

MS4 Annual Report Cover Page

MCC form for period ending March 9,

2	0	1	8
---	---	---	---

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	8
---	---	---	---

Name of MS4

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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

P	a	u	l																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI

V

 Last Name

P	o	n	t	i	e	r	i		J	r	.								
---	---	---	---	---	---	---	---	--	---	---	---	--	--	--	--	--	--	--	--

Title

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

Address

1	4		B	a	k	e	r		S	t	r	e	e	t	,		P	O		B	o	x		7	1	9										
---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	--	---	---	---	--	---	---	---	--	--	--	--	--	--	--	--	--	--

City

P	a	t	c	h	o	g	u	e																													
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State

N	Y
---	---

 Zip

1	1	7	7	2	-				
---	---	---	---	---	---	--	--	--	--

eMail

p	o	n	t	i	e	r	i	@	p	a	t	c	h	o	g	u	e	v	i	l	l	a	g	e	.	o	r	g								
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Phone

(6	3	1)		4	7	5	-	4	3	0	0
---	---	---	---	---	--	---	---	---	---	---	---	---	---

 County

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	8
---	---	---	---

Name of MS4

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name	MI	Last Name
B r i a n	M	M c C a f f r e y

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

Address
1 4 B a k e r S t r e e t

City	State	Zip
P a t c h o g u e	N Y	1 1 7 7 2 -

eMail
p s e a l @ p a t c h o g u e v i l l a g e .o r g

Phone	County
(6 3 1) 4 7 5 - 4 3 0 0	S u f f o l k

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Village of Patchogue

SPDES ID
N Y R 2 0 A 2 6 8

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

S u f f o l k C o u n t y

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 1 8 0

Address

3 3 5 Y a p h a n k A v e n u e

City

Y a p h a n k

State

N Y

Zip

1 1 9 8 0 -

eMail

Phone

(6 3 1) 8 5 2 - 4 0 0 2

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

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

MM1

MM2

MM3

MM4

MM5

MM6 M a n a g e m e n t o f m u n i c i p a l o p s

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4

SPDES ID

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

-

eMail

Phone

() -

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

Yes No

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

MM1

MM2

MM3

MM4

MM5

MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

2	0	1	8
---	---	---	---

Name of MS4

V	i	l	l	a	g	e	o	f	P	a	t	c	h	o	g	e
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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	o	r	n	e	l	l		C	o	o	p	e	r	a	t	i	v	e		E	x	t	e	n	s	i	o	n				
---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	--	--	--

Partner/Coalition Name (con't.)

o	f		S	u	f	f	o	l	k		C	o	u	n	t	y																	
---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES Partner ID - If applicable

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

Address

P	O		B	o	x		5	5	4																										
---	---	--	---	---	---	--	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

H	u	n	t	i	n	g	t	o	n																										
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	1	7	4	3	-																															
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

eMail

c	s	4	2	4	@	c	o	r	n	e	l	l	.	e	d	u																					
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

(

6	3	1
---	---	---

)

2	3	9
---	---	---

 -

1	8	0	0
---	---	---	---

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

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

- MM1

S	c	h	o	o	l		p	r	o	g	r	a	m	s																								
---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM2

C	o	m	m	u	n	i	t	y		e	v	e	n	t	s																							
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM3

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM4

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM5

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM6

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

Additional tasks/responsibilities

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

--

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	8
---	---	---	---

Name of MS4

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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

P	a	u	l																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

V

Last Name

P	o	n	t	i	e	r	i		J	r	.								
---	---	---	---	---	---	---	---	--	---	---	---	--	--	--	--	--	--	--	--

Title (Clearly print title of individual signing report)

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

Signature

--

Date

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

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
 Division of Water
 4th Floor
 625 Broadway
 Albany, New York 12233-3505

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition Village of Patchogue

SPDES ID
N Y R 2 0 A 2 6 8

Water Quality Trends

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

- On behalf of an individual MS4
 - On behalf of a coalition
- How many MS4s are contributed to this report?

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. Yes No

If Yes, choose one of the following

- Report(s) attached to the annual report
- Web Page(s) where report(s) is/are provided below

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

URL

w	w	w	.	p	a	t	c	h	o	g	u	e	v	i	l	l	a	g	e	.	o	r	g	/				
s	t	o	r	m	-	w	a	t	e	r																		

URL

URL

URL

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

--	--	--

1. Targeted Public Education and Outreach Best Management Practices

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

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

W A T E R Q U A L I T Y W O R K S H O P S

Other

2. Specific audiences targeted during this reporting period:

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

B o a t e r s

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition Village of Patchogue

SPDES ID								
N	Y	R	2	0	A	2	6	8

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

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

# Trained					
# Mailings					1
# Locations					1
# In List					
# In List		3	5	0	0
# Days Run					7
# Attendees			2	0	2
# Attendees			4	5	8
# Days Run					
Total # Distributed			4	9	2

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

V	i	l	l	a	g	e		H	a	l	l								
L	i	b	r	a	r	i	e	s											
D	e	p	t		o	f		P	u	b	l	i	c		W	o	r	k	s

Other:

W	A	T	E	R		Q	U	A	L	I	T	Y		W	R	K	S	H	P
---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---

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

URL

w	w	w	.	p	a	t	c	h	o	g	u	e	v	i	l	l	a	g	e	.	o	r	g	/												
s	t	o	r	m	-	w	a	t	e	r																										

URL

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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.

Track the number of stormwater brochures and other printed educational materials that have been distributed.

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

Approximately 492 stormwater educational materials were distributed to the general public during the reporting period, excluding stormwater information sent out in direct mailings.

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

	4	9	2
--	---	---	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

Yes No

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

Yes No

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

Continue to track the number of printed stormwater educational materials that have been distributed.

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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.

Track the number of stormwater education classes and programs provided to local school children.
--

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

There were 458 attendees in the school stormwater programs during this reporting period.
--

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

	4	5	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).

Continue to provide stormwater educational programs to local school children.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition Village of Patchogue

SPDES ID
N Y R 2 0 A 2 6 8

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 1
Comments on SWMP Received # Comments 0
Community Hotlines Phone # [] [] [] [] - [] [] [] []
Community Meetings # Attendees 14
Plantings Sq. Ft. [] [] [] []
Storm Drain Markings # Drains [] [] [] []
Stakeholder Meetings # Attendees [] [] [] []
Volunteer Monitoring # Events [] [] [] []
Other: []

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

- List-Serve # In List [] [] [] []
Newspaper Advertising # Days Run 7
TV/Radio Notices # Days Run [] [] [] []
Other: []

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, 2018

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

Name of MS4/Coalition

SPDES ID
N Y R 2 0 A 2 6 8

2. URL(s) con't.:

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

URL

w w w . p a t c h o g u e v i l l a g e . o r g /
s t o r m - w a t e r

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

2. URL(s) con't.:

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

URL

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition Village of Patchogue

SPDES ID
N Y R 2 0 A 2 6 8

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

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

MS4/Coalition Office Annual Report SWMP Plan Comments

Department
V i l l a g e H a l l

Address
1 4 B a k e r S t r e e t

City P a t c h o g u e N Y Zip 1 1 7 7 2 -

Phone
(6 3 1) 4 7 5 - 4 3 0 0

Library Annual Report SWMP Plan Comments

Address
P a t c h o g u e - M e d f o r d L i b r a r y

City P a t c h o g u e N Y Zip 1 1 7 7 2 -

Phone
(6 3 1) 6 5 4 - 4 7 0 0

Other Annual Report SWMP Plan Comments

Address

City Zip

Phone
() -

Web Page URL: Annual Report SWMP Plan Comments

w w w . p a t c h o g u e v i l l a g e . o r g /
s t o r m - w a t e r

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

eMail Comments

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue									
----------------------	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

4.a. If this report was made available on the internet, what date was it posted?

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

0	4
---	---

 /

1	8
---	---

 /

2	0	1	8
---	---	---	---

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?

0	4
---	---

 /

2	3
---	---

 /

2	0	1	8
---	---	---	---

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	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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.

Track the number of participants in stormwater program events such as community clean-up programs and the organic fertilizer program.

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

19 attendees participated in four (4) water quality workshops. 135 attendees participated in one (1) river clean-up event.

The total number of participants is reported in C. below.

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

	1	5	4
--	---	---	---

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

Continue to host public participation events.

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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.

Track the number of comments and complaints received directly concerning stormwater issues including illicit discharges and construction site runoff.

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

No comments or complaints were received during the reporting period.

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

			0
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue to track the number of comments and complaints received for stormwater related issues.

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

 SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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:

			5	8
--	--	--	---	---

 #

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

 %

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

	3	4
--	---	---

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

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="radio"/> Auto Recyclers <input type="radio"/> Building Maintenance <input type="radio"/> Churches <input type="radio"/> Commercial Carwashes <input type="radio"/> Commercial Laundry/Dry Cleaners <input type="radio"/> Construction Vehicle Washouts <input type="radio"/> Cross-Connections <input type="radio"/> Distribution Centers <input type="radio"/> Food Processing Facilities <input type="radio"/> Garbage Truck Washouts <input type="radio"/> Hospitals <input type="radio"/> Improper RV Waste Disposal <input type="radio"/> Industrial Process Water <input checked="" type="radio"/> Other: | <ul style="list-style-type: none"> <input checked="" type="radio"/> Landscaping (Irrigation) <input checked="" type="radio"/> Marinas <input type="radio"/> Metal Plateing Operations <input type="radio"/> Outdoor Fluid Storage <input checked="" type="radio"/> Parking Lot Maintenance <input type="radio"/> Printing <input type="radio"/> Residential Carwashing <input checked="" type="radio"/> Restaurants <input type="radio"/> Schools and Universities <input type="radio"/> Septic Maintenance <input type="radio"/> Swimming Pools <input type="radio"/> Vehicle Fueling <input type="radio"/> Vehicle Maint./Repair Shops <input type="radio"/> None |
|---|---|

R	e	s	i	d	e	n	t	i	a	l	,	c	o	m	m	e	r	c	i	a	l				
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

Sewersheds:

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

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

8. URL(s) con't.:

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

URL

URL

URL

URL

URL

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

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

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

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

 %

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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.

Track the number of outfalls added to the database based on outfalls which are newly discovered in the field or outfalls which are newly constructed.

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

No new outfalls were identified during the reporting period.

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

			0
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue to perform shoreline inspections to identify any new outfalls.

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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.

Perform dry weather outfall inspections on at least 20% of the inventoried outfalls each year.
--

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

Percentage: 34 of 58 outfalls (75%) were inspected during the reporting period.

The percentage of outfalls inspected is reported in C. below.

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

		7	5
--	--	---	---

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

Continue to perform dry weather outfall inspections.
--

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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.

Track the Village's progress in educating MS4 staff in IDDE issues, with a goal of 100%, every three years.

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

In accordance with the SWMP Plan, staff are educated in IDDE every three years. The prior training session was in the 2015-2016 reporting year.

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

			0
--	--	--	---

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

Continue to conduct IDDE training every three years. The next training will be performed in the 2018-19 reporting year.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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.

Track the number of illicit discharges detected and eliminated.

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

No illicit discharges were detected or eliminated during the reporting period.

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

			0
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue to perform surveillances for illicit discharges.

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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?

--	--	--

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

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

- Notices of Violation #

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

 No Authority
- Stop Work Orders #

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

 No Authority
- Criminal Actions #

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

 No Authority
- Termination of Contracts #

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

 No Authority
- Administrative Fines #

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

 No Authority
- Civil Penalties #

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

 No Authority
- Administrative Orders #

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

 No Authority
- Enforcement Actions or Sanctions #

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

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

 No Authority

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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?**

		1
--	--	---

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, 2018

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

Name of MS4/Coalition Village of Patchogue

SPDES ID
N Y R 2 0 A 2 6 8

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

B u i l d i n g & H o u s i n g D e p t .

Address

1 4 B a k e r S t r e e t

City

P a t c h o g u e

N Y

Zip

1 1 7 7 2 -

Phone

(6 3 1) 4 7 5 - 4 3 0 0

Library

Address

City

Zip

-

Phone

() -

Other

Address

City

Zip

-

Phone

() -

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

URL

URL

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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.

Track the percentage of construction project SWPPPs that have been reviewed.
--

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

100% of the construction projects with new SWPPPs have been reviewed during the reporting period.

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

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

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

Continue to review SWPPPs as they are received by the Building & Housing Department.
--

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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.

Track the percentage of construction site owners / operators that have training certificates for erosion & sediment control.
--

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

100% of construction site owners / operators have training certificates for erosion & sediment control.

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

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

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

Continue to work with construction site operators to ensure compliance with permit requirements.
--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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.

Track the number of construction sites where significant non-compliance is found. The goal is zero violations.

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

No violations were issued during the reporting period.

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

			0
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue to work with construction site operators to ensure compliance with permit requirements.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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.

Track the percentage of construction sites inspected more than once.

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

100% of construction sites were inspected more than once, which reflects follow-up activity verifying compliance and indicates that permit requirements are being enforced.

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

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

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue to perform multiple inspections of active construction sites.

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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

Yes No

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

Yes No

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

Yes No

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

		0
--	--	---

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

		0
--	--	---

 %

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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.

Track the annual percentage of post-construction stormwater management facilities inspected versus the number inventoried.
--

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

Percentage: 0 of 70 post-construction stormwater management facilities were inspected during the reporting period; a percentage of 0%.
--

The percentage of stormwater management facilities inspected is reported in C. below.

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

			0
--	--	--	---

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

Continue to perform inspections of post-construction stormwater management facilities.
--

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

--	--	--

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

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

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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

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

			5	1
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		1	3	5
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

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

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

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

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

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

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

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

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

4. What was the date of the last training?

0	1
---	---

 /

2	2
---	---

 /

2	0	1	8
---	---	---	---

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

		9
--	--	---

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

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

 %

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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.

Assess municipal operations at least once every 3 years.
--

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

Municipal operations were last assessed during the 2015-2016 reporting period.
--

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

			0
--	--	--	---

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

Conduct the next municipal operations assessment in 2018-19.
--

MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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.

Clean as many catch basins as possible within the reporting year, with a goal of 10% of all catch basins.

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

Percentage: 44 of 700 catch basins were cleaned during the reporting year - a percentage of 6%.

The percentage of catch basins inspected and cleaned is reported in C. below.

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

			6
--	--	--	---

(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).

Improve upon percentage of catch basins cleaned. Continue to clean at least 10% of catch basins per year.

INTERIM PROGRESS REPORTS

Progress Report for Part IX.C Pathogen Impaired Watershed Improvement Strategy Areas

PERMIT #

Waterbody Name

MS4 Name

Reporting Period Ending (mm/dd/yyyy) / /

Reaffirmation for No Discharge

- The Municipal Separate Storm Sewer System as defined in 40 CFR 122.26(b)(8) and (16) including roads with drainage systems, municipal streets, catch basins, curbs, gutters, ditches, man-made channels, or storm drains that the owns or operates does not have any outfalls that discharge directly or indirectly through another MS4, into the

Watershed Status

Please describe what your stormwater management program is doing to address the source of pathogens to the impaired waterbody

If you suspect the sources of pathogens that contribute a load to this watershed through the MS4 are something other than the sources listed in the TMDL, please state what you believe to be the suspected sources and how they were determined.

Public Education & Outreach of Pathogens as the Pollutant of Concern

1. Description of the education program.

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

3. How are behavior changes being measured?

Permit #

NYR20A268

4. What are the education plans and goals for the next 6 months?

[Empty text box for education plans and goals]

Illicit Discharge Detection and Elimination

5. What has been done to actively look in these watersheds for Illicit discharges? Describe procedures and staff that are involved in this reconnaissance.

[Empty text box for discharge detection and elimination procedures]

Answer Either 6a. or 6b.

6a. No Illicit Discharges were discovered during this reporting period
Explain how the determination for No Illicit Discharges was made

[Empty text box for explanation of no illicit discharges]

6b. Illicit Discharges were discovered during this reporting period
What has the municipality determined from the illicit discharges that have been found?

[Empty text box for municipality determination of illicit discharges]

Complete Either 7a. (Map) or 7b. (Written Response)

7a. Attach a map showing where IDDE outfall inspections have occurred this reporting period, which outfalls have illicit discharges, and if the discharge has been removed, where the illicit connection is in the system and how it is entering the system (i.e. Direct connection to the MS4, overland connection, structural failure of the MS4 piping network)

7b. Give the number of inspections performed during this reporting period. # Inspections (Provide municipal identification #s for all outfalls inspected)

State which outfalls have illicit discharges and whether or not the illicit discharge has been removed. Also describe where the illicit discharge is in the system and how it is entering the system (i.e. Direct connection to the MS4, overland connection, structural failure of the MS4 piping network)

[Empty text box for written response to 7b]

Permit #

NYR20A268

Post Construction Stormwater Management

8. Number of Post Construction Stormwater Management Practices (SMPs) that discharge to an MS4 that drains to the listed waterbody # SMPs

- As part of the RFI sent by the Department in August 2016, the information in #8 has already been submitted
 - a. Describe the municipality's policy on post construction stormwater management

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

Municipal Operations Pollution Prevention/Good Housekeeping

- Non-Traditional MS4 (skip Question 10)

10a. Is pet waste an issue in the MS4 areas? If pet waste is not an issue please describe, in the box below, the reasoning behind this viewpoint.

10b. If pet waste is a problem, where has it been found to be a problem? Are there any areas where pets are known to frequent (such as parks, road ends, boat launches, marinas, trails). Are there any indications that pet waste is being disposed of improperly (ie. dumped into a catch basin)?

10c. What strategies are in place to manage the proper disposal of pet waste? What strategies are planned to improve pet waste disposal practices in areas identified in need of improvement?

PERMIT #

NYR20A268

10d. What measurable indicators are being used to help determine the effectiveness of these strategies?

11a. Is the goose population an issue in the MS4 areas? If the goose population is not an issue please describe, in the box below, the reasoning behind this viewpoint.

11b. If the geese are a problem, where has it been found to be a problem? Provide a description of the location or a map showing the areas of high population density of geese.

11c. What strategies are in place to manage the population of geese on municipal properties?

11d. What measurable indicators are being used to help determine the effectiveness of these strategies?

MS4 Semi Annual Report Form CertificationSemi Annual Report form for period ending

0	3	0	9	2	0	1	8
---	---	---	---	---	---	---	---

 (MMDDYYYY)Name of MS4

V	i	l	l	a	g	e	o	f	P	a	t	c	h	o	g	u	e
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

Certification Statement - MS4 Official (Principal Executive Officer or Ranking Elected Official) or a Duly Authorized Representative of the MS4 Official

"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, to 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 of 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-0-15-003 Part VI.J.

First Name

P	a	u	l																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

--

Last Name

P	o	n	t	i	e	r	i												
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

Title (Clearly print title of individual signing report)

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

Signature

--

Date

--	--

 /

--	--

 /

--	--	--	--

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
 Division of Water
 4th Floor
 625 Broadway
 Albany, New York 12233-3505

Progress Report for Part IX.C

Pathogen Impaired Watershed Improvement Strategy Areas

PERMIT # Waterbody Name MS4 Name Reporting Period Ending
(mm/dd/yyyy) / / Reaffirmation for No Discharge

- The Municipal Separate Storm Sewer System as defined in 40 CFR 122.26(b)(8) and (16) including roads with drainage systems, municipal streets, catch basins, curbs, gutters, ditches, man-made channels, or storm drains that the owns or operates does not have any outfalls that discharge directly or indirectly through another MS4, into the

Watershed Status

Please describe what your stormwater management program is doing to address the source of pathogens to the impaired waterbody

The Village's Watershed Management Plan identified five objectives to reduce pathogen loading including proper disposal of pet waste, illicit discharge detection, proper maintenance of on-site septic systems, proper recreational vessel sewage disposal, and managing waterfowl populations.

If you suspect the sources of pathogens that contribute a load to this watershed through the MS4 are something other than the sources listed in the TMDL, please state what you believe to be the suspected sources and how they were determined.

Not applicable

Public Education & Outreach of Pathogens as the Pollutant of Concern

1. Description of the education program.

Brochures are distributed to educate the public regarding locations of recreational vessel pump-out stations and to not feed wild waterfowl; and the stormwater management web page includes additional information regarding proper pet waste and maintaining of septic systems. The education program also consists of conducting various public presentations, group activities, and school programs.

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

The general public and schoolchildren are the target audiences. The message is that bacteria from human and animal wastes can make waterbodies unsafe for swimming, fishing, and shellfishing.

3. How are behavior changes being measured?

The effectiveness of public education campaigns is typically measured in terms of self-reported behavioral change, e.g., through interviews or phone surveys. The Village does not have the funding available to conduct in-depth surveys, but rather measures the effectiveness of public education through the number of "hits" on its stormwater management web page and the number of people attending presentations, group activities and school programs.

Permit #

NYR20A268

4. What are the education plans and goals for the next 6 months?

Continue to distribute materials, maintain the website, and conduct programs to educate the general public and schoolchildren.

Illicit Discharge Detection and Elimination

5. What has been done to actively look in these watersheds for Illicit discharges? Describe procedures and staff that are involved in this reconnaissance.

The Village has a procedure for identifying, evaluating, tracking, and eliminating illicit discharges. Department of Public Works employees and Building Inspectors are trained in this procedure. Stormwater outfalls are monitored for illicit discharges by the Stormwater Management Program Administrator.

Answer Either 6a. or 6b.6a. No Illicit Discharges were discovered during this reporting period
Explain how the determination for No Illicit Discharges was made

No reports of illicit discharges were reported by Department of Public Works employees or Building Inspectors

6b. Illicit Discharges were discovered during this reporting period
What has the municipality determined from the illicit discharges that have been found?

No illicit discharges were identified during the reporting period

Complete Either 7a. (Map) or 7b. (Written Response)

7a. Attach a map showing where IDDE outfall inspections have occurred this reporting period, which outfalls have illicit discharges, and if the discharge has been removed, where the illicit connection is in the system and how it is entering the system (i.e. Direct connection to the MS4, overland connection, structural failure of the MS4 piping network)

7b. Give the number of inspections performed during this reporting period. # Inspections 0
(Provide municipal identification #s for all outfalls inspected)

State which outfalls have illicit discharges and whether or not the illicit discharge has been removed. Also describe where the illicit discharge is in the system and how it is entering the system (i.e. Direct connection to the MS4, overland connection, structural failure of the MS4 piping network)

Outfall inspections were performed in April 2017

Permit #

NYR20A268

Post Construction Stormwater Management

8. Number of Post Construction Stormwater Management Practices (SMPs) that discharge to an MS4 that drains to the listed waterbody # SMPs

- As part of the RFI sent by the Department in August 2016, the information in #8 has already been submitted
 a. Describe the municipality's policy on post construction stormwater management

SMPs (Village-owned and privately-owned) have been inventoried. Village-owned SMPs are periodically inspected and maintenance is performed as necessary. Privately-owned SMPs do not discharge to the MS4.

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

Continue to inspect Village-owned SMPs and perform maintenance as necessary.

Municipal Operations Pollution Prevention/Good Housekeeping

- Non-Traditional MS4 (skip Question 10)

10a. Is pet waste an issue in the MS4 areas? If pet waste is not an issue please describe, in the box below, the reasoning behind this viewpoint.

Pet waste is not an issue in the MS4. Inspections of public parks and roadways have not resulted in reports of pet waste deposits.

10b. If pet waste is a problem, where has it been found to be a problem? Are there any areas where pets are known to frequent (such as parks, road ends, boat launches, marinas, trails). Are there any indications that pet waste is being disposed of improperly (ie. dumped into a catch basin)?

Pet waste has not been identified as a problem

10c. What strategies are in place to manage the proper disposal of pet waste? What strategies are planned to improve pet waste disposal practices in areas identified in need of improvement?

The Village has an ordinance on pet waste, maintains "Curb Your Dog" signs, and includes proper disposal of pet waste in educational programs. All action items of the pet waste management objective of the Watershed Management Plan have been completed and will be maintained.

PERMIT #

NYR20A268

10d. What measurable indicators are being used to help determine the effectiveness of these strategies?

Reports of pet waste issues (none) and citations for pet waste violations (none).

11a. Is the goose population an issue in the MS4 areas? If the goose population is not an issue please describe, in the box below, the reasoning behind this viewpoint.

The goose population is not an issue in the Village as determined by the lack of community-wide nuisance situation reports and the lack of perceived threats to human society and safety reports.

11b. If the geese are a problem, where has it been found to be a problem? Provide a description of the location or a map showing the areas of high population density of geese.

The goose population has not been identified as a problem

11c. What strategies are in place to manage the population of geese on municipal properties?

The Village has developed a brochure educating the public to not feed wild waterfowl, the Village has an ordinance prohibiting the feeding of wild waterfowl, and, if required, removal of goose nests and/or lethal methods will be implemented in accordance with the Goose Management Plan.

11d. What measurable indicators are being used to help determine the effectiveness of these strategies?

Educational and enforcement strategies have been effective as evidenced that goose populations in the Village have not resulted in nuisance reports.

MS4 Semi Annual Report Form Certification

Semi Annual Report form for period ending

0	3	0	9	2	0	1	8
---	---	---	---	---	---	---	---

 (MMDDYYYY)

Name of MS4

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

Certification Statement - MS4 Official (Principal Executive Officer or Ranking Elected Official) or a Duly Authorized Representative of the MS4 Official

"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, to 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 of 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-0-15-003 Part VI.J.

First Name

P	a	u	l														
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI

--

 Last Name

P	o	n	t	i	e	r	i										
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Title (Clearly print title of individual signing report)

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

Signature

Date

--	--

 /

--	--

 /

--	--	--	--

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505