision or application directly involved in the controversy in which judgment shall have been rendered and shall not affect or impair the validity of the remainder of this Local Law or the application thereof to other persons or circumstances, and the Town Board of the Town of Lewisboro hereby declares that it would have passed this Local Law or the remainder thereof had such invalid application or invalid provision been apparent.

SECTION 6– EFFECTIVE DATE

This Local Law shall take effect immediately upon filing in the office of the Secretary of State in accordance with Section 27 of the Municipal Home Rule Law.

TOWN OF LEWISBORO
TOWN HOUSE
11 MAIN STREET
SOUTH SALEM, NEW YORK 10590

THIS IS AN APPLICATION FOR LICENSE TO COLLECT AND DISPOSE OF REFUSE AND RECYCLABLES IN THE TOWN OF LEWISBORO.

RESIDENTIAL _____
COMMERCIAL x

If applying for renewal, date the current license expires 5/25/2022

The Town will ensure that confidential proprietary documents submitted as part of this license application are maintained under seal and free from Freedom of Information disclosure. Applicant shall be responsible for designation of document to be so protected.

1. Name of Applicant Sani-Pro Disposal Services Corp. dba Suburban Carting Co.
Business Address 566 N State Rd, Briarcliff Manor, NY 10510
Business Telephone & Fax Numbers 914-698-4300, f 914-698-0364
Home & Emergency Telephone Numbers _____

2. VEHICLES

Make Model Body Type License Number
See attached vehicle list.

It is understood that all equipment is and shall be maintained in good working condition.

3. FEES (Suggested: See note re Town Rate)

COMMERCIAL:

Size of Container Pickup Frequency Suggested Rate (Per Yard)

Prices are based on customer needs including material, size and frequency.

10. DETAILED DESCRIPTION OF APPLICANT'S EMPLOYMENT COMPLIMENT, INCLUDING JOB CLASSIFICATIONS

Approximately 90 employees including drivers, helper, mechanics, welders, customer service, administrative and sales staff.

11. SET FORTH ACTUAL OR BENEFICIAL OWNERS OF THE BUSINESS, OR IF CORPORATION, THE STOCKHOLDERS, DIRECTORS AND OFFICERS OF THE CORPORATION AND ALL RELATED BUSINESSES.

Nicholas Orlando & Joseph Orlando

12. NUMBER OF CUSTOMERS

IF INITIAL LICENSE, NAMES AND ADDRESSES OF A MINIMUM OF FIVE COMMERCIAL ACCOUNTS.

13. CONTINGENCY PLANS (Set forth in detail plans for providing service in the event of equipment failure, labor disputes of disposal difficulties or other factors which would affect service).

We have ample staff and equipment to continue service in the event of equipment failure or labor dispute.

14. PLEASE MAKE SURE TO SEND THE TONAGE REPORT (TOTAL GARBAGE AND TOTAL RECYCLABLES) TO THE TOWN IN JANUARY OF EACH YEAR. IT CAN BE EMAILED TO townclerk@lewisborogov.com.

Sani-Pro Disposal Services

Corp, dba Suburban Carting Co. being duly sworn, does hereby depose and say that all the statements herein contained are true and correct, that I have received a copy of, have read and understand, and will comply with all of the provisions of the applicable Refuse Collection Law of the Town of Lewisboro, and that all personnel have been instructed to comply with the provisions of applicable Refuse Collection Law of the Town of Lewisboro.

05/06/2022
Date

Sani-Pro Disposal Services, President
Applicant Title

(Corporate Seal)

Sworn to before me this 5 day of May, 2022.

Notary Public

Nicole Avallone
Notary Public, State of New York
No. 01AV6169675
Qualified in Westchester County
Term Expires 06/25/2013

Refuse License Fees:

Residential: \$35 for each truck over 10 cubic yards
\$15 for each truck under 10 cubic yards

Commercial: \$100 for each truck over 10 cubic yards
\$50 for each truck under 10 cubic yards

For office use:

Total fee paid: _____

Receipt No./Date: _____

Town of Lewisboro
Sani-Pro Disposal Services
Vehicle List

Fleet #	Make	Model	Body Type	License Plate
F24	Peterbilt	520	Front Load	59876MM
F6	Mack	MRU613	Front Load	63495PC
F8	Peterbilt	520	Front Load	96184 MM
R12	Peterbilt	5675FFA	Roll Off	83330PC
R5	Peterbilt	5675FFA	Roll Off	81304MN



ADDITIONAL REMARKS SCHEDULE

AGENCY Insight Companies Inc.		NAMED INSURED Sani-Pro Disposal Services Corp. dba Suburban Carting Company 566 North State Road Briarcliff Manor, NY 10510	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

The Additional Insured and/or Waiver of Subrogation if shown on this certificate are added provided this status is required by a written and executed contract.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/15/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Acrisure LLC DBA TCE Insurance Services 490 Wheeler Road Suite 251 Hauppauge NY 11788	CONTACT NAME: Francine Semprini	
	PHONE (A/C, No, Ext): (631) 352-5700	FAX (A/C, No): (631) 761-6487
E-MAIL ADDRESS: fsemprini@tceins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Accident Fund Ins Co of America		10166
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** CL2221477685 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OPAGG	\$
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> Collision			CA WINS1013-22	2/21/2022	2/21/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
				\$5,000 dd applies to comp/coll			BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							PIP-Basic	\$ 50,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 EVIDENCE OF INSURANCE

CERTIFICATE HOLDER**CANCELLATION**

Town of Lewisboro Town House
 11 Main Street
 South Salem, NY 10590

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

William DeMaio/FS

W. D. M.

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CERTIFICATE OF INSURANCE COVERAGE

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>SANI-PRO DISPOSAL SERVICES CORP DBA SUBURBAN CARTING COMPANY 566 NORTH STATE RD BRIARCLIFF MANOR, NY 10510</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured</p> <p>914-698-4300</p> <p>1c. Federal Employer Identification Number or Social Security Number</p> <p>205187398</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Town of Lewisboro Town House 11 Main St South Salem, NY 10590</p>	<p>3a Name of Insurance Carrier</p> <p>HARTFORD LIFE AND ACCIDENT</p> <p>3b Policy Number of Entity Listed in Box "1a"</p> <p>LNy634638</p> <p>3c Policy effective period</p> <p>07-01-2021 to 06-30-2022</p>
<p>4. Policy provides the following benefits:</p> <p><input checked="" type="checkbox"/> A. Both disability and paid family leave benefits.</p> <p><input type="checkbox"/> B. Disability benefits only.</p> <p><input type="checkbox"/> C. Paid family leave benefits only.</p> <p>5. Policy covers:</p> <p><input checked="" type="checkbox"/> A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.</p> <p><input type="checkbox"/> B. Only the following class or classes of employer's employees:</p>	

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 05-06-2022 *Elizabeth Tello*
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 553-8074 Name and Title: Elizabeth Tello – Assistant Director, Statutory Services

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

**State of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1 a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.



CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (use street address only) South East Employee Leasing Services, Inc. (LCF) Sani-Pro Disposal Services Corp. dba Suburban Carting Co.</p> <p>2739 US Highway 19 N Holiday, FL 34691</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., A Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured (727) 938-5562</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured 51-64064</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 05-0591872</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>TOWN OF LEWISBORO TOWN HOUSE</p> <p>11 MAIN STREET SOUTH SALEM NY 10590</p>	<p>3a. Name of Insurance Carrier State National Insurance Company, Inc.</p> <p>3b. Policy Number of Entity Listed in Box "1a" AYA71949-0076</p> <p>3c. Policy effective period 1/1/2022 to 1/1/2023</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy**). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium within 30 days if cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period? YES NO

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: David Tanner
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  5/6/2022
(Signature) (Date)

Title: Licensed Agent

Telephone Number of authorized representative or licensed agent of insurance carrier: (727) 938-5562

Please note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are **NOT** authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is provided in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission, or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

Town of Lewisboro, NY
Thursday, May 19, 2022

Chapter 199. Taxation

Article III. Alternative Veterans Exemption

[Adopted 6-2-1998 by L.L. No. 5-1998^[1]; amended in its entirety 2-23-2015 by L.L. No. 1-2015]

[1] *Editor's Note: This local law superseded L.L. No. 4-1997, regarding the alternative veterans exemption, adopted 4-22-1997.*

§ 199-10. Increase in exemption.

- A. In accordance with the authorization of Subparagraph (ii) of Paragraph (d) of Subdivision 2 of § 458-a of the Real Property Tax Law, the maximum allowable exemption of Paragraphs (a), (b) and (c) of Subdivision 2 of § 458-a of such law is hereby increased to \$54,000, \$36,000 and \$180,000, respectively.
- B. In accordance with the authorization of Paragraph (b) of Subdivision 7 of § 458-a of the Real Property Tax Law, Gold Star Parent, as defined in Paragraph (a) of Subdivision 7 of § 458-a is included within the definition of "qualified owner" as provided in Paragraph (c) of Subdivision 1 of § 458-a, and the property owned by a Gold Star Parent is included within the definition of "qualifying residential real property" as provided in Paragraph (d) of Subdivision 1 of § 458-a, provided that such property shall be the primary residence of the Gold Star Parent. The exemptions provided in Subsection **A** above shall apply to Gold Star Parents as provided herein, with the exception of the exemption contained in Paragraph (c) of Subdivision 2 of § 458-a of the Real Property Tax Law.

Proposed Veteran's Exemption

Current Max Exemption	New Maximum Exemption
War Veterans	
\$54,000	\$75,000
War/Combat Veterans	
\$36,000	\$50,000
Disabled Veterans	
\$180,000	\$250,000

Town Board Meeting May 23, 2022

Request Approval for 2 New Trails at Leon Levy Preserve

and

Golden Roads Daffodils Planting Along Town House Exit Drive

Leon Levy Preserve - New Trails

George Scott, Head Preserve Steward, Leon Levy Preserve - Representing the Open Space and Preserves Advisory Committee

1. "Connector" Trail – less than 0.2 mile – see **Map 1**

Connects Blue Trail near the upper Gorge to the Cross Preserve Trail. The proposed trail will approximately follow an existing unauthorized (social) trail.

Planned for 2022

2. LLP South Trail - Blue Trail extension into southern section of preserve (south of Lake Kitchawan Drive). Less than 0.4 mile – see **Map 1**

Planned for 2023 or later

Trails approved by the Open Space and Preserves Advisory Committee

Wetland Consultant approval required

Golden Roads Daffodils Planting - November 5, 2022

George Scott – Representing the Lewisboro Garden Club

Plant 1,500 daffodils along each side of exit the drive between the Town House and the Library. Total 3,000 daffodils

Both plantings are shown as red hashed markings. – see **Map 2**

Lewisboro Library Board has approved planting on their side of the exit drive.

Will request LPD traffic control to reroute traffic around the exit drive during planting

Request waiving Architectural and Community Appearance Review Council fee

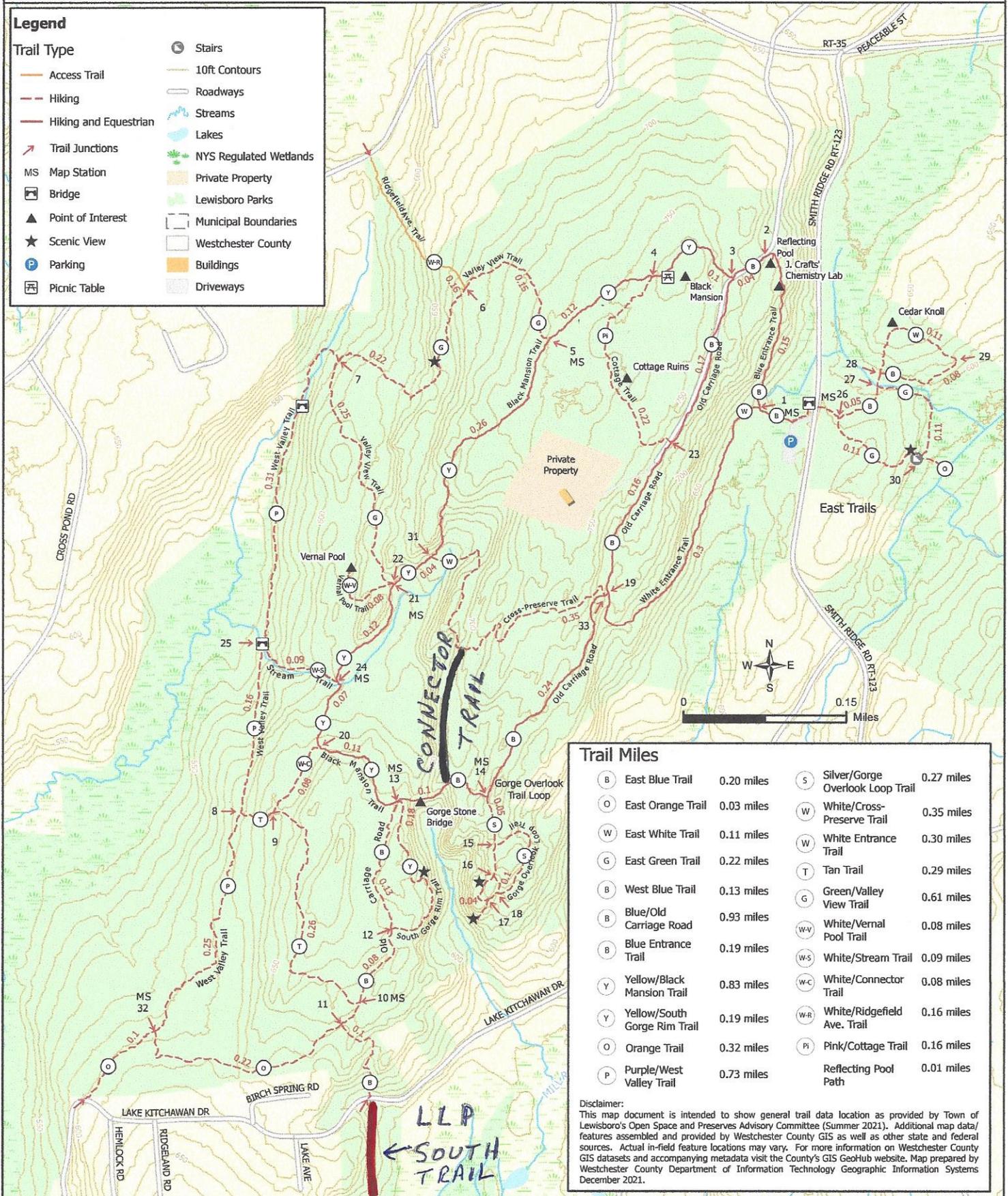
Town of Lewisboro MAP 1

Legend

Trail Type

- Access Trail
- Hiking
- Hiking and Equestrian
- Trail Junctions
- Map Station
- Bridge
- Point of Interest
- Scenic View
- Parking
- Picnic Table

- Stairs
- 10ft Contours
- Roadways
- Streams
- Lakes
- NYS Regulated Wetlands
- Private Property
- Lewisboro Parks
- Municipal Boundaries
- Westchester County
- Buildings
- Driveways



Trail Miles

B	East Blue Trail	0.20 miles	S	Silver/Gorge Overlook Loop Trail	0.27 miles
O	East Orange Trail	0.03 miles	W	White/Cross-Preserve Trail	0.35 miles
W	East White Trail	0.11 miles	W	White Entrance Trail	0.30 miles
G	East Green Trail	0.22 miles	T	Tan Trail	0.29 miles
B	West Blue Trail	0.13 miles	G	Green/Valley View Trail	0.61 miles
B	Blue/Old Carriage Road	0.93 miles	W-V	White/Vernal Pool Trail	0.08 miles
B	Blue Entrance Trail	0.19 miles	W-S	White/Stream Trail	0.09 miles
Y	Yellow/Black Mansion Trail	0.83 miles	W-C	White/Connector Trail	0.08 miles
Y	Yellow/South Gorge Rim Trail	0.19 miles	W-R	White/Ridgefield Ave. Trail	0.16 miles
O	Orange Trail	0.32 miles	PH	Pink/Cottage Trail	0.16 miles
P	Purple/West Valley Trail	0.73 miles		Reflecting Pool Path	0.01 miles

Disclaimer:

This map document is intended to show general trail data location as provided by Town of Lewisboro's Open Space and Preserves Advisory Committee (Summer 2021). Additional map data/features assembled and provided by Westchester County GIS as well as other state and federal sources. Actual in-field feature locations may vary. For more information on Westchester County GIS datasets and accompanying metadata visit the County's GIS GeoHub website. Map prepared by Westchester County Department of Information Technology Geographic Information Systems December 2021.

Trail Blaze Directional Key

- Straight Ahead
- Trail Begins
- Trail Ends
- Right Turn
- Left Turn

Leon Levy Preserve Trail Map

MAP 2

Google Maps 2022 PROPOSED GOLDEN ROADS PLANTING - TOWN HOUSE EXIT DRIVE



Imagery ©2022 New York GIS, Map data ©2022 20 ft

 = PROPOSED PLANTING

 = EXISTING PLANTING

-----Original Message-----

From: Rose Bonanno <ssolwa4@gmail.com>

Sent: Saturday, April 30, 2022 3:51 PM

To: Tony Goncalves <supervisor@lewisborogov.onmicrosoft.com>; Janet Donohue
<Townclerk@lewisborogov.onmicrosoft.com>

Cc: Subject: Request for Permit Fee Waiver

We have been planning a gala celebration for the 50th Anniversary of the Lewisboro Garden Club. As Onatru Farm is the LGC "headquarters". we were planning to use the area across from the Alice Poor Memorial Garden. The event will be for about 140 People and we are renting a 40'x40' tent. There will be food, wine and beer served and there will be a trio playing music. The event will be from 5-7 PM and we are having a silent auction to raise funds that will be used for the Library and the Garden Club

We are hoping that the Town Board will waive the permit fee for this event. Please let me know if you need more information or need any forms completed to allow this to happen.

Your support in this matter is appreciated.

Rose Bonanno

Lewisboro Garden Club
516 382-7619