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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, 2017

Town of Sullivan

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

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Name of MS4

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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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County

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

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Name of MS4

Town of Sullivan

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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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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

[illegible]

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

[illegible]

Address

[illegible]

City

State

Zip

[illegible]

eMail

[illegible]

Phone

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

☐ Yes ☐ No

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

○ MM1

[illegible]

○ MM2

[illegible]

○ MM3

[illegible]

○ MM4

[illegible]

○ MM5

[illegible]

○ MM6

[illegible]

Additional tasks/responsibilities

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

Public education program includes an enhanced focus on the sources, impacts, and strategies for addressing phosphorus in the Onondaga Lake watershed and pathogens in the Lower Seneca River

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 7

Name of MS4

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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

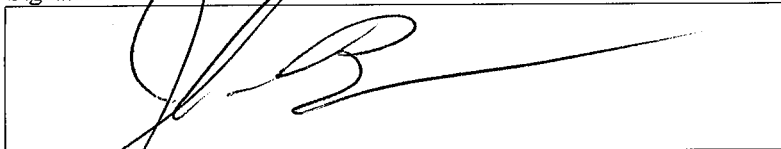
Last Name

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

0 5 / 2 5 / 2 0 1 7

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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Town of Sullivan

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Water Quality Trends

How many MS4s are contributed to this report?

- ☐ Yes ☒ No

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

[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

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Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

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1. Targeted Public Education and Outreach Best Management Practices

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

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

2. Specific audiences targeted during this reporting period:

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

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

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3. Web Page cont'.: 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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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

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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.

Evaluate participation in the CNY Stormwater Coalition. The Town was a prior member of the Coalition, but was not active during the last reporting year. The Coalition maintains a regional stormwater website and information library for reference and use by regulated MS4s and the general public in the Syracuse Urban Area. Although not active, residents of the Town are within the Coalition's educational distribution area.

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

The Town will evaluate renewing participation with the CNY Stormwater Coalition. Data on MCM Pages 1 and 2 of 4 is from CNYRPDB.

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).

Evaluate participation in the CNY Stormwater Coalition for the following year.

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

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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.

The Town also maintains public stormwater information on their website and Town Hall. Information includes a stormwater reporting hotline, stormwater contacts, general stormwater information, links to other agencies/organizations, and information on the Town's Stormwater Management Program.

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

The Town will evaluate measuring the number of hits on their website and stormwater page.

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 continue to provide stormwater information at Town Hall and on their website.

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

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Minimum Control Measure 2. Public Involvement/Participation

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

☐ Cleanup Events

Events

--	--	--	--	--

☒ Comments on SWMP Received

Comments

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

☒ Community Hotlines

Phone #

(3 1 5)

6 8 7 -

5 2 5 1

Phone #

()

-

Phone #

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Phone #

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Phone #

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Phone #

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Phone #

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Phone #

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Phone #

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Phone #

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Phone #

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-

☐ Community Meetings

Attendees

--	--	--	--	--

☐ Plantings

Sq. Ft.

--	--	--	--	--

☐ Storm Drain Markings

Drains

--	--	--	--	--

☐ Stakeholder Meetings

Attendees

--	--	--	--	--

☐ Volunteer Monitoring

Events

--	--	--	--	--

☒ Other:

e m a i l t o S t o r m w a t e r C o n t a c t

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?

☒ Yes ☐ No

☐ List-Serve

In List

--	--	--	--	--

☐ Newspaper Advertising

Days Run

--	--	--	--	--

☐ TV/Radio Notices

Days Run

--	--	--	--	--

☒ Other:

W e b s i t e P o s t i n g

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

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

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2. URL(s) con't.:

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

URL

h	t	t	p	:	/	/	t	o	w	n	o	f	s	u	l	l	i	v	a	n	.	o	r	g	/	c	o	n	t	e	n
t	/	S	t	o	r	m	w	a	t	e	r	1	2																		

URL

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URL

URL

URL

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Town of Sullivan

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

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

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9,**

2	0	1	7
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Name of MS4/Coalition

Town of Sullivan

SPDES ID

N	Y	R	2	0	A	2	2	1
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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	/	3	1	/	2	0	1	7
---	---	---	---	---	---	---	---	---	---

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

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

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

5.a. Was an Annual Report public meeting held in this reporting period?☐ Yes ☒ No

If Yes, what was the date of the meeting?

		/			/				
--	--	---	--	--	---	--	--	--	--

If No, is one planned?

☐ Yes ☒ No**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No**6. Were comments received during this reporting period?**☐ Yes ☒ No

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

MS4 Annual Report Form

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

2	0	1	7
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Name of MS4/Coalition

Town of Sullivan

SPDES ID

N	Y	R	2	0	A	2	2	1
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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 was 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?

			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).

This year's annual report will be posted on the Town's website for a minimum of 1 year. Comments will be addressed if received.

MS4 Annual Report Form

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

2	0	1	7
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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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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 was the number of calls received on the stormwater hotline.

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

Three calls were received and were addressed by the Building Administrator.

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

			3
--	--	--	---

(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 stormwater hotline will remain active in the next reporting year and calls will be documented.

MS4 Annual Report Form

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

2	0	1	7
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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 3. Illicit Discharge Detection and Elimination

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. Enter the number and approx. percent of outfalls mapped:

			3	1
--	--	--	---	---

 #

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

 %

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

		0
--	--	---

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

☐ Auto Recyclers

☐ Landscaping (Irrigation)

☐ Building Maintenance

☐ Marinas

☐ Churches

☐ Metal Plateing Operations

☐ Commercial Carwashes

☐ Outdoor Fluid Storage

☐ Commercial Laundry/Dry Cleaners

☐ Parking Lot Maintenance

☐ Construction Vehicle Washouts

☐ Printing

☐ Cross-Connections

☐ Residential Carwashing

☐ Distribution Centers

☐ Restaurants

☐ Food Processing Facilities

☐ Schools and Universities

☐ Garbage Truck Washouts

☒ Septic Maintenance

☐ Hospitals

☐ Swimming Pools

☐ Improper RV Waste Disposal

☐ Vehicle Fueling

☐ Industrial Process Water

☐ Vehicle Maint./Repair Shops

☒ Other:

☐ None

I	n	s	p	e	c	t	i	o	n	s	S	c	h	e	d	u	l	e	d									
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

☒ Sewersheds:

I	n	s	p	e	c	t	i	o	n	s	S	c	h	e	d	u	l	e	d									
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

- ☐ 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]

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

		2
--	--	---

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

		2
--	--	---

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

		2
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?

☐ Yes ☒ No

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

			%
--	--	--	---

8. Is the above information available in GIS?

☐ Yes ☒ No

Is this information available on the web?

☐ Yes ☒ No

If Yes, provide URL(s):

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

URL

[illegible][illegible][illegible]

URL

[illegible][illegible][illegible]

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

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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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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 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.

Two dry weather flows associated with failing septic systems were discovered during the reporting period. These were referred to the Madison County Health Department and were resolved. Additional outfall inspections are anticipated to be scheduled during the next reporting period.

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

			2
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Outfalls are inspected at least once every 5 years. A full round of outfall inspections is anticipated to be scheduled for the 2017-2018 reporting year.

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

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

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

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

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

☐ 09/2004 ☒ 03/2006 ☐ NT

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

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

		0
--	--	---

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

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

--	--	--

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

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

<input checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	
				0				
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

MS4 Annual Report Form

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

2	0	1	7
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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?

		4
--	--	---

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

		4
--	--	---

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	7
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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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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 was the number of active construction sites inspected and the corresponding enforcement actions required.

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

Four active construction sites were inspected including North Ridge, Poolsbrooke, Harbor Village and Harbor Town. Each site was inspected on multiple times and no enforcement actions were required.

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

			4
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

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

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

SPDES ID

Minimum Control Measure 5. Post-Construction Stormwater Management

How many MS4s contributed to this report?		
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[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
--	--	---

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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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 is the number of stormwater management practices inspected and maintenance conducted.

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

Stormwater management practices are routinely monitored by Town staff. No needed maintenance activities were identified during this reporting period.

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).

The Town will continue to conduct routine inspections and schedule maintenance as required.

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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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?

--	--	--

- 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 checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input 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,

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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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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

		1	8	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

				0
--	--	--	--	---
- 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 # Acres

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

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

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

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

4. What was the date of the last training?

0	9	/	0	9	/	2	0	1	5
---	---	---	---	---	---	---	---	---	---

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

		0
--	--	---

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

		0
--	--	---

 %

MS4 Annual Report Form

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

2	0	1	7
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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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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 was the number of stormwater training sessions provided to Town Highway staff.

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

A new Town Highway Superintendent started during the reporting year. Discussions were made to schedule a Highway Department training session during the following reporting year.

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).

Town Highway training session to be scheduled during the next reporting period. The number of participants will be documented during the next reporting cycle.

MS4 Annual Report Form

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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)
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.

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 %

Estimate what percentage was mapped in this reporting period.

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 %

MS4 Annual Report Form

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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?

--	--	--

 %
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?

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

--	--	--

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

--	--	--

 %
- ☐ No Projects Planned
- 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ☐ Yes ☐ No ☒ N/A
- 8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? ☐ Yes ☐ No ☒ N/A

MS4 Annual Report Form

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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