This report is being submitted for the reporting period ending March 9, 2 0 2 3

	SPI	DES ID					
Name of MS4/Coalition TOWN OF DICKINSON	N	YR	2	0 2	A 1	4	3
2. Provide the following information about municipal operations	good h	ousek	eep	ing j	prog	ran	ns:
Parking Lots Swept (Number of acres X Number of times swept)		# Acr	es [				5
• Streets Swept (Number of miles X Number of times swept)		# Mile	es [			5	0
© Catch Basins Inspected and Cleaned Where Necessary			#			4	2
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary			# [				0
O Phosphorus Applied In Chemical Fertilizer		# Lb	s.				0
O Nitrogen Applied In Chemical Fertilizer		# Lb	s.				0
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Numbe times applied to the nearest tenth.)	r of	Acres	0	0		•	
3. How many stormwater management trainings have been provid during this reporting period?	led to n	nunici	pal	em	ploy	-	0
4. What was the date of the last training?	0 2	/ 0	0	/ 2	3		
5. How many municipal employees have been trained in this repor	ting pe	riod?					6
6. What percent of municipal employees in relevant positions and estormwater management training?	departı	ments	rec	eive	0	0 9	<b>%</b>

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

	SPI	DES	S ID						
Name of MS4/Coalition TJOWN OF DICKINSON	N	Y	R	2	0	Α	1	4	3
Transcot Most Control	3			•					

#### 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 15 TMES AND THE CATCHBASINS WERE INSPECTED,6 CATCHBASINS WERRE REPAIRED, 12 WERE VACUUMED; YARD WASTE PICK UP WAS DONE 64 TIMES; LEAF PICK UP WAS DONE 32 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	n this	reporting p	period?

(ex.: samples/participants/events)

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

Yes O 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.

This report is being submitted for the reporting period ending March 9, 2 0 2 3

ne information in this section	on is being reported (chec	ek one):	
On behalf of an individual	MS4		
On behalf of a coalition			
How many MS	S4s contributed to this r	eport?	
·		* [	
IS4s must answer the qu	iestions or check NA a	as indicated in the table	e below.
MS4 Description	Answer	Check NA	/BOGS
NYC EOH Watershed	Auswei	CHECK NA	(POC)
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
Onondaga Lake Watershed  Fraditional Land Use	1.6.7n d 2n 0		_
Fraditional Non-Land Use	1,6,7a-d,8a,9 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 2,3,4,5,8b,10,11,12	Phosphorus Phosphorus
Greenwood Lake Watershed	-	ж,5,т,5,00,10,11,12 -	Filosphorus
Fraditional 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
Oyster Bay Traditional Land Use	1,4,7a-d,9,10,11,12		
raditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b 2,3,5,6,8a,8b	Pathogens
Von-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens Pathogens
Peconic Estuary	-	-	- ranogens
raditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
raditional Non-Land Use Jon-Traditional	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Oscawana Lake Watershed	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
raditional Land Use	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	DI I
raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus Phosphorus
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
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	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
	1 1 2 2 4 7a A B 10 1 L 12	5,6,8a,8b	Pathogens
raditional Land Use raditional Non-Land Use lon-Traditional	1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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Naı	me of MS4/Coalition TOWN OF	FDICKINSON		N Y R 2	0 A 1	4 3
3.	Does your MS4/Coaliticand Maintenance Plan		Conveyance S	ystem (infrastructur Yes		ection O N/A
4.	Estimate the percentag and maintained or reha	e of on-site wastewate abilitated as necessary	r treatment sys in this reporti	stems that have beer ng period?	inspect	ed %
5.	Has your MS4/Coalition NYSDEC SPDES Genotice (GP-0-08-001) to reduce disturb five thousand s	eral Permit for Stormv ce pollutants in stormv	water Discharg	es from Constructio	on Activition in the state of t	ties
6.	Has your MS4/Coalitic runoff from new devel- equal to one acre that p Permit for Stormwater the New York State St Standards?	opment and redevelop provides equivalent pr r Discharges from Con	ment projects otection to the estruction Activ	that disturb greater NYS DEC SPDES ( vities (GP-0-08-001)	than or General , includii	
78	a. Does your MS4/Coalit phosphorus/nitrogen/Į		program to re	duce erosion or • Yes	O No	O N/A
71	b.How many projects ha	we been sited in this re	eporting period	1?		
	c. What percent of the p				ing perio	od?
7	d.What percent of proje	cts planned in previou	is years have b		Projects	%
8	a.Has your MS4/Coalitic procedures policy that lands?	on developed and impl t addresses proper fer	lemented a tur tilizer applicat	f management pract	ices and	
8	Bb.Has your MS4/Coaliti procedures policy that municipally owned lat	t addresses proper dis	lemented a tur posal of grass o	f management pracelippings and leaves  Yes	tices and from O No	0 N/A

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

	SPL	DES	ID					
Name of MS4/Coalition TOWN OF DICKINSON	N	Y	R	2	0	A	1 4	3
9. Has your MS4/Coalition developed and implemented a program of	f nat	ive	pla	ant	ing	?		
			_		01		0]	N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste prohibiting goose feeding?	on n							
promotting goose reeding:		0	Yes	S	01	No	0 1	V/A
11. Does your MS4/Coalition have a pet waste bag program?		0	Yes	3	01	No	01	V/A
12. Does your MS4/Coalition have a program to manage goose populations?		0	Yes	2	O N	No.	ON	J/A
		~	I OB	,	<b>∪</b> 1	10	<b>○</b> 1	Y/ /"L

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

MCC form for period ending March 9, 2 0 2 3

		SPL	ES	w						
Name of MS4 TOWN OF DICKINSON	İ	N	Y	R	2	0	A	1	4	3

#### 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)		
SUPERVISSOR		
Signature		
Meka Marenació		Date 0 () / 0 / 1 0 0 0

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 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 2 3

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Section 3 - Partner Pid your MS4 work with p	Informati	on ion to con	nnlete som	ne or all ne	mit requit	ements dur	ing this reporting
old your MS4 work with period?	armers/coam	ion to con	npiete son	ic or an per	iiiii x oquix		O Yes O No
f Yes, complete informa	ation below.	. •	c		din othon	formate vi	ill not be
Submit a separate she accepted. If your MS	eet for each ;	partner. II I with a c	ntormatic calition.	n provide submit one	a in omer e sheet wi	th the nam	e of the
coalition. It is not ne	cessary to in	clude a se	eparate sh	eet for ea	ch MS4 ir	the coalit	ion.
f No, proceed to Section	n 4 - Certific	ation Sta	tement.				
artner/CoalitionName				WAT	ER	COA	LITION
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Partner/Coalition Name (con'	1.)		$\overline{\uparrow}$			N Y R	2 0 1 4 3
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What tasks/responsibili	ties are shar	ed with tl	his partne	r (e.g. MN	/11 School	l Programs	or Multiple Tasks
	<del>-, </del>	$\overline{}$	SKS				
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● MM6 HIGH	WAY	STA	FF	TRA	INII	N G	
Additional tasks/respo	nsibilities						
Watershed Improv	vement Strat	egy Best .	Managem	ent Pract	ices requi	red for MS	4s in impaired
watersheds includ	ed in GP-0-	08-002 Pa	art IX.				
1							

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

MCC form for period ending March 9, 2 0 2 3

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Name of MS4 TOWN OF DICKINSON	N	Y	R	2	0	A	1	4	3

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 3

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Name of MS4 TOWN OF DICKINSON	N	Y	R	2	0	Α	1	4	3
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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:

- O An Annual Report for a single MS4
- O 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 Jo	oint	Rep	ort,	ent	er c	oali	tion	nar	ne:		· -			ı				r—	T	r—	···		 		 
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		<u> </u>			<u> </u>																				

# MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 3

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

SPDES ID   SPDES ID	SPDES ID	SPDES ID	CDDEC ID
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#### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 3

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This cover page must be completed by the report preparer.	N	Y	R	2	0	A	1	4	3
Joint reports require only one cover page.		<b></b>			<u></u>			<u> </u>	<u>t</u>

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○ This report is being submitted on behalf of an individual MS4.	
Fill in SPDES ID in upper right hand corner.	
Name of MS4	

#### 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	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 0 A
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This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

11 Submittin	g this form as part of a joint report on behalf of a coalition	lea	ve :	SPL	LS	ID	bla	nk.		
,		SPI	DES	ID						
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This report is being submitted for the reporting period ending March 9, 2 0 2 3

	SPDES ID
Name of MS4/Coalition TOWN OF DICKINSON	N Y R 2 0 A 1 4 3
Minimum Control Measure 1. Public Edu	cation and Outreach
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul>	
1. Targeted Public Education and Outreach Best Managemen	nt Practices
Check all topics that were included in Education and Outreach du	ring this reporting period:
Construction Sites	O Pesticide and Fertilizer Application
General Stormwater Management Information	Pet Waste Management
O Household Hazardous Waste Disposal	Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	Trash Management
○ Smart Growth	Vehicle Washing
Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period:	
Public Employees Ontractors	
<ul><li>Residential</li><li>Developers</li></ul>	
O Businesses General Public	
<ul><li>Restaurants</li><li>Industries</li></ul>	
Other: O Agricultural Other	

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$  3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID TOWN OF DICKINSON N Y R 2 1 3 0 A Name of MS4/Coalition 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply: O Construction Site Operators Trained #Trained Direct Mailings #Mailings Kiosks or Other Displays # Locations O List-Serves # In List O Mailing List # In List O Newspaper Ads or Articles # Days Run O Public Events/Presentations # Attendees School Program # Attendees O TV Spot/Program # Days Run Printed Materials: Total # Distributed Locations (e.g. libraries, town offices, kiosks) EW S LET TER Other: Provide specific web addresses - not home page. Continue on next page if additional space is O Web Page: needed. URL URL

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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This report is being submitted for the reporting period ending March 9, 2 0 2 3

	SPDES ID
ame of MS4/Coalition TOWN OF DICKINSON	N Y R 2 0 A 1 4 3
Evaluating Progress Toward Measurable Goals MCM 1	
Evaluating Frogress Toward Measurable Goals MCM 1	
Ise this page to report on your progress and project plans toward achieving lentified in your Stormwater Management Program Plan (SWMPP), includ I.C.1. Submit additional pages as needed.	; measurable goals ding requirements in Part
Briefly summarize the Measurable Goal identified in the SWMPP in	n this reporting period.
Briefly summarize the observations that indicated the overall effecti	veness of this Measurable
Goal.	
How many times was this observation measured or evaluated in this	reporting period?
Has your MS4 made progress toward this Measurable Goal during t	(ex.: samples/participant
this freesurable Goal during t	• Yes O No
Is your MS4 on schedule to meet the deadline set forth in the SWMP	
Briefly summanize the stormweeten activities along the	
Briefly summarize the stormwater activities planned to meet the goal the next reporting cycle (including an implementation schedule).	s of this MCM during

This report is being submitted for the reporting period ending March 9, 2 0 2 3

Name of MS4/Coalition TOWN OF DICKINSON			NYR2	0 A	1 4	4 3
Minimum Control Measure 2.	Public In	volveme	nt/Participa	tion		
The information in this section is being reported (check	one):					
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this re</li> </ul>	eport?					
1. What opportunities were provided for public development, evaluation and improvement o (SWMP) Plan during this reporting period?	f the Stori	mwater M	(anagement Pr	ograi	m	
Cleanup Events			# Events			1
O Comments on SWMP Received			# Comments			
O Community Hotlines	Phone#	(0	) 0	-		
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O Community Meetings			# Attendees			
○ Plantings			Sq. Ft.			
O Storm Drain Markings			# Drains			
O Stakeholder Meetings			# Attendees			
O Volunteer Monitoring			# Events			
Other:						
2. Was public notice of availability of this ann Program (SWMP) Plan provided?	ual report	t and Stor	mwater Mana	geme	nt Yes	O No
○ List-Serve			# In List			
O Newspaper Advertising			# Days Run			
○ TV/Radio Notices			# Days Run			
Other:						
O Web Page URL: Enter URL(s) on the following	two pages					

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

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This report is being submitted for the reporting period ending March 9, 2 0 2 3

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This report is being submitted for the reporting period ending March 9, 2 0 2 3

	SPDES ID
Name of MS4/Coalition TOWN OF DICKINSON	N Y R 2 0 A 1 4 3
3. Where can the public access copies of this annu	al report. Stormwater Management
Program SWMP) Plan and submit comments or	those documents?
Enter address/contact info and select radio button t	
whether comments may be submitted at that location	on. Submit additional pages as needed.
O MS4/Coalition Office	O Annual Report O SWMP Plan O Comments
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○ Library Address	O Annual Report O SWMP Plan O Comments
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	O Comments

This report is being submitted for the reporting period ending March 9, 2 0 2 3

SPDES	ID
Name of MS4/Coalition TOWN OF DICKINSON N Y	R 2 0 A 1 4 3
4.a. If this report was made available on the internet, what date was it poste	ed?
Leave blank if this report was not posted on the internet.	0 /
4.b. For how many days was/will this report be posted?	
If submitting a report for single MS4, answer 5.a If submitting a joint repo	ort, answer 5.b
5.a. Was an Annual Report public meeting held in this reporting period?	
If Yes, what was the date of the meeting?	0 /
If No, is one planned?	○ Yes ○ No
5.b. Was an Annual Report public meeting held for all MS4s contributing t	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?  If Yes, attach comments, responses and changes made to	○ Yes   ● No
SWMP in response to comments to this report.	

This report is being submitted for the reporting period ending March 9, 2 0 2 3

ne of MS4/Coalition	TOWN OF DICKINSON			
ne of M54/Coantion				N Y R 2 0 A 1 4 3
Evaluating Prog	ress Toward Measu	rabla Caals M	CM 2	
Evaluating 110g	1655 TOWARD MEASU	Irable Goals M	CM Z	
lentified in your Sto	ort on your progress a ormwater Managemer ional pages as needed	nt Program Plan	s toward achiev (SWMPP), ind	ring measurable goals cluding requirements in Part
. Briefly summari	ze the Measurable (	Goal identified	in the SWMP	P in this reporting period.
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How many times				(ex.: samples/participants
How many times				(ex.: samples/participants g this reporting period?
How many times  Has your MS4 ma	ade progress toward	l this measural	ole goal during	(ex.: samples/participants  g this reporting period?  • Yes • No
How many times  Has your MS4 ma		l this measural	ole goal during	(ex.: samples/participants  g this reporting period?  • Yes • No  MPP?
How many times  Has your MS4 ma  Is your MS4 on so  Briefly summarize	nde progress toward	l this measural deadline set for tivities planned	ole goal during th in the SWI I to meet the g	(ex.: samples/participants  g this reporting period?  • Yes • No
How many times  Has your MS4 ma  Is your MS4 on so  Briefly summarize	nde progress toward chedule to meet the o	l this measural deadline set for tivities planned	ole goal during th in the SWI I to meet the g	(ex.: samples/participants  g this reporting period?  • Yes • No  MPP?  • Yes • No
How many times  Has your MS4 ma  Is your MS4 on so  Briefly summarize	nde progress toward chedule to meet the o	l this measural deadline set for tivities planned	ole goal during th in the SWI I to meet the g	(ex.: samples/participants  g this reporting period?  • Yes • No  MPP?  • Yes • No
How many times  Has your MS4 ma  Is your MS4 on so  Briefly summarize	nde progress toward chedule to meet the o	l this measural deadline set for tivities planned	ole goal during th in the SWI I to meet the g	(ex.: samples/participants  g this reporting period?  • Yes • No  MPP?  • Yes • No
How many times  Has your MS4 ma  Is your MS4 on so  Briefly summarize	nde progress toward chedule to meet the o	l this measural deadline set for tivities planned	ole goal during th in the SWI I to meet the g	(ex.: samples/participants  g this reporting period?  • Yes • No  MPP?  • Yes • No
How many times  Has your MS4 ma  Is your MS4 on so  Briefly summarize	nde progress toward chedule to meet the o	l this measural deadline set for tivities planned	ole goal during th in the SWI I to meet the g	(ex.: samples/participants  g this reporting period?  • Yes • No  MPP?  • Yes • No

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

SPDES ID

Name of MS4/Coalition TOWN OF DICKINSON	N Y R 2 0 A 1 4 3
Minimum Control Measure 3. T	llicit Discharge Detection and Elimination
***	
The information in this section is being reported (c	sheck one):
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to the</li> </ul>	nis report?
1. Enter the number and approx. percent of	of outfalls mapped: 6 0 # 1 0 0 %
2. How many of these outfalls have been so reporting period (outfall reconnaissance	reened for dry weather discharges during this inventory)?
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
Building Maintenance	○ Marinas
Churches	Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
Hospitals	O Swimming Pools
O Improper RV Waste Disposal	Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	○ None
O Sewersheds:	

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

	SPDES ID
Name of MS4/Coalition TOWN OF DICKINSON	N Y R 2 0 A 1 4 3
3.b. What types of illicit discharges have	e been found during this reporting period?
O Broken Lines From Sanitary Sewer	O Industrial Connections
O Cross Connections	O Inflow/Infiltration
O Failing Septic Systems	O Pump Station Failure
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows
O Illegal Dumping	O Straight Pipe Sewer Discharges
Other:	● None
4. How many illicit discharges/potentia reporting period?	l illegal connections have been detected during this
ropoxemg portou.	
5. How many illicit discharges have bee	en confirmed during this reporting period?
	<del></del>
6. How many illicit discharges/illegal coperiod?	onnections have been eliminated during this reporting
7. Has the storm sewershed mapping be If No, approximately what percent was	cen completed in this reporting period?  Yes O No completed in this reporting period?
8. Is the above information available in Is this information available on the w If Yes, provide URL(s):	
Please provide specific address of page v	where map(s) can be accessed - not home page.
URL	

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

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Name of MS4/Coalition	TOWN OF DICKINSON	N	Y	R	2	0	A	1	4	3

#### 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 POSIBLE. None were found

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

1 5 9

(ex.: samples/participants/events)

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

Yes O No

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

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 ILLLICIT 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.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 3 & 0 \end{vmatrix}$ 

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

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Name of MS4/Coalition TOWN OF DICKINSON	N	Y	R	2	0	Α	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):	
<b>®</b> () ○ ()	n behalf of an individual MS4 n behalf of a coalition How many MS4s contributed to this report?	
	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?	○ No
	Has each Town, City and/or Village contributing to this report documented that the law equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook?	w is and
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  ○ 09/2004 ● 03/2006	ONT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?	1
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?  • Yes • No	ONT
	If Yes, how many public comments were received during this reporting period?	0
5.	Does your MS4/Coalition provide education and training for contractors about the loc SWPPP process?	<b>al</b> ○ 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	#	-	1 O No Authority
Stop Work Orders	#	-	1 O No Authority
O Criminal Actions	#		0 O No Authority
O Termination of Contracts	#		0 O No Authority
O Administrative Fines	#		0 O No Authority
O Civil Penalties	#		0 O No Authority
O Administrative Orders	#		0 O No Authority
O Enforcement Actions or Sanctions	#		0
O Other	#		O No Authority

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

	SPDES ID	
Name of MS4/Coalition TOWN OF DICKINSON	N Y R 2 0 A 1 4 :	3
Name of 19154) Coantion		

# Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The	information in this section is being reported (check one):		
● C ○ C	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 a during this reporting period?	cre or n	ore 0
2.	How many construction projects disturbing at least one acre were active in your during this reporting period?	r jurisdi	ction 0
3.	What percent of active construction sites were inspected during this reporting p	oeriod?	
4.	What percent of active construction sites were inspected more than once?	1 0	NT 0 %
5	Do all inspectors working on behalf of the MS4s contributing to this report use	the NY	S
٥,	Construction Stormwater Inspection Manual?	O No	
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prever (SWPPPs) of construction projects that are subject to MS4 review and approve	H?	
	W Yes	O No	
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made av public review?	ailable f	or O No
	If Yes, use the following page to identify location(s) where SWPPPs can be accesse	d.	

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

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	Submit addition	nal pages	as need	ded.													
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This report is being submitted for the reporting period ending March 9, 2 0 2 3

If submitting this form as part of a joint report on oon	SPDES ID
Name of MS4/Coalition TOWN OF DICKINSON	N Y R 2 0 A 1 4 3
7. Evaluating Progress Toward Measurable Goals MC	
Use this page to report on your progress and project plans identified in your Stormwater Management Program Plan (III.C.1. Submit additional pages as needed.	toward achieving measurable goals (SWMPP), including requirements in Part
A. Briefly summarize the Measurable Goal identified i	n the SWMPP in this reporting period.
THERE was one SWPPP RECEIVED. Measurable goal received and reviewed. Also to document the number and inspected.	is to inventory the number of SWPPP'S amount of times construction projects are
B. Briefly summarize the observations that indicated to Goal.	the overall effectiveness of this Measurable
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?
	(ex.: samples/participants/events
D. Has your MS4 made progress toward this measura	
E. Is your MS4 on schedule to meet the deadline set for	₩ Yes ∪ No
F. Briefly summarize the stormwater activities planne the next reporting cycle (including an implementat	ed to meet the goals of this MCM during tion schedule).
REVIEW ANY SWPPP'S AND MAKE AVAILABLE F Continue to verify that all construction projects disturbin in place, have stormwater permit coverage through DEC project at least once a month during construction. There Received one E&S but project was not authorized.	g 1 or more acres have an approved SWPPP and inspect every active construction

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## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

				SPDES	ID
Name of MS4/Coalit	ion TOWN OF DICKI	NSON		NY	R 2 0 A 1 4 3
Minimun	n Control Me	easure 5. Post	t-Constructi	on Stormwate	r Management
The information in	this section is be	ing reported (che	ck one):		
<ul><li>On behalf of an income of the original of the original of the original of the original of the original of the original or</li></ul>		tributed to this	report?		
1. How many and	d what type of po	ost-construction	stormwater ma	— anagement practic reporting period?	es has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Pract	ices	0	0	0	
O Filter Systems		0		0	
O Infiltration Basins	5	0	0	0	
Open Channels		0	0	0	
○ Ponds		0	0	0	
O Wetlands		0	0	0	
Other		0	0	0	
3. What types of	ions and maint non-structural	anance? practices have	been used to i	mplement Low I	● Yes ○ No
Development/I	Better Site Desi	gn/Green Infra	structure prin	ciples?	
Building Codes	Municipal Co	omprehensive Pla	nns		
Overlay Districts	Open Space I	Preservation Prog	gram		
Zoning	Local Law or	Ordinance			
○ None	Land Use Re	gulation/Zoning			
○ Watershed Plans	Other Compr	ehensive Plan			
Other:					

| R | e | c | o | m | m | e | n | d | a | t | i | o | n

Board

This report is being submitted for the reporting period ending March 9, 2 0 2 3

									SPD	ES	ID.					
Name of MS4/	Coalition/	TOWN OF D	ICKINSON						N	Y	R	2	0 A	1	4	3
4a. Are the	MS4s co	ntributing	; to this r	eport in	wolved	in a reg	ional/wat	ershe	d w	'ide	pla	ann	ing ef	fort es	t <b>?</b>	No
4b. Does the	e MS4 ha	ve a bank	ing and	credit sy	ystem fo	r storm	water ma	nage	mei	nt p	rac	etic	es? ○ Y	'es	<b>®</b>	No
4c. Do the S	SWMP P proval of	lans for e banking a	ach MS4 ind credi	contribu it of alten	outing to ernative	this reg	port inclu f a stormv	de a vater	pro ma	toco ana;	ol fo gen	or e nen	evalua t prac O Y	cuce	:	No
4d. How ma	any stori ng period		anageme	nt pract	tices hav	ve been	implemen	ited a	ıs p	art	of 1	this	syste	m ir	n thi	is
training	g on Low	municipa Impace I principles	<b>Develop</b> m	nent (LII	D), Bett	ter Site 1	e for prog Design (B	ram SD) 2	imp ind	len oth	ien er (	tati Gre	on at	tend	led	] %

This report is being submitted for the reporting period ending March 9, 2 0 2 3

Name of MS4/Coalition TOWN OF DICKINSON	N Y R 2 0 A 1 4 3
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	achieving measurable goals P), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the SV	WMPP in this reporting period.
Measurable goal is to document the number of post construction E that the owner has conducted and documented maintenance of the	BNP"s inspected. Also to verify post construction BMP'S.
B. Briefly summarize the observations that indicated the overa Goal.	ll effectiveness of this Measurable
NO ACTIVITY	
C. How many times was this observation measured or evaluated  D. Has your MS4 made progress toward this measurable goal d	(ex.: samples/participants/eve
E. Is your MS4 on schedule to meet the deadline set forth in the	● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedu	the goals of this MCM during
IT IS NOT LIKELY THAT THERE WILL BE ANY POST CONST	TRUCTION ACTIVITIES THIS
Continue to inspect post construction BMP's and hold owner's /oper them. Also, to request and file annual maintenance records from each	rators accountable to maintain ch post construction BMP.

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

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Name of MS4/Coalition TJOWN OF DICKINSON	N	Y	R	2	0	Α	1	4	3
Name of Wis4/Coantion	<b>.</b>								

# Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul>	

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.

Self-Assessment

Operation/Activity/Facility performed within the past 3 years? Addressed in SWMP? Operation/Activity/Facility ○ No ..... • Yes O No Street Maintenance..... No Bridge Maintenance.... O Yes No ..... ○ Yes ○ No ..... • Yes O No Winter Road Maintenance..... 

Yes ○ No ...... • Yes O No O No O No See Yes Solid Waste Management...... 

Yes O No New Municipal Construction and Land Disturbance.. 

Yes ○ No ..... • Yes O No Right of Way Maintenance..... O No ..... • Yes No Yes No Marine Operations..... O Yes No Hydrologic Habitat Modification..... O Yes No ..... ○ Yes O No O No Yes Parks and Open Space..... O No ○ No Yes Municipal Building..... O No ○ No ..... • Yes ○ No ...... • Yes O No Vehicle and Fleet Maintenance..... O No Other.....