

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 7

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

SPDES ID

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Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

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OR

This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

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OR

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

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

Name of Coalition

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MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 7

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

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 7

Name of MS4

SPDES ID

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

Title

Address

City State Zip -

eMail

Phone - County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 7

Name of MS4 Village of Sagaponack

SPDES ID
N Y R 2 0 A 5 3 4

Section 2 - Contact Information

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- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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- 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
R o s e m a r i e C W i n c h e l l

Title
C l e r k - T r e a s u r e r

Address
3 1 7 5 M o n t a u k H w y P O B o x 6 0 0

City State Zip
S a g a p o n a c k N Y 1 1 9 6 2 -

eMail
s a g a p o n a c k @ o p t o n l i n e . n e t

Phone County
(6 3 1) 5 3 7 - 0 0 1 7 S u f f o l k

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MCC form for period ending March 9, 2 0 1 7

Name of MS4 Village of Sagaponack

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For each contact, select all that apply:

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

First Name: J o h n MI: G Last Name: W o u d s m a

Title: B u i l d i n g I n s p e c t o r

Address: 3 1 7 5 M o n t a u k H w y P O B o x 6 0 0

City: S a g a p o n a c k State: N Y Zip: 1 1 9 6 2 -

eMail: s a g a p o n a c k @ o p t o n l i n e . n e t

Phone: (6 3 1) 5 3 7 - 0 0 1 7 County: S u f f o l k

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 7

Name of MS4 Village of Sagaponack

SPDES ID
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For each contact, select all that apply:

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

First Name MI Last Name
D r e w B e n n e t t

Title
V i l l a g e E n g i n e e r

Address
3 R a i l r o a d A v e n u e P O B o x 1 4 4 2

City State Zip
E a s t H a m p t o n N Y 1 1 9 3 7 -

eMail
d r e w @ D B B - P E . c o m

Phone County
(6 3 1) 9 0 7 - 0 0 2 3 S u f f o l k

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 7

Name of MS4 Village of Sagaponack

SPDES ID

N Y R 2 0 A 5 3 4

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

[Grid for Partner/Coalition Name]

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

[Grid for Partner/Coalition Name (con't.) and SPDES Partner ID]

Address

[Grid for Address]

City

State

Zip

[Grid for City, State, Zip]

eMail

[Grid for eMail]

Phone

([Grid]) [Grid] - [Grid]

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 [Grid]

MM2 [Grid]

MM3 [Grid]

MM4 [Grid]

MM5 [Grid]

MM6 [Grid]

Additional tasks/responsibilities

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

[Grid for Additional tasks/responsibilities]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 7

Name of MS4 Village of Sagaponack

SPDES ID

N Y R 2 0 A 5 3 4

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

R o s e m a r i e

MI

C

Last Name

W i n c h e l l

Title (Clearly print title of individual signing report)

C l e r k - T r e a s u r e r

Signature

Date

0 6 / 0 5 / 2 0 1 7

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 1 7

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 Sagaponack

SPDES ID
N Y R 2 0 A 5 3 4

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input checked="" type="radio"/> Construction Sites <input checked="" type="radio"/> General Stormwater Management Information <input type="radio"/> Household Hazardous Waste Disposal <input type="radio"/> Illicit Discharge Detection and Elimination <input type="radio"/> Infrastructure Maintenance <input type="radio"/> Smart Growth <input type="radio"/> Storm Drain Marking <input checked="" type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development <input type="radio"/> Other: | <ul style="list-style-type: none"> <input checked="" type="radio"/> Pesticide and Fertilizer Application <input checked="" type="radio"/> Pet Waste Management <input type="radio"/> Recycling <input checked="" type="radio"/> Riparian Corridor Protection/Restoration <input type="radio"/> Trash Management <input type="radio"/> Vehicle Washing <input type="radio"/> Water Conservation <input checked="" type="radio"/> Wetland Protection <input type="radio"/> None |
|--|--|

Other

2. Specific audiences targeted during this reporting period:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input checked="" type="radio"/> Public Employees <input type="radio"/> Residential <input type="radio"/> Businesses <input type="radio"/> Restaurants <input type="radio"/> Other: | <ul style="list-style-type: none"> <input checked="" type="radio"/> Contractors <input checked="" type="radio"/> Developers <input checked="" type="radio"/> General Public <input type="radio"/> Industries <input type="radio"/> Agricultural |
|---|--|

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

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

- | | | | | | | |
|--|---------------------|--|---|--|--|---|
| <input type="radio"/> Construction Site Operators Trained | # Trained | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
| | | | | | | |
| <input type="radio"/> Direct Mailings | # Mailings | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
| | | | | | | |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations | <table border="1"><tr><td></td><td></td><td></td><td>1</td></tr></table> | | | | 1 |
| | | | 1 | | | |
| <input type="radio"/> List-Serves | # In List | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
| | | | | | | |
| <input type="radio"/> Mailing List | # In List | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
| | | | | | | |
| <input checked="" type="radio"/> Newspaper Ads or Articles | # Days Run | <table border="1"><tr><td></td><td></td><td></td><td>2</td></tr></table> | | | | 2 |
| | | | 2 | | | |
| <input type="radio"/> Public Events/Presentations | # Attendees | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
| | | | | | | |
| <input type="radio"/> School Program | # Attendees | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
| | | | | | | |
| <input type="radio"/> TV Spot/Program | # Days Run | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
| | | | | | | |
| <input checked="" type="radio"/> Printed Materials: | Total # Distributed | <table border="1"><tr><td></td><td></td><td></td><td>3</td></tr></table> | | | | 3 |
| | | | 3 | | | |

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

V	i	l	l	a	g	e													
H	a	l	l																

Other:

P	i	c	k	u	p		A	f	t	e	r	D	o	g	S	i	g	n	s
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Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

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.	a	s	p																													

URL

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

Village of Sagaponack

SPDES ID

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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The Village plans to continue to make available storm water information. The Village will continue to update the kiosk/display at Village Hall with storm water/pollution prevention information periodically throughout the next reporting period.

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

There has been limited interest in the kiosk. Little re-stocking has been required. The Building Inspector and Planning Board have been very active in construction SWPPPs and has been alerting contractors to the law and requirements. SUNY Stony Brook & CCOM and performing WQ testing & press releases. County Government offering grants to residential owners to retrofit on-site sanitary system with I/A on site wastewater treatment to reduce N has community interest.

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

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(e.g.: 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).

The Village plans to continue to make available storm water information. The Village will continue to update the kiosk/display at Village Hall with storm water/pollution prevention information periodically throughout the next reporting period. Village will monitor press releases and public comment during Board meetings.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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Name of MS4/Coalition Village of Sagaponack

SPDES ID
N Y R 2 0 A 5 3 4

Minimum Control Measure 2. Public Involvement/Participation

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. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

Form with checkboxes for Cleanup Events, Comments on SWMP Received, Community Hotlines, Community Meetings, Plantings, Storm Drain Markings, Stakeholder Meetings, Volunteer Monitoring, and Other. Includes fields for # Events, # Comments, # Attendees, and Sq. Ft.

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? Yes No

Form with checkboxes for List-Serve, Newspaper Advertising, TV/Radio Notices, and Other. Includes fields for # In List, # Days Run, and a text field for Other.

Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID
N Y R 2 0 A 5 3 4

2. URL(s) con't.:

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

URL

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s . a s p

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

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Name of MS4/Coalition: Village of Sagaponack

SPDES ID: NYR20A534

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: Village Hall

Address: 3175 Montauk Highway

City: Sagaponack NY Zip: 11962

Phone: (631) 537-0017

Library Annual Report SWMP Plan Comments

Address: [Empty]

City: [Empty] Zip: [Empty]

Phone: ([Empty]) [Empty] - [Empty]

Other Annual Report SWMP Plan Comments

Address: [Empty]

City: [Empty] Zip: [Empty]

Phone: ([Empty]) [Empty] - [Empty]

Web Page URL: Annual Report SWMP Plan Comments

http://sagaponackvillage.

Please provide specific address of page where report can be accessed - not home page.

eMail Comments

sagaponack@optonline.net

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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
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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.

/ /

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 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

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Name of MS4/Coalition:

SPDES ID

N	Y	R	2	0	A	5	3	4
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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.

Continue stewardship activities that help to reduce pollutants of concern (i.e., the discharge of pathogens to the water bodies of Sag Pond) and encourage the general public, residents and businesses to become involved in storm water management and environmental stewardship events.

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

No comments were received on the Annual Report. The Village has received no complaints related to MS4 discharges. Local environmental groups are very active in the community, however no cleanup events were held this year.

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

			1
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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).

The Village plans to continue to discuss the topic at least annually during annual report review. The plans to assess what if any additional outreach activities are feasible for this very small and rural Village. The Village will continue to support residential sanitary system retrofits and pick up after your pet initiatives.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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 Sagaponack

SPDES ID
N Y R 2 0 A 5 3 4

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped: 1 2 # 1 0 0 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 1 2

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

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other:
- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops
- None

Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 Sagaponack

SPDES ID NYR20A534

3.b.What types of illicit discharges have been found during this reporting period?

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

Empty grid for other discharge details.

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

0

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

0

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

0

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

Yes No

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

100%

8. Is the above information available in GIS?

Yes No

Is this information available on the web?

Yes No

If Yes, provide URL(s):

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

URL

Grid for providing URL(s) for GIS information.

URL

Grid for providing URL(s) for web information.

MS4 Annual Report Form

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

2	0	1	7
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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

N	Y	R	2	0	A	5	3	4
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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.

The Village will continue to follow the procedures for IDDE described in the CWP/USEPA Illicit Discharge Detection and Elimination: A Guidance Manual for Program Development and Technical Assessment. Illicit discharges will be investigated within the Village's jurisdiction on a case-by-case basis. The Village will focus on increasing and documenting the number of observation events.

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

No IDDEs were detected due to strict Village Code and enforcement and the small rural nature of the community.

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

			1
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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).

The Village will continue to monitor for ID. Illicit discharges will be investigated within the Village's jurisdiction on a case-by-case basis.

MS4 Annual Report Form

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

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 Sagaponack

SPDES ID

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?

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 type="radio"/> Notices of Violation | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | 0 | <input type="radio"/> No Authority |
| | | | | | | | | | |
| <input checked="" type="radio"/> Stop Work Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | 4 | <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> | | | | | | 0 | <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> | | | | | | 0 | <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> | | | | | | 0 | <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> | | | | | | 0 | <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> | | | | | | 0 | <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> | | | | | | 0 | |
| | | | | | | | | | |
| <input type="radio"/> Other | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | 0 | <input type="radio"/> No Authority |
| | | | | | | | | | |

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 Sagaponack

SPDES ID: N Y R 2 0 A 5 3 4

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? [][] 4

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? [][] 4

3. What percent of active construction sites were inspected during this reporting period? NT [] [] [] 100 %

4. What percent of active construction sites were inspected more than once? NT [] [] [] 100 %

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, 2017

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

Name of MS4/Coalition

SPDES ID
N Y R 2 0 A 5 3 4

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department
V i l l a g e H a l l

Address

City N Y Zip -

Phone
() -

Library

Address

City Zip -

Phone
() -

Other

Address

City Zip -

Phone
() -

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

URL

URL

MS4 Annual Report Form

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

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Sagaponack

SPDES ID

N	Y	R	2	0	A	5	3	4
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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.

The Village plans to continue to evaluate the number of SWPPPs reviewed as an indicator for measuring the overall effectiveness of the Construction Site Storm Water Management program. The Village will review SWPPPs as they are submitted to the Village for review, comment and approval. Complete the Bridge Lane/Sagg Bridge drainage retrofit. Project will eliminate/greatly reduce runoff to pond at this outfall.

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

Four SWPPS were reviewed, approved and inspected.

Sagg Bridge project started in November 2016 and is still underway.

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

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

(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).

The Village plans to continue to evaluate the number of SWPPPs reviewed as an indicator for measuring the overall effectiveness of the Construction Site Storm Water Management program. The Village will review SWPPPs as they are submitted to the Village for review, comment and approval. The Village will also monitoring for the number of complaints received and stop work orders.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 Sagaponack

SPDES ID NYR20A534

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 checked="" type="radio"/> Alternative Practices	<input type="text"/> 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input checked="" type="radio"/> Filter Systems	<input type="text"/> 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input checked="" type="radio"/> Infiltration Basins	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/> 0
<input checked="" type="radio"/> Open Channels	<input type="text"/> 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input checked="" type="radio"/> Ponds	<input type="text"/> 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input checked="" type="radio"/> Wetlands	<input type="text"/> 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input checked="" type="radio"/> Other	<input type="text"/> 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

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

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

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

Other:

MS4 Annual Report Form

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

2	0	1	7
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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

N	Y	R	2	0	A	5	3	4
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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?

		1
--	--	---

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?

	5	0
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 %

MS4 Annual Report Form

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

2	0	1	7
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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

N	Y	R	2	0	A	5	3	4
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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.

Evaluate the number of post-construction storm water management practices inventoried as an indicator for measuring the overall effectiveness of the Post-Construction Storm Water Management program. Integrate local site plan review with focus on pathogen control to Sag Pond.

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

The Village reviewed and approved and inspected 4 SWPPPs which is significantly up from prior years. In addition, the Village Code has a site plan review process which has been very active. Site plan approval requires drainage controls.

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

			1
--	--	--	---

(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).

The Village plans to continue to evaluate the number of post-construction storm water management practices inventoried as an indicator for measuring the overall effectiveness of the Post-Construction Storm Water Management program. Integrate local site plan review with focus on pathogen control to Sag Pond. Begin to develop an inventory/database of post-construction controls.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

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>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Solid Waste Management.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Right of Way Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Other.....	<input checked="" type="radio"/> Yes	<input 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,

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

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 0
- Streets Swept (Number of miles X Number of times swept) # Miles 0
- Catch Basins Inspected and Cleaned Where Necessary # 0
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 0
- Phosphorus Applied In Chemical Fertilizer # Lbs. 0
- Nitrogen Applied In Chemical Fertilizer # Lbs. 0
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 0 . 0

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 1

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

5. How many municipal employees have been trained in this reporting period? 1

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 5 0 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

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.

Continue the ongoing catch basin inspection and cleaning schedule during the next reporting cycle. The Village will continue to follow the BMPs outlined in the NYSDEC Municipal Pollution Prevention and Good Housekeeping Assistance Document as necessary.

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

The Village has chosen to evaluate the number of catch basins inspected annually as an indicator for measuring the overall effectiveness of the Municipal Storm Water Management and Good Housekeeping Program.

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 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).

The Village plans to continue the ongoing catch basin inspection and cleaning schedule during the next reporting cycle. The Village will conduct a self-assessment of muni operations in the upcoming year. The Village will try to collaborate with the Town of Southampton in improving the boat "haul out" at Bridge lane to educe erosion and reducing runoff into Sagg Pond at the Sagg Main Beach parking lot.

MS4 Annual Report Form

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

2	0	1	7
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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

N	Y	R	2	0	A	5	3	4
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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)
NYC EOH Watershed			
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			
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
Greenwood Lake Watershed			
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
Oyster Bay			
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
Peconic Estuary			
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
Oscawana Lake Watershed			
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
LI 27 Embayments			
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.

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

 %

Estimate what percentage was mapped in this reporting period.

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

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	5	3	4
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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

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

Village of Sagaponack

SPDES ID

N	Y	R	2	0	A	5	3	4
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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