

MS4 Annual Report Cover PageMCC form for period ending March 9,

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This cover page must be completed by the report preparer.
 Joint reports require only one cover page.

SPDES ID

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Choose one:

☒ **This report is being submitted on behalf of an individual MS4.**

Fill in SPDES ID in upper right hand corner.

Name of MS4

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OR

☐ **This report is being submitted on behalf of a Single Entity**

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

Name of Single Entity

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OR

☐ **This is a joint report being submitted on behalf of a coalition.**

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition

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

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

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Name of MS4 Village of Port Jefferson

SPDES ID

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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:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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SPDES ID

Name of MS4 Village of Port Jefferson

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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

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MI

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Last Name

[illegible]

Title

[illegible]

Address

[illegible]

City

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State

N	Y
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Zip

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Phone

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County

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MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Village of Port Jefferson

SPDES ID

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Section 2 - Contact Information

Important Instructions - Please Read

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For each contact, select all that apply:

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

First Name

R o b e r t

MI

Last Name

J u l i a n o

Title

V i l l a g e C l e r k

Address

1 2 1 W e s t B r o a d w a y

City

P o r t J e f f e r s o n

State

N Y

Zip

1 1 7 7 7 -

eMail

r j u l i a n o @ p o r t j e f f . c o m

Phone

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

County

S u f f o l k

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Village of Port Jefferson

SPDES ID

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Section 2 - Contact Information

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For each contact, select all that apply:

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

First Name

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MI

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Last Name

M c C a f f r e y

Title

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P o r t J e f f e r s o n

State

N Y

Zip

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Phone

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County

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MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Village of Port Jefferson

SPDES ID

N Y R 2 0 A 3 2 6

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

L o n g I s l a n d S o u n d S t u d y

Partner/Coalition Name (con't.)

N e w Y o r k S e a G r a n t

SPDES Partner ID - If applicable

N Y R 2 0

Address

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City

S t o n y B r o o k

State

N Y

Zip

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eMail

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Phone

(6 3 1) 6 3 2 - 9 2 1 6

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

☐ Yes ☒ No

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

☒ MM1 M u l t i p l e T a s k s☐ MM2☐ MM3☐ MM4☐ MM5☐ MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Village of Port Jefferson

SPDES ID

N Y R 2 0 A 3 2 6

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 a s t a l S t e w a r d

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0

Address

N / A

City

State

Zip

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eMail

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Phone

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

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

☐ Yes ☐ No

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

☐ MM1

☒ MM2

B e a c h C l e a n - u p 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, 2011

Name of MS4 Village of Port Jefferson

SPDES ID

N Y R 2 0 A 3 2 6

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

P o r t J e f f e r s o n G o G r e e n

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 0 1 3 H u m a n i t i e s - S U N Y S B

City

S t o n y B r o o k

State

N Y

Zip

1 1 7 9 4 - 5 3 5 4

eMail

p j v . g o . g r e e n @ g m a i l . c o m

Phone

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

I n f o r m a t i o n a l F a i r s

☐ MM2☐ MM3☐ MM4☐ MM5☐ MM6

Additional tasks/responsibilities

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

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

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Name of MS4

Village of Port Jefferson

SPDES ID

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Section 4 - Certification Statement

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

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

First Name

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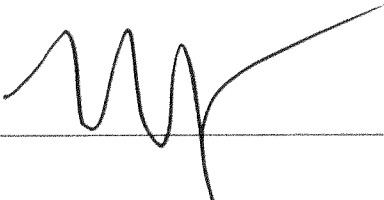
Last Name

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Title (Clearly print title of individual signing report)

M	a	y	o	r															
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Signature



Date

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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, 2011

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 Port Jefferson

SPDES ID

N Y R 2 0 A 3 2 6

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?

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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

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Name of MS4/Coalition Village of Port Jefferson

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How many MS4s contributed to this report?

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MS4 Annual Report Form

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

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Name of MS4/Coalition

Village of Port Jefferson

SPDES ID

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

☒ Construction Site Operators Trained

Trained

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

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

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

☒ List-Serves

In List

	3	0	0	7
--	---	---	---	---

☐ Mailing List

In List

--	--	--	--	--

☒ Newspaper Ads or Articles

Days Run

			1	4
--	--	--	---	---

☒ Public Events/Presentations

Attendees

		3	0	0
--	--	---	---	---

☒ School Program

Attendees

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

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

			5	0
--	--	--	---	---

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

V	i	l	l	a	g	e		C	e	n	t	e	r						

☐ Other:

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

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

URL

h	t	t	p	:	/	/	w	w	w	.	p	o	r	t	j	e	f	f	.	c	o	m	/	v	i	l	l	a	g	e	
-	i	n	f	o	r	m	a	t	i	o	n	/	e	n	v	i	r	o	n	m	e	n	t	a	l	/					
s	t	o	r	m	w	a	t	e	r	-	m	a	n	a	g	e	m	e	n	t	/										

URL

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Village of Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
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3. Web Page cont.: Provide specific web addresses - not home page.

URL

[illegible]

URL

[illegible]

URL

[illegible]

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URL

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[illegible]

MS4 Annual Report Form

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

2	0	1	1
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Name of MS4/Coalition

Village of Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Number of hits on Stormwater Management webpage.

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

376 hits on Stormwater Management webpage. Number is down 6% from prior year, but is still high for a 7,000-person Village.

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

	3	7	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).

- 1) Provide additional stormwater materials on Stormwater Management webpage throughout year.
- 2) Work with Town of Brookhaven and Suffolk County to host an erosion & sediment control training session for construction operators - pending grant funding.
- 3) Develop a public announcement for water quality to run in local paper.

MS4 Annual Report Form

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Name of MS4/Coalition

Village of Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
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2. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URI

[illegible]

URI

[illegible]

2	0	1	1
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Name of MS4/Coalition

Village of Port Jefferson

N	Y	R	2	0	A	3	2	6
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Please provide specific address(es) where notices can be accessed - not home page.

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

MS4 Annual Report Form

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

2	0	1	1
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Name of MS4/Coalition

Village of Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
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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 C l e r k

Address

1 2 1 W e s t B r o a d w a y

City

P o r t J e f f e r s o n

N Y

Zip

1 1 7 7 7 -

Phone

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

☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

City

Zip

Phone

() -

☐ Other

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

City

Zip

Phone

() -

☒ Web Page URL:

☒ Annual Report ☒ SWMP Plan ☐ Comments

h t t p : / / w w w . p o r t j e f f . c o m / v i l l a g e
- i n f o r m a t i o n / e n v i r o n m e n t a l /
s t o r m w a t e r - m a n a g e m e n t /

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

Name of MS4/Coalition

Village of Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
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4.a. If this report was made available on the internet, what date was it posted?

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

0	5
---	---

 /

0	2
---	---

 /

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

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

1	4
---	---

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

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

☐ Yes ☒ No

If Yes, what was the date of the meeting?

--	--

 /

--	--

 /

--	--	--	--

If No, is one planned?

☐ Yes ☒ No

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

☐ Yes ☐ No

If No, is one planned for each?

☐ Yes ☐ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Village of Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. Sponsor beach cleanups organized by Coastal Steward.

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

Strong turnout for five beach cleanups at Port Jefferson Harbor and the Port Jefferson side of Mt. Sinai Harbor. Total of 184 volunteers, for average of 36.8 per event. Total number of events and volunteers was higher than 2010, but average was down by 5.5 volunteers per event.

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

	1	8	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).

- 1) Continue to sponsor cleanup events by Coastal Steward throughout year.
- 2) Perform volunteer monitoring of dry weather outfall flows - Summer 2011.

MS4 Annual Report Form

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

2	0	1	1
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Name of MS4/Coalition

Village of Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2. Number of storm drains marked by volunteers and number of volunteers.

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

2. 55 storm drains marked in 2010-2011. Total of 70 storm drains have been marked since 2008.

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

		5	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).

See prior sheet.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Village of Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

3. Number of public comments received on Annual Report.

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

3. No public comments received during 2010-2011. Total of 0 public comments received since 2004.

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).

See prior sheet.

MS4 Annual Report Form

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

2	0	1	1
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Name of MS4/Coalition

Village of Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
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Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

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

			2	6
--	--	--	---	---

 #

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

 %

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

	2	6
--	---	---

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

☐ Auto Recyclers

☐ Building Maintenance

☐ Churches

☐ Commercial Carwashes

☐ Commercial Laundry/Dry Cleaners

☐ Construction Vehicle Washouts

☐ Cross-Connections

☐ Distribution Centers

☐ Food Processing Facilities

☐ Garbage Truck Washouts

☐ Hospitals

☐ Improper RV Waste Disposal

☐ Industrial Process Water

☐ Other:

☐ Landscaping (Irrigation)

☒ Marinas

☐ Metal Plateing Operations

☐ Outdoor Fluid Storage

☐ Parking Lot Maintenance

☐ Printing

☐ Residential Carwashing

☒ Restaurants

☐ Schools and Universities

☐ Septic Maintenance

☒ Swimming Pools

☐ Vehicle Fueling

☐ Vehicle Maint./Repair Shops

☐ None

☒ Sewersheds:

R	e	s	i	d	e	n	t	i	a	l	/	b	u	s	i	n	e	s	s	d	i	s	t	r	i	c	t
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011

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 Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
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3.b. What types of illicit discharges have been found during this reporting period?

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

Other: ☒ None
S w i m m i n g p o o l d i s c h a r g e s

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

		4
--	--	---

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

		4
--	--	---

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

		4
--	--	---

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

☒ Yes ☐ No

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

			8
--	--	--	---

8. Is the above information available in GIS?

☐ Yes ☒ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

URL
http://www.portjeff.com/village-
information/environmental/
stormwater-management

URL

URL

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

Name of MS4/Coalition

Village of Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
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Please provide specific address of page where map(s) can be accessed - not home page

URL

[illegible]

URL

[illegible]

URL

URL	

URL

[illegible]

URL

[illegible]

- ☒ Yes ☐ No

- ☒ Yes ☐ No ☐ NT

- | | | | |
|---|---|---|---------------|
| 1 | 0 | 0 | $\frac{2}{3}$ |
|---|---|---|---------------|

MS4 Annual Report Form

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

2	0	1	1
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Name of MS4/Coalition

Village of Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
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12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (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.

1. Number of new outfalls located.

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

1. During dry weather flow surveys, additional outfalls were located.

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

			3
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the 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).

1. Continue dry weather flow surveys - Summer 2011.

MS4 Annual Report Form

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

2	0	1	1
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Name of MS4/Coalition

Village of Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
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12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2. Number of illicit discharges identified / eliminated.

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

2. Increasing trend in number of illicit discharges detected and eliminated indicates higher level of awareness. 2004 - 0, 2005 - 1, 2006 - 1, 2007 - 1, 2008 - 1, 2009 - 4, 2010 - 4.

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

			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).

2. Continue observations for IDDE throughout year.