







# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2021

Name of MS4 TOWN OF DICKINSON

SPDES ID  
N Y R 2 0 A 1 4 3

## Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name

M I C H A E L      M      M A R I N A C C I O

Title

S U P E R V I S S O R

Address

5 3 1 O l d F r o n t S t r e e t

City State Zip

T o w n o f D i c k i n s o n      N Y      1 3 9 0 5 -

eMail

M M A R I N A 1 9 1 @ A O L . C O M

Phone County

( 6 0 7 ) 7 2 3 - 9 4 0 1      B r o o m e

### MS4 Municipal Compliance Certification (MCC) Form

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SPDES ID  
N Y R 2 0 A 1 4 3

#### 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

B R O O M E - T I O G A - S T O R M W A T E R C O A L I T I O N

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 1 4 3

Address

4 9 C O U R T S T R E E T S U I T E 2 2 2

City

B I N G H A M T O N N Y 1 3 9 0 1 - 3 2 7 4

eMail

S T E @ S T N Y . R R . C O M

Phone

( 6 0 7 ) 7 2 4 - 1 3 2 7

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 M U L T I P L E T A S K S

MM3

MM4 S W P P P R E V I E W S , S I T E I N S P E C T I O N

MM5

MM6 H I G H W A Y S T A F F T R A I N I N G

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

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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 MI Last Name  
M I C H A E L           M A R I N A C C I O

Title (Clearly print title of individual signing report)  
S U P E R V I S S O R

Signature

Date  
0 4 / 2 0 / 2 0 2 1

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	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 

TOWN OF DICKINSON
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SPDES ID  

N	Y	R	2	0	A	1	4	3
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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 (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.**

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

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

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(ex.: samples/participants/events)

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

Yes    No

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







### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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Name of MS4/Coalition

SPDES ID

### 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

Address

City  Zip  -

Phone (  )  -

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

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, 

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Name of MS4/Coalition 

TOWN OF DICKINSON
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SPDES ID  

N	Y	R	2	0	A	1	4	3
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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.

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 / 

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 / 

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

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

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

Yes  No

If Yes, what was the date of the meeting?

0	5
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 / 

2	3
---	---

 / 

0	0	1	9
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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

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Name of MS4/Coalition 

TOWN OF DICKINSON
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SPDES ID  

N	Y	R	2	0	A	1	4	3
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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.

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

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

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

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

Yes  No

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

Yes  No

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







**MS4 Annual Report Form**

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2	0	2	1
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Name of MS4/Coalition 

TOWN OF DICKINSON
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SPDES ID  

N	Y	R	2	0	A	1	4	3
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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.**

ILLICIT DISCHARGES FOUND. Measurable goal is to routinely inspect the outfalls during dry weather conditions and identify and eliminate illicit discharges if found.

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

FOUND ILLICIT DISCHARGES ARE TARGETD FOR ENFORCEMENT AND ELIMINATED AS SOON AS POSSIBLE. None were found

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

1	3	6
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

ALL PUBLIC WORKS EMPLOYEES WILL BE DIRECTED TO LOOK FOR AND REPORT ALL ILLICIT DISCHARGES  
Continue to do annual outfall inspections to identify illicit discharges especially during dry weather conditions. Continue public outreach through the use of flyers and pamphlets explaining illicit discharges and how they can and should be avoided.

**MS4 Annual Report Form**

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

2	0	2	1
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Name of MS4/Coalition 

TOWN OF DICKINSON
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SPDES ID  

N	Y	R	2	0	A	1	4	3
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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? 

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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
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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? 

		0
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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 # 

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

 No Authority
- Termination of Contracts # 

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

 No Authority
- Administrative Fines # 

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

 No Authority
- Civil Penalties # 

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

 No Authority
- Administrative Orders # 

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

 No Authority
- Enforcement Actions or Sanctions # 

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

 No Authority
- Other # 

				0
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 No Authority

**MS4 Annual Report Form**

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

2	0	2	1
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Name of MS4/Coalition 

TOWN OF DICKINSON
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SPDES ID

N	Y	R	2	0	A	1	4	3
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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report? 

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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

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

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2	0	2	1
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Name of MS4/Coalition: 

TOWN OF DICKINSON
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SPDES ID

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

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

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

THERE WERE NO SWPPPS RECEIVED. Measurable goal is to inventory the number of SWPPPS received and reviewed. Also to document the number and amount of times construction projects are inspected.

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

WE ARE PREPARED TO TAKE ACTION WHEN WE RECEIVE A PROJECT.

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

			0
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(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

REVIEW ANY SWPPPS AND MAKE AVAILABLE FOR PUBLIC COMMENT  
Continue to verify that all construction projects disturbing 1 or more acres have an approved SWPPP in place, have stormwater permit coverage through DEC, and inspect every active construction project at least once a month during construction.

### MS4 Annual Report Form

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2	0	2	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 

T	O	W	N	O	F	D	I	C	K	I	N	S	O	N
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SPDES ID  

N	Y	R	2	0	A	1	4	3
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### 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? 

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**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	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
		0										
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<input type="radio"/> Filter Systems	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
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<input type="radio"/> Infiltration Basins	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
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<input type="radio"/> Open Channels	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
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<input type="radio"/> Ponds	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
		0										
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<input type="radio"/> Wetlands	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
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<input type="radio"/> Other	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
		0										
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**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:

P l a n n i n g   B o a r d   R e c o m m e n d a t i o n

### MS4 Annual Report Form

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

2	0	2	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

TOWN OF DICKINSON

SPDES ID

N	Y	R	2	0	A	1	4	3
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes  No

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

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?  

		0
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 %

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2	0	2	1
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SPDES ID  

N	Y	R	2	0	A	1	4	3
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#### 6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

Measurable goal is to document the number of post construction BNP's inspected. Also to verify that the owner has conducted and documented maintenance of the post construction BMP'S.

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

NO ACTIVITY

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

			0
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

IT IS NOT LIKELY THAT THERE WILL BE ANY POST CONSTRUCTION ACTIVITIES THIS YEAR

Continue to inspect post construction BMP's and hold owner's /operators accountable to maintain them. Also, to request and file annual maintenance records from each post construction BMP.

### MS4 Annual Report Form

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

2	0	2	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 

T	O	W	N	O	F	D	I	C	K	I	N	S	O	N
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SPDES ID  

N	Y	R	2	0	A	1	4	3
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### Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? 

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input 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 checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input 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 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	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	SPDES ID									
TOWN OF DICKINSON	<table border="1" style="margin: auto;"> <tr> <td>N</td><td>Y</td><td>R</td><td>2</td><td>0</td><td>A</td><td>1</td><td>4</td><td>3</td> </tr> </table>	N	Y	R	2	0	A	1	4	3
N	Y	R	2	0	A	1	4	3		

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

<input checked="" type="radio"/> Parking Lots Swept (Number of acres X Number of times swept)	# Acres	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td><td>5</td></tr> </table>					5	
				5				
<input checked="" type="radio"/> Streets Swept (Number of miles X Number of times swept)	# Miles	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td>3</td><td>0</td></tr> </table>				3	0	
			3	0				
<input checked="" type="radio"/> Catch Basins Inspected and Cleaned Where Necessary	#	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td>3</td><td>7</td></tr> </table>				3	7	
			3	7				
<input type="radio"/> Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr> </table>					0	
				0				
<input checked="" type="radio"/> Phosphorus Applied In Chemical Fertilizer	# Lbs.	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr> </table>					0	
				0				
<input checked="" type="radio"/> Nitrogen Applied In Chemical Fertilizer	# Lbs.	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr> </table>					0	
				0				
<input type="radio"/> Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td>0</td><td>.</td><td> </td></tr> </table>				0	.	
			0	.				

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

	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td><td>1</td></tr> </table>					1
				1		

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

	<table border="1" style="margin: auto;"> <tr><td>0</td><td>3</td></tr> </table>	0	3	/	<table border="1" style="margin: auto;"> <tr><td>0</td><td>3</td></tr> </table>	0	3	/	<table border="1" style="margin: auto;"> <tr><td>2</td><td>0</td><td>2</td><td>1</td></tr> </table>	2	0	2	1
0	3												
0	3												
2	0	2	1										

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

	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td>4</td></tr> </table>			4
		4		

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

	<table border="1" style="margin: auto;"> <tr><td>1</td><td>0</td><td>0</td></tr> </table>	1	0	0	%
1	0	0			

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

T	J	O	W	N		O	F		D	I	C	K	I	N	S	O	N
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SPDES ID  

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

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

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

CLEANING OF STREETS AND PARKING LOTS, INSPECTION OF CATCHBASINS, AND GOOD HOUSEKEEPING. Measurable goal is to reduce pollutants of concern through the use of good housekeeping programs. Also, to ensure that all relevant staff receive good housekeeping training.

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

THE SWEEPING WAS DONE TWELVE TMES AND THE CATCHBASINS WERE INSPECTED, 2 CATCHBASINS WERRE REPAIRED, 12 WERE VACUUMED; YARD WASTE PICK UP WAS DONE 64 TIMES; LEAF PICK UP WAS DONE 40 TIMES. There has been a decrease in migration of materials to the streams and rivers due to catch basin and culvert cleaning. LEAF AND YARD WASTE ARE COLLECTED WEEKLY SPRING THROUGH FALL.

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

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

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

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

Yes    No

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

Yes    No

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

ALL EMPLOYEES GET GOOD HOUSEKEEPING TRAINING ONCE A YEAR. Continue to evaluate good housekeeping programs and implement new practices to reduce pollutants of concern. Continue to attend stormwater management training(s) when available.



### MS4 Annual Report Form

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Name of MS4/Coalition 

T	J	O	W	N		O	F		D	I	C	K	I	N	S	O	N
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SPDES ID  

N	Y	R	2	0	A	1	4	3
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### Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report? 

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MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
<b>NYC EOH Watershed</b>	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
<b>Onondaga Lake Watershed</b>	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
<b>Greenwood Lake Watershed</b>	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>Oyster Bay</b>	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
<b>Peconic Estuary</b>	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
<b>Oscawana Lake Watershed</b>	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>LI 27 Embayments</b>	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?  Yes  No  N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?  Yes  No  N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far. 

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 %

Estimate what percentage was mapped in this reporting period. 

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 %

### MS4 Annual Report Form

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Name of MS4/Coalition 

TOWN OF DICKINSON
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SPDES ID  

N	Y	R	2	0	A	1	4	3
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?  Yes  No  N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 

--	--	--

 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?  Yes  No  N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?  Yes  No  N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?  Yes  No  N/A

7b. How many projects have been sited in this reporting period? 

--	--	--

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

--	--	--

 %

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

--	--	--

 %  
 No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?  Yes  No  N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?  Yes  No  N/A

**MS4 Annual Report Form**

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Name of MS4/Coalition

TOWN OF DICKINSON

SPDES ID

N	Y	R	2	0	A	1	4	3
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**9. Has your MS4/Coalition developed and implemented a program of native planting?**

Yes  No  N/A

**10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?**

Yes  No  N/A

**11. Does your MS4/Coalition have a pet waste bag program?**

Yes  No  N/A

**12. Does your MS4/Coalition have a program to manage goose populations?**

Yes  No  N/A