



**MS4 Annual Report Cover Page****MCC form for period ending March 9,**

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

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**MCC form for period ending March 9,**

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TOWN OF SULLIVAN

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**MCC form for period ending March 9,**

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TOWN OF SULLIVAN

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## Important Instructions - Please Read

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).

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.

- 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
J O H N	M	B E C K E R

Title																			
T	O	W	N		S	U	P	E	R	V	I	S	O	R					

[illegible]

City													State		Zip									
C	H	I	T	T	E	N	A	N	G	O			N	Y	1	3	0	3	7	-				

eMail

J	B	E	C	K	E	R	@	T	O	W	N	O	F	S	U	L	L	I	V	A	N	.	O	R	G								
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Phone ( 3 1 5 ) 6 8 7 - 9 1 9 0 County M A D I S O N

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

MCC form for period ending March 9,

2 0 1 5

Name of MS4 TOWN OF SULLIVAN

SPDES ID

N Y R 2 0 A 2 2 1

**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).
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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

P H I L

MI

Last Name

C O S T A N Z O

Title

B U I L D I N G A D M I N I S T R A T O R

Address

7 5 0 7 L A K E P O R T R O A D

City

C H I T T E N A N G O

State

N Y

Zip

1 3 0 3 7 -

eMail

P C O S T A N Z O @ T O W N O F S U L L I V A N . O R G

Phone

( 3 1 5 ) 6 8 7 - 5 2 5 1

County

M A D I S O N

**MS4 Municipal Compliance Certification(MCC) Form**MCC form for period ending March 9, 

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Name of MS4 

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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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MI

R
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Last Name

R	E	I	C	H	L	E	I	N											
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Title

P	R	J	.		E	N	G	.	,		B	A	R	T	O	N		A	N	D			L	O	G	U	I	D	I	C	E				
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Address

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City

S	Y	R	A	C	U	S	E																													
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State

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

MCC form for period ending March 9, 2 0 1 5

Name of MS4 TOWN OF SULLIVAN

SPDES ID

N Y R 2 0 A 2 2 1

**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

C N Y R E G I O N A L P L A N N I N G A N D

Partner/Coalition Name (con't.)

D E V E L O P M E N T B O A R D

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 2 6 N . S A L I N A S T R E E T

City

S Y R A C U S E

State

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Zip

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eMail

B E R T U C H @ C N Y R P D B . O R G

Phone

( 3 1 5 ) 4 4 2 - 8 2 7 6

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 M U L T I P L E T A S K S

☐ 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, 2015

Name of MS4 Town of Sullivan

SPDES ID

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**Section 4 - Certification Statement**

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

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

First Name

J o h n

MI

M

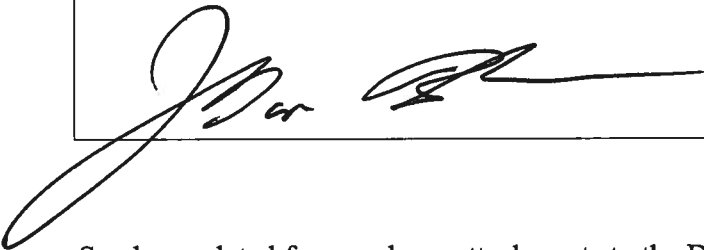
Last Name

B e c k e r

Title (Clearly print title of individual signing report)

T o w n S u p e r v i s o r

Signature



Date

05 / 22 / 2015

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



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Name of MS4/Coalition

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MCM 1 Page 1 of 4

**MS4 Annual Report Form**

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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 

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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

☐ Construction Site Operators Trained

# Trained 

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☒ Direct Mailings

# Mailings 

				6
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☒ Kiosks or Other Displays

# Locations 

			3	7
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☒ List-Serves

# In List 

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☒ Mailing List

# In List 

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☒ Newspaper Ads or Articles

# Days Run 

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☒ Public Events/Presentations

# Attendees 

		6	2	1
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☒ School Program

# Attendees 

			5	4
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☐ TV Spot/Program

# Days Run 

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☒ Printed Materials:

Total # Distributed 

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

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☐ Other:

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Name of MS4/Coalition 

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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 

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

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**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

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

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**MS4 Annual Report Form**

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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.**

Maintain a regional stormwater website and information library for reference and use by regulated MS4s and the general public in the Syracuse Urban Area.

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

The stormwater website is successfully functioning as a municipal and public education tool based on the 3,645 recorded "hits" during the permit year. This represents a 10% increase in usage over the previous year. Hits to the stormwater library pages were also up 14% over the previous year.

**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).**

Website content will be continuously updated as new information becomes available or is no longer relevant. Content and usability will be improved through access changes. The website will be promoted as an educational tool for the general public and stormwater professionals in both the private and public sectors.

**MS4 Annual Report Form**

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

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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.**

Syracuse Post Standard Stormwater Pullout: Develop a 4-page pullout to be distributed in the main section of the daily Syracuse Post Standard newspaper that focuses on stormwater processes, impacts, issues of concern, primary pollutants of concern, and citizen generated solutions.

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

The pullout was published on April 22, 2014. As reported by the Post Standard, home delivery, on-line subscriptions and point of sale editions sold that day totaled 186,250.

**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).**

A similar "advertisement" will be published in a Syracuse newspaper in April 22, 2015. Recent changes in the format and publishing schedule of the Syracuse Post Standard is forcing us to reconsider other options for publication based on readership, distribution trends and costs. The publication will be distributed in PDF format for inclusion on municipal websites or reprint for hard copy distribution at municipal buildings and public events.



**MS4 Annual Report Form**

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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.**

A seasonally themed, electronic newsletter will be developed and distributed to interested individuals. The newsletter will maintain a focus on primary pollutants of concern, stormwater processes, and will offer advice on reducing negative water quality impacts through simple actions. The newsletter will encourage participation in locally sponsored events that support stormwater management and protection efforts.

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

Gardens & Gutters was electronically distributed on 4/28/14, 8/11/14, 10/17/14, and 12/10/14. A distribution database of approximately 100 individuals is continually updated to reflect new subscribers and current contacts. The newsletter is promoted at public events, on-line, and through direct contact and promotion with existing organizations and groups with a complimentary focus. The standard template continues to receive positive feedback on length and use of graphics.

**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).**

Gardens and Gutters will continue to be distributed electronically in 2015. Additional efforts will be made to grow the distribution list. The newsletter will also be posted on the CNY stormwater website and made available in PDF format for inclusion on municipal websites, or for reprint and hard copy distribution.

**MS4 Annual Report Form**

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

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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.**

Electronic Outreach to CNY Contractors & Developers: Provide direct information on topics of interest to construction developers with a focus on current construction permit requirements and a additional considerations for doing business in MS4 communities. Information will be presented in a newsletter format and posted as a PDF on the stormwater website. The newsletter will be promoted via a bulk postcard mailing. PDFs will be available for distribution.

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

200 postcards were sent to individual contractors notifying them that the newsletter was available on the CNY Stormwater website. PDFs were distributed to the Coalition members for distribution. The CNY Homebuilders and Remodelers Association requested the PDF for distribution to its membership. Anecdotal feedback indicated the message was appropriately formatted and targeted. Additional hard copies were distributed through the CNY Professional Stormwater Training Series.

**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).**

Content will be updated and the same promotional mailing will be done in advance of posting the Spring 2015 newsletter on the CNY Stormwater website. The newsletter will also be made available to the CNY Home Builders & Remodelers for use in whole or in part. MS4s will also receive a PDF newsletter for posting on individual municipal websites.

**MS4 Annual Report Form**

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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.**

Secure exhibitor booth space and two public events, and develop appropriate informational displays and handout materials. Efforts will be made to identify public events with reliably high attendance and complimentary objectives. Appropriately targeted materials and a stormwater display will be maintained and available for use at municipal events.

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

Exhibitor activities included the My Green School Day at Tykes Tuesday Series/Destiny on 8/26/14 (estimated attendance 150), Syracuse Clean Water Fair sponsored by Onondaga County Water Environment Protection on 9/6/14 (estimated attendance 350); and the Westcott Street Cultural Fair on 9/14/14 (annual attendance 8,000). Approximately 1,635 informational handouts were distributed (lawn & garden care, scoop the poop, GI, phosphorus law, bookmarks, activity sheets, etc.).

**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).**

The CNY Stormwater Coalition Booth will be set up and staffed at 2 public events in 2014: locations to be determined. Materials will be updated and replaced as needed to stay current and relevant to SUA requirements.

**MS4 Annual Report Form**

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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.**

CNY RPDB will conduct a "lessons learned" workshop for Planning Boards, Code Enforcement Officers, and Highway Superintendents that will examine issues and obstacles to compliance with permit requirements such as SWPPP review using the new runoff reduction standards, implementation of GI, and revisions of local plans/policies to facilitate low impact development, and to identify opportunities to improve the processes that support these activities.

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

The 10/20/14 workshop, held in Liverpool, NY was attended by 25 municipal representatives. Feedback was positive relative to the information presented; however, some those that did not attend noted that they have had significant access to GI related information over the past several years and felt the workshop would be repetitive. The workshop presentation and handout materials were also available as resources on the stormwater website.

**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).**

At least 2 training workshops will be conducted for MS4 officials/staff in 2015. Specific topics & audiences will be determined based on feedback from MS4s, NYS DEC Region 7 & changes to the stormwater permit requirements. Workshop schedules will be determined in accordance with normal "press" times of the target audiences. It is believed this will allow the workshops to be more responsive to perceived training needs and therefore, more relevant to more municipal reps.

**MS4 Annual Report Form**

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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.**

CNY RPDB will conduct a workshop for Municipal Stormwater Program Coordinators as a follow up to the 2012 training on Stormwater Management Plan development and implementation. The workshop will include a discussion of new methods for evaluating SWMPs, long term tracking of measurable goals, and if available, use of the new reporting process for MS4 Annual Reporting.

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

The December 2, 2014 workshop was held at CNY RPDB and was attended by 23 municipal representatives. The workshop addressed evaluating the effectiveness of MS4 SWMPs, developing measurable goals and preparing for a DEC Audit. The annual reporting mechanism/new long term tracking mechanism was not available and review of the WTM was limited in response to previous efforts completed in association with No-Net-Increase modeling.

**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).**

At least 2 training workshops will be conducted for MS4 officials/staff in 2015. Specific topics & audiences will be determined based on feedback from MS4s, NYS DEC Region 7 and changes to the stormwater permit requirements. Workshop schedules will be determined in accordance with normal "press" times of the target audiences. It is believed this will allow the workshops to be more responsive to perceived training needs and therefore, more relevant to more municipal reps.

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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.**

An additional measurable goal identified in this reporting period is participation with the CNY Stormwater Coalition, to further enhance public education and outreach.

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

The Town did not actively participate with the CNY Stormwater Coalition in 2014.

**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).**

The Town will rejoin the CNY Stormwater Coalition in 2015.



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

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**MS4 Annual Report Form**

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Name of MS4/Coalition 

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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.

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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?

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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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Name of MS4/Coalition 

TOWN OF SULLIVAN
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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.**

The measurable goal is the number of comments received on last year's annual report.

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

No comments were received.

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

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(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

This year's annual report will be posted on the Town's website for a full year. Comments will be addressed if received.

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

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

[illegible]

		1
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		1
--	--	---

		1
--	--	---

			%
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☐ Yes      ☒ No  
☐ Yes      ☒ No

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

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



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

TOWN OF SULLIVAN

SPDES ID

N	Y	R	2	0	A	2	2	1
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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.**

The measurable goal tracked this reporting year was the number of dry-weather flows identified by the Town Building Administrator's Office.

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

The Town identified and corrected one illicit discharge, a failing septic system, during this reporting year.

**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).**

Outfall inspections will continue as needed, and dry-weather flows will be addressed if they are found.



## MS4 Annual Report Form

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

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

Name of MS4/Coalition

TOWN OF SULLIVAN

SPDES ID

N	Y	R	2	0	A	2	2	1
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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? 

--	--	--

**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**

☒ Yes   ☐ No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**

☒ Yes   ☐ No   ☐ NT

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

☐ 09/2004   ☒ 03/2006   ☐ NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**

☒ Yes   ☐ No

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

		1
--	--	---

**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**

☒ Yes   ☐ No   ☐ NT

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

		0
--	--	---

**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**

☒ Yes   ☐ No

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

<input checked="" type="radio"/> Notices of Violation	#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="radio"/> No Authority
<input checked="" type="radio"/> Stop Work Orders	#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="radio"/> No Authority
<input checked="" type="radio"/> Criminal Actions	#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="radio"/> No Authority
<input checked="" type="radio"/> Termination of Contracts	#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="radio"/> No Authority
<input checked="" type="radio"/> Administrative Fines	#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="radio"/> No Authority
<input checked="" type="radio"/> Civil Penalties	#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="radio"/> No Authority
<input checked="" type="radio"/> Administrative Orders	#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="radio"/> No Authority
<input checked="" type="radio"/> Enforcement Actions or Sanctions	#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	
<input type="radio"/> Other	#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="radio"/> No Authority

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

TOWN OF SULLIVAN

SPDES ID

N	Y	R	2	0	A	2	2	1
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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? 

		1
--	--	---

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

		7
--	--	---

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

Name of MS4/Coalition 

TOWN OF SULLIVAN
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SPDES ID

N	Y	R	2	0	A	2	2	1
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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.**

The measurable goal tracked this reporting year was the number of construction sites requiring enforcement action.

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

No sites required enforcement action.

**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).**

Construction sites will continue to be inspected regularly, and this goal will be reported on in the next annual report.

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

Name of MS4/Coalition

N	Y	R	2	0	A	2	2	1
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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?		
---	--	--

**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 type="radio"/> Alternative Practices	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input checked="" type="radio"/> Filter Systems	<div><div></div><div></div><div>1</div></div>	<div><div></div><div></div><div>1</div></div>	<div><div></div><div></div><div>0</div></div>
<input checked="" type="radio"/> Infiltration Basins	<div><div></div><div></div><div>1</div></div>	<div><div></div><div></div><div>1</div></div>	<div><div></div><div></div><div>0</div></div>
<input type="radio"/> Open Channels	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input checked="" type="radio"/> Ponds	<div><div></div><div></div><div>6</div></div>	<div><div></div><div></div><div>6</div></div>	<div><div></div><div></div><div>0</div></div>
<input type="radio"/> Wetlands	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Other	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

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

☐ Yes    ☒ No

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

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

○ Other:

[illegible]

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

TOWN OF SULLIVAN

SPDES ID

N	Y	R	2	0	A	2	2	1
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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
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
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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 SULLIVAN

SPDES ID

N	Y	R	2	0	A	2	2	1
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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.**

The measurable goal tracked during this reporting year was the number of stormwater management practices inspected.

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

Stormwater management practices are routinely monitored by Town staff on their travels throughout the area. No violations or required maintenance was identified during this reporting year.

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

			8
--	--	--	---

(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).**

Stormwater management practices will be inventoried, new practices will be added as they are installed, and the Town will continue inspections and maintenance as necessary.



## MS4 Annual Report Form

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

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

Name of MS4/Coalition 

TOWN OF SULLIVAN									
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SPDES ID

N	Y	R	2	0	A	2	2	1
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### Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? 

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

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

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF SULLIVAN
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SPDES ID

N	Y	R	2	0	A	2	2	1
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**2. Provide the following information about municipal operations good housekeeping programs:**

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

			1	0
--	--	--	---	---
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles 

		2	6	0
--	--	---	---	---
- ☐ Catch Basins Inspected and Cleaned Where Necessary # 

			3	5
--	--	--	---	---
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				8
--	--	--	--	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs. 

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

				0
--	--	--	--	---
- ☐ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

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

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

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

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

0	2
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 / 

1	5
---	---

 / 

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

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

		0
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**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

	1	0
--	---	---

 %

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF SULLIVAN
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SPDES ID

N	Y	R	2	0	A	2	2	1
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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.**

The measurable goal tracked during this reporting year was the number of stormwater management training sessions provided to Town staff.

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

Staff was unable to attend training sessions during this reporting period.

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

			0
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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).**

The Town will look to send Building Administration and Highway Department staff to training sessions or hold in-house training during the 2015-2016 reporting year. The Town will join the CNY Stormwater Coalition to offer new training opportunities to staff.

## MS4 Annual Report Form

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

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

Name of MS4/Coalition 

TOWN OF SULLIVAN
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SPDES ID

N	Y	R	2	0	A	2	2	1
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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? 

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**MS4s must answer the questions or check NA as indicated in the table below.**

MS4 Description	Answer	Check NA	(POC)
<b>NYC EOH Watershed</b>	-	-	-
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
<b>Onondaga Lake Watershed</b>	-	-	-
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
<b>Greenwood Lake Watershed</b>	-	-	-
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
<b>Oyster Bay</b>	-	-	-
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
<b>Peconic Estuary</b>	-	-	-
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
<b>Oscawana Lake Watershed</b>	-	-	-
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
<b>LI 27 Embayments</b>	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

**1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?** ☐ Yes   ☐ No   ☒ N/A

**2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?** ☐ Yes   ☐ No   ☒ N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

--	--	--

 %

Estimate what percentage was mapped in this reporting period.

--	--	--

 %

## MS4 Annual Report Form

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 SULLIVAN

SPDES ID

N	Y	R	2	0	A	2	2	1
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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? 

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 %
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? 

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

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

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 %
- ☐ 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,**

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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 SULLIVAN

SPDES ID

N	Y	R	2	0	A	2	2	1
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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