



**MS4 Annual Report Cover Page**

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

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

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

SPDES ID  

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

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

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

Name of MS4 

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

SPDES ID

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

Each MS4 must submit an MCC form.

#### **Section 1 - MCC Identification Page**

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:


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

MCC form for period ending March 9, 

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

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, 2020

Name of MS4 Village of Patchogue

SPDES ID

NYR20A268

## 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

NYR20A180

Address

335 Y a p h a n k A v e n u e

City

Y a p h a n k

State

NY

Zip

11980 -

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

Name of MS4

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  

T	o	w	n	o	f	B	r	o	o	k	h	a	v	e	n														
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Partner/Coalition Name (con't.) 

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

 SPDES Partner ID - If applicable  

N	Y	R	2	0	A	4	1	1
---	---	---	---	---	---	---	---	---

Address  

O	n	e	I	n	d	e	p	e	n	d	e	n	c	e	H	i	l	l												
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

City State Zip  

F	a	r	m	i	n	g	v	i	l	l	e																		
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

N	Y
---	---

1	1	7	3	8	-			
---	---	---	---	---	---	--	--	--

eMail  

v	k	i	n	g	@	b	r	o	o	k	h	a	v	e	n	.	o	r	g										
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Phone  
( 

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

 ) 

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

 - 

6	4	5	5
---	---	---	---

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 2 0

Name of MS4

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

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 2 0

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

SPDES ID

Name of MS4/Coalition

Village of Patchogue

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

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:

- |  |   |
|--|---|
| <input checked="" type="radio"/> Construction Sites                                  | <input checked="" type="radio"/> Pesticide and Fertilizer Application |
| <input checked="" type="radio"/> General Stormwater Management Information           | <input checked="" type="radio"/> Pet Waste Management                 |
| <input checked="" type="radio"/> Household Hazardous Waste Disposal                  | <input type="radio"/> Recycling                                       |
| <input type="radio"/> Illicit Discharge Detection and Elimination                    | <input type="radio"/> Riparian Corridor Protection/Restoration        |
| <input type="radio"/> Infrastructure Maintenance                                     | <input type="radio"/> Trash Management                                |
| <input type="radio"/> Smart Growth   | <input type="radio"/> Vehicle Washing                                 |
| <input type="radio"/> Storm Drain Marking  | <input type="radio"/> Water Conservation                              |
| <input type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development | <input type="radio"/> Wetland Protection                              |
| <input checked="" type="radio"/> Other:  | <input type="radio"/> 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:

- |  |   |
|--|---|
| <input type="radio"/> Public Employees       | <input checked="" type="radio"/> Contractors    |
| <input checked="" type="radio"/> Residential | <input checked="" type="radio"/> Developers     |
| <input type="radio"/> Businesses             | <input checked="" type="radio"/> General Public |
| <input type="radio"/> Restaurants            | <input type="radio"/> Industries                |
| <input checked="" type="radio"/> Other:      | <input type="radio"/> 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 2 0

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 # Trained
- Direct Mailings # Mailings
- Kiosks or Other Displays # Locations
- List-Serves # In List
- Mailing List # In List
- Newspaper Ads or Articles # Days Run 7
- Public Events/Presentations # Attendees 3 2 2
- School Program # Attendees 4 1 2
- TV Spot/Program # Days Run
- Printed Materials: Total # Distributed 4 8 5

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

W	o	r	l	d	E	n	v	.	D	a	y						
M	u	s	i	c	F	e	s	t	i	v	a	l					

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

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 485 stormwater educational materials were distributed to the general public during the reporting period.
--

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

	4	8	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 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	2	0
---	---	---	---

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 412 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	1	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 provide stormwater educational programs to local school children.
---





### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2020

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

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

URL

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

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

SPDES ID

Name of MS4/Coalition 

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

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,**

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

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

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	0
---	---

 / 

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

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

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

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

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

Yes  No

If Yes, what was the date of the meeting?

--	--

 / 

--	--

 / 

--	--	--	--

If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

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

Yes  No

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

**MS4 Annual Report Form**

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

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

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.**

12 attendees participated in seven (7) water quality workshops.  
175 attendees participated in one (1) river clean-up event.  
135 attendees participated in one (1) World Environment Day 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?**

	3	2	2
--	---	---	---

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

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

Yes    No

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

Yes    No

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

Continue to host public participation events.

**MS4 Annual Report Form**

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

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

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

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

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

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

URL


URL


URL


URL


URL


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

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

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

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

 %

**MS4 Annual Report Form**

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

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

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

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: 38 of 58 outfalls (66%) 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?**

		6	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).**

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

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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMP 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 SWMP?**
 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 next training will be performed in the 2020-21 reporting year.
--

**MS4 Annual Report Form**

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

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

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 illicit discharges detected and eliminated.
---

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

Zero (0) illicit discharges were detected and 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	2	0
---	---	---	---

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?**

		0
--	--	---

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

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

--	--	--

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

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

- Notices of Violation # 

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

 No Authority
- Stop Work Orders # 

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

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?**

		0
--	--	---
  
2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?**

		0
--	--	---
  
3. **What percent of active construction sites were inspected during this reporting period?**  NT 

--	--	--

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

--	--	--

 %
  
5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?**  Yes  No  NT
  
6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?**  Yes  No  NT  
**If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?**  Yes  No

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



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

**6. con't.:**

Submit additional pages as needed.

**● MS4/Coalition Office**

Department

Address

City

Zip

Phone

**○ Library**

Address

City

Zip

Phone

**○ Other**

Address

City

Zip

Phone

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

URL

URL

**MS4 Annual Report Form**

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

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

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.**

No new SWPPPs have been reviewed 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 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	2	0
---	---	---	---

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.**

There were no active construction sites with a disturbance of 1 or more acres.
--

**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 multiple inspections of active construction sites.
--

**MS4 Annual Report Form**

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

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

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

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

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

### Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

**1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?**

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input type="radio"/> Filter Systems	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input checked="" type="radio"/> Infiltration Basins	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> 1	<input style="width: 20px; height: 20px;" type="text"/> 1
<input type="radio"/> Open Channels	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input type="radio"/> Ponds	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input type="radio"/> Wetlands	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input type="radio"/> Other	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

**2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?**

- Yes    No

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

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

Other:

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

**MS4 Annual Report Form**

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

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

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 Impact Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
--	--	---

 %

**MS4 Annual Report Form**

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

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

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: 1 of 70 post-construction stormwater management facilities were inspected during the reporting period; a percentage of 2%.
--

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?**

			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).**

Improve upon 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	2	0
---	---	---	---

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

**MS4 Annual Report Form**

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

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

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 # 

			3	8
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				1
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

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

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

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

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

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

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

0	1
---	---

 / 

2	7
---	---

 / 

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

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

		7
--	--	---

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

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

 %

**MS4 Annual Report Form**

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

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

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 2020-21.
--

**MS4 Annual Report Form**

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

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

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: 38 of 700 catch basins were cleaned during the reporting year - a percentage of 5%.
---

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?**

			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).**

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