

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

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

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

SPDES ID

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

**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

V	i	l	l	a	g	e		o	f		P	o	r	t		J	e	f	f	e	r	s	o	n						
---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

**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

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

**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


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

## MCC form for period ending March 9,

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

Village of Port Jefferson

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

[illegible]

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

MCC form for period ending March 9,

2 0 2 0

Name of MS4 Village of Port Jefferson

SPDES ID

N Y R 2 0 A 3 2 6

**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

M a r g o t

MI

Last Name

G a r a n t

Title

M a y o r

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

m a y o r s o f f i c e @ 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

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

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

Village of Port Jefferson

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

## Important Instructions - Please Read

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

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

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

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

[illegible]

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

City	State	Zip
P o r t J e f f e r s o n	N Y	1 1 7 7 7 -

eMail stormwater@portjeff.com

Phone County

( 6 3 1 ) 4 7 3 - 4 7 2 4 S u f f o l k

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

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

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

5 4 4 J e f f e r s o n P l a z a # 4 8

City

P o r t J e f f e r s o n S t a .

State

N Y

Zip

1 1 7 7 6 -

eMail

i n f o @ c o a s t a l s t e w a r d . o r g

Phone

( 6 3 1 ) 9 4 1 - 6 5 2 8

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, 2 0 2 0

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 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 o f

Partner/Coalition Name (con't.)

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 Port Jefferson

SPDES ID

N Y R 2 0 A 3 2 6

**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

M a r g o t

MI

Last Name

G a r a n t

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.

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? 

--	--	--

**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	.	p	o	r	t	j	e	f	f	.	c	o	m	/	s	t	o	r	m	w	a	t	e	r	/		

URL


URL


URL


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

Name of MS4/Coalition

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

--	--	--

[illegible][illegible]

L

**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 Port Jefferson
---------------------------

SPDES ID

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

**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 

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

☒ School Program

# Attendees 

		2	3	4
--	--	---	---	---

☐ TV Spot/Program

# Days Run 

--	--	--	--	--

☒ Printed Materials:

Total # Distributed 

		2	6	1
--	--	---	---	---

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

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

D	r	a	g	o	n		B	o	a	t		R	a	c	e				
---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	--	--	--	--

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

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

☐ Other:

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

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

URL

w	w	w	.	p	o	r	t	j	e	f	f	.	c	o	m	/	s	t	o	r	m	w	a	t	e	r	/				
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

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

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

URL

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

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

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

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

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

## 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 Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

### 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 visits (i.e., "hits") on Stormwater Management webpage.

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

There were a total of 242 hits and 196 unique hits on the Stormwater Management webpage. This is in line with prior years, which averaged 200-300 total hits.

The total number of visits to the stormwater management website is reported in C. below.

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

	2	4	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).

Update the stormwater management webpage as necessary.



L

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

└─

Village of Port Jefferson

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

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

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

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

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

**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	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 Port Jefferson
---------------------------

SPDES ID

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

**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 Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

**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 clean-ups organized by Coastal Steward.

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

1. Good turnout of 184 total attendees for four beach cleanups in Port Jefferson Harbor.

**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 and support beach clean-up events organized by Coastal Steward.

**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 Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

**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 drain markers installed by volunteers.

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

2. 20 storm drain markers were installed during the reporting period.

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

		2	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).**

2. Storm drain markers are planned to be purchased in 2020 and installed.

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

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

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



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

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

## URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

- |   |   |   |   |
|---|---|---|---|
| 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 Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

**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.**

1. Number of new outfalls located.

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

1. Surveys conducted during dry weather and low tide conditions have resulted in the identification of unidentified outfalls in the past. No new outfalls were identified during the current reporting year.

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

			0
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

1. Continue dry weather outfall surveys in Spring 2020.

**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 Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

**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. Low number of illicit discharges may indicate greater public education and awareness.

**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).**

2. Continue observations for IDDE throughout the 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 Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

### 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?**

		2
--	--	---

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

☐ Yes   ☒ No   ☐ NT

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

--	--	--

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

☐ Yes   ☒ No

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

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

**MS4 Annual Report Form**

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

2	0	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 Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

**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? 

		2
--	--	---

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

		2
--	--	---

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

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

 %

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

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

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?

☐ Yes ☒ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

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



**MS4 Annual Report Form**

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

2	0	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 Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

**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.**

Number of SWPPPs reviewed.

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

Low or zero number of SWPPPs reviewed is indicative of few parcels available in the Village that are greater than 1 acre.

**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).**

Review SWPPPs as they are received by the Building 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 Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

### 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.

2. Number of enforcement actions.

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

2. No enforcement actions occurred 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).

2. Continue to inspect sites for violations.

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

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

Village of Port Jefferson

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

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

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

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

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

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

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Filter Systems	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input checked="" type="radio"/> Infiltration Basins	<div><div></div><div></div><div></div></div>	<div><div></div><div>1</div><div>6</div></div>	<div><div></div><div></div><div>4</div></div>
<input type="radio"/> Open Channels	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Ponds	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Wetlands	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Other	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

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

☒ Yes    ☐ No

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

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

[illegible]

**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 Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

		0
--	--	---

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

		0
--	--	---

 %

**MS4 Annual Report Form**

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

2	0	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 Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

**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.**

Inspect at least 25% of post-construction BMPs on Village-owned property each year.

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

16 of 47 post-construction BMPs were inspected during the reporting period - a percentage of 34%.

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

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

		3	4
--	--	---	---

(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

Continue to perform inspections of 25% of post-construction BMPs on Village-owned property.

## 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 Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

### Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input 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 checked="" type="radio"/> Yes <input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" 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 Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

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

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

	1	0	1	2
--	---	---	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

		5	2	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			1	5
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

			1	6
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

		1	2	4
--	--	---	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

	2	8	5	8
--	---	---	---	---
- Pesticide/Herbicide Applied # Acres 

1	4	3	5	.	3
---	---	---	---	---	---

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

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

				2
--	--	--	--	---

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

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

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

	2	5
--	---	---

**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 Port Jefferson

SPDES ID

N	Y	R	2	0	A	3	2	6
---	---	---	---	---	---	---	---	---

**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.**

1. Number of catch basins inspected and cleaned.

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

1. Inspection and maintenance are typically completed during the Fall season.

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

		1	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).**

1. Continue to monitor the number of catch basins inspected and cleaned.