MS4 Annual Report Cover Page

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

This	cover	page	must b	e completed	l by the	report	preparer.
Joint	t repoi	rts rec	juire oi	aly one cove	r page.		

SPI	DES ID					
N	YR	2	0 A	5	3	4

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name	of M																			
Vi	1	1	а	g	е	0	f	S	a	g	а	p	0	n	a	c k				

OR

○ This report is being submitted on behalf of a Single Entity

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

Name of Si	ngle Entity						

OR

O 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.

Naı	ne c	of C	oali	tion		-			-		-	_												
	Ħ				Ħ		Ħ		+	Ť	Ŧ	Ť	÷	+								=	=	_
												_												
SPI	DES	ID			-				SPI	DES	ID			-			SPE	DES	ID					
N	Y	R	2	0	A				N	Y	R	2	0	Α			N	Y	R	2	0	A		
SPI	DES	ID	-					£;	SPI	DES	ID					41:	SPI	DES	ID					
N	Y	R	2	0	A				N	Y	R	2	0	Α			N	Y	R	2	0	Α		
SPI	DES	ID							SPI	DES	ID					56	SPI	DES	ID					
N	Y	R	2	0	A				N	Y	R	2	0	A			N	Y	R	2	0	A		
SPI	DES	ID							SPI	DES	ID					20	SPI	DES	ID					
N	Y	R	2	0	A				N	Y	R	2	0	A			N	Y	R	2	0	Α		
SPE	DES	ID							SPI	DES	ΙD						SPI	DES	ID					
N	Y	R	2	0	A				N	Y	R	2	0	A			N	Y	R	2	0	Α		
SPE	DES	ID							SPE	ES	ΙD					-11	SPE	DES	ID					
N	Y	R	2	0	A				N	Y	R	2	0	A			N	Y	R	2	0	Α	İ	

MS4 Annual Report Cover Page

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

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

N	SPDES	SID					SPI	DES	ID				SPI	DES	ID				
N	NY	R	2	0	A		N	Y	R	2	0	Α	N	Y	R	2	0	A	
SPDES ID SPDES ID SPDES ID N Y R 2 0 A<	SPDES	SID					SPI	DES	ID				SPI	DES	ID				
N	NY	R	2	0	А		N	Y	R	2	0	Α	N	Y	R	2	0	A	
SPDES ID SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R	SPDES	SID					SPI	DES	ID				SPI	DES	ID				
N	NY	R	2	0	A		N	Y	R	2	0	A	N	Y	R	2	0	А	
SPDES ID SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y	SPDES	SID					SPI	DES	ID				SPI	DES	ID				
N	NY	R	2	0	A		N	Y	R	2	0	А	N	Y	R	2	0	A	
SPDES ID SPDES ID SPDES ID N Y R 2 0 A N	SPDES	SID					SPI	DES	ID				SPI	DES	ID				
N	N Y	R	2	0	A		N	Y	R	2	0	А	N	Y	R	2	0	A	
SPDES ID SPDES ID SPDES ID N Y R 2 0 A N	SPDES	SID					SPE	DES	ID				SPI	DES	ID				
N	NY	R	2	0	A		N	Y	R	2	0	A	N	Y	R	2	0	Α	
SPDES ID SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A	SPDES	S ID					SPL	DES	lD				SPI	DES	ID				
N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A	NY	R	2	0	A		N	Y	R	2	0	A	N	Y	R	2	0	A	
SPDES ID SPDES ID SPDES ID N Y R 2 0 A N	SPDES	S ID					SPI	DES	ID				SPI	DES	lD				
N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A	N Y	R	2	0	A		N	Y	R	2	0	А	N	Y	R	2	0	A	
SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A	SPDES	SID					SPE	ES	ID				SPI	DES	ID				
N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A	N Y	R	2	0	A		N	Y	R	2	0	А	N	Y	R	2	0	A	
SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID	SPDES	SID					SPE	DES	ID				SPI	DES	ID				
N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A	NY	R	2	0	A		N	Y	R	2	0	A	N	Y	R	2	0	A	
SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID	SPDES	SID					SPE	ES	ID				SPI	DES	ID				
N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID	NY	R	2	0	A		N	Y	R	2	0	Α	N	Y	R	2	0	A	
SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID	SPDES	SID					SPE	DES	ID				 SPI	DES	ID				
N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID	N Y	R	2	0	A		N	Y	R	2	0	А	N	Y	R	2	0	Α	
SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID	SPDES	SID				1	SPE	DES	ID				SPI	DES	ID				
N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID	NY	R	2	0	A		N	Y	R	2	0	A	N	Y	R	2	0	A	
SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID	SPDES	SID					SPE	ES	ID				SPI	DES	ſD				
N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A SPDES ID	NY	R	2	0	A		N	Y	R	2	0	A	N	Y	R	2	0	A	
SPDES ID SPDES ID	SPDES	SID					SPE	ES	ID				SPI	DES	ID				
	NY	R	2	0	А		N	Y	R	2	0	Α	N	Y	R	2	0	A	
NYR20A NYR20A NYR20A	SPDES	SID					SPE	ES	ΙD				SPI	ES	ID				
	NY	R	2	0	А		N	Y	R	2	0	А	N	Y	R	2	0	А	
SPDES ID SPDES ID SPDES ID	SPDES	SID					SPE	ES	ID				SPI	DES	ID				
N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A	NY	R	2	0	A		N	Y	R	2	0	A	N	Y	R	2	0	А	
SPDES ID SPDES ID SPDES ID	SPDES	SID					SPC	ES	ID				SPE	DES	ID				
N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A	NY	R	2	0	A		N	Y	R	2	0	A	N	Y	R	2	0	А	

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

	SPI	DES	ID						
Name of MS4 Village of Sagaponack	N	Y	R	2	0	Α	5	3	4
Each MS4 must submit an MCC form.									
Section 1 - MCC Identification Page									
Indicate whether this MCC form is being submitted to certify endorsement or a	ссер	otan	ce c	of:					
An Annual Report for a single MS4									
○ A Single Entity (Per Part II.E of GP-0-10-002)									
○ A Joint Report									
Joint reports may be submitted by permittees with legally bindin	g ag	ree	me	nts.					
If Joint Report, enter coalition name:									
			_	_	_	-			

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

		SP	DES	ID						
Name of MS4	Village of Sagaponack	N	Y	R	2	0	A	5	3	4

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.

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

Firs	t Na	ıme													10	MI	4:	Las	t Na	me												
D	0	n	a	1	d													L	0	u	С	h	h	е	i	m						
Title	е																															
M	a	У	0	r																												
Ado	lres	S																														
3	1	7	5		M	0	n	t	a	u	k		Н	w	У							Р	0		В	0	x		6	0	0	
City	/																			S	tate		Zip					21——11 1				
S	a	g	a	р	0	n	a	С	k											1	1 3	Y	1	1	9	6	2	-				
eMa	ail																			-15												
s	a	g	a	р	0	n	a	С	k	@	0	р	t	0	n	1	i	n	е		n	е	t									
Pho	ne																	Cou	ınty	E												
(6	3	1)	5	3	7	-	0	0	1	7						S	u	f	f	0	1	k								

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

5		SPI	DES	ID						
Name of MS4	Village of Sagaponack	N	Y	R	2	0	A	5	3	4

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.

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

Firs	t Na	ame														MI		Las	t Na	ıme							44					
R	0	s	е	m	a	r	i	е								C		W	i	n	С	h	е	1	1							
Titl	e																															
C	1	е	r	k	-	Т	r	е	a	s	u	r	е	r																		
Add	ires	s																														
3	1	7	5		M	0	n	t	a	u	k		H	w	У							P	0		В	0	x		6	0	0	
-							-	_	_			-	-		-			-				-					_					_
City	/																			S	tate		Zip					_				
City	a	g	a	q	0	n	a	С	k											S		Y	Zip 1	1	9	6	2	-				
	a	g	a	р	0	n	a	С	k																9	6	2	-				
S	a	g	a	p	0	n n	a	С	k k	@	0	р	t	0	n	1	1	n	e						9	6	2	-				
S eMa	a ail a									@	0	p	t	0	n	1		n Cou		ľ	1 .	Y	1		9	6	2	-				

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

		SPI	DES	ID					
Name of MS4	Village of Sagaponack	N	Y	R	2	0 A	5	3	4

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.

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

Firs	t Na	ame													+:	MI		Las	t Na	ıme												
J	0	h	n													G		W	0	u	d	s	m	a								
Titl	e														*		-															
В	u	i	1	d	i	n	g		Ι	n	s	р	е	С	t	0	r															
Add	lres	S																										1				
3	1	7	5		M	0	n	t	a	u	k		Н	w	У							Р	0		В	0	x		6	0	0	
City	,	,,,,,		1																			7.			•		-		_		
City				_		_				_										2	tate		Zip									
S	a	g	а	р	0	n	a	С	k											1		Y	Ζι <u>ρ</u>	1	9	6	2					
	a	g	a	р	0	n	a	С	k																9	6	2	-				
S	a	g	a	p p	0	n n	a	C	k k	@	0	p	t	0	n	1	i	n	e						9	6	2]				
S	a ail a									@	0	р	t	0	n	1		n Cou		ľ	1 3	Y	1		9	6	2					

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

		SPI	DES	ID						
Name of MS4	Village of Sagaponack	N	Y	R	2	0	A	5	3	4

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.

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

Firs	st Na	ame	,												4.	MI	Las	: Na	me										,		
D	r	е	w														В	е	n	n	е	t	t								
Titl	e												2																		
V	i	1	1	a	g	е		Ε	n	g	i	n	е	е	r																
Add	dres	s																													
3		R	a	i	1	r	0	a	d		Α	v	е	n	u	е															
City	y																		St	ate		Zip									
E	a	s	t		Н	a	m	р	t	0	n								N	1 2	7	1	1	9	3	7		ļ			
								-											1	٠ -	-	_	-	_	-	1				-	
eM:	ail							-											1	, _		_	_	_	3		1				
eMa d	ail r	е	w	@	D	В	В	- -	P	E	•	С	0	m									_								
	r	е	w	@	D	В	В					С	0	m			Cou	nty													

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

SPDES ID

Section	3 - P	artn	er I	nfo	rma	atio	on																		
Did your N period?	MS4 wo	rk wi	th pa	rtner	s/co	aliti	ion 1	to cc	mpl	ete s	om	e or	all	peri	mit	requ	uiren	nent	s du	ıring		is re			g No
	mplete it a sep ted. If y	arate	shee	et for	eac	ch p						•											2		
-	on. It i	s not	nece	essar	y to	inc	lud	e a s	sepa	rate	she														
artner/Coa																									
Partner/Coa	alition N	ame (c	on't.))											-		SF	DES	S Pai	rtne	r ID	- If	app	lica	ble
Address																									_
Tudi 035										Ì															
City			_							-	_			Sto	ıto.	7	lec		-				-		
Jity														Sta	ile	1 /	ip				2017				
										-											_				
Mail			_																					-	-
									T					T I				1							
Phone (g Ag 002 P					dano Ye		0	No
() ks/respo	onsib	ilitie	- s are	e sha	ared	l wi	th th	nis p	artn	ner ((e.g	witl	h GI	P-0-	08-0	002 P	art I	V.G	.?	С	Ye	s		
(What task) ss/respo	onsib	ilitie	s are	e sha	ared	l wi	th th	nis p	artn	ner (e.g	witl	h GI	P-0-	08-0	002 P	art I	V.G	.?	С	Ye	s		
What task) [onsib	ilitie	s are	e sha	ared	l wi	th th	nis p	artn	ner ((e.g	witl	h GI	P-0-	08-0	002 P	art I	V.G	.?	С	Ye	s		
What task) cs/respo	onsib	ilitie	s are	e sha	ared	I wi	th th	nis p	artn	ner ((e.g	witl	h GI	P-0-	08-0	002 P	art I	V.G	.?	С	Ye	s		
What task MM1 MM2 MM3) cs/respo	onsib	ilitie	s are	sha	ared	I wi	th th	nis p	artn	aer ((e.g	witl	h GI	P-0-	08-0	002 P	art I	V.G	.?	С	Ye	s		
What task MM1 MM2 MM2 MM3 MM4	cs/respo	onsib	ilitie	s are	e sha	ared	I wi	th th	nis p	artn	ner ((e.g	witl	h GI	P-0-	08-0	002 P	art I	V.G	.?	С	Ye	s		
Phone () cs/respo	onsib	ilitie	s are	sha	ared	l wi	th th	nis p	artn	ner ((e.g	witl	h GI	P-0-	08-0	002 P	art I	V.G	.?	С	Ye	s		
What task MM1 MM2 MM3 MM3 MM4 MM5 MM6 MM6 Additiona	al tasks	/resp	onsil	piliti	es								with . M	MI	Sc Sc	hoc	ol Pr	art I	V.G ams	.? or	Mu	Ye	ole T	Γas	
What task MM1 MM2 MM3 MM3 MM4 MM5 MM6 MM6 MM6 Water		/responsor	onsib	bilities of the second	es	tegy	, Be	sst M	lana	gen			with . M	MI	Sc Sc	hoc	ol Pr	art I	V.G ams	.? or	Mu	Ye	ole T	Γas	

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

	SPI	DES	ΙD						
Name of MS4 Village of Sagaponack	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.

Fire	t N	ame	_												MI	La	st N	ame	•									
R	0	s	е	m	a	r	i	е							С	W	i	n	C	: l	1	е	1	1				
Titl	e	Cle	arly	pri	nt ti	itle	of ir	ıdiv	idua	l <u>si</u>	gnin	g re	por	t)														
С	1	е	r	k	-	Т	r	е	a	s	u	r	е	r														
Sig	nati	ire																										
																					Γ	Dat	e					
																							7	1		1		

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

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

		 PL	ES	ID							
Name of MS4/Coalition	Village of Sagaponack	N	Y	R	2	0	A	5	3	4	
							-				

Water Quality Trends

The inf	ormati	on in	this se	ection	is bein	g rep	ortec	(che	eck (one):										
● On b ○ On b	ehalf c	of a co	alitior	1	S4 ontrib	uted	to th	is re	por	t?										
1. Ha rel On	ated t				produ If not,													eası	ire Yes	• No
If Yes,	choose	one	of the	follov	ving															
○ Repo	rt(s) a	ttache	d to th	e ann	ual rep	ort														
○ Web	_		_		ific add	-				ere rep	ort(s) ca	n be	acc	esse	d - r	ot l	nom	e pag	ge.
	URL																			
	URL												-							
													-		4					
		4																		
	URL							-								-			-1-	1 1 1
															-				+	
																			4	

Other

MS4 Annual Report Form

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

Name of MS4/Coalition Village of Sagaponack	SPDES ID N Y R 2 0 A 5 3 4
Minimum Control Measure 1. Public Ed	ucation 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 Manageme	ent Practices
Check all topics that were included in Education and Outreach d	uring this reporting period:
Construction Sites	• Pesticide and Fertilizer Application
● General Stormwater Management Information	Pet Waste Management
O Household Hazardous Waste Disposal	○ Recycling
O Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	○ Trash Management
○ Smart Growth	O Vehicle Washing
○ Storm Drain Marking	O Water Conservation
• Green Infrastructure/Better Site Design/Low Impact Development	Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period:	
Public Employees • Contractors	
○ Residential • Developers	
○ Businesses • General Public	
○ Restaurants ○ Industries	
○ Other: ○ Agricultural	

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

Name	of N	1S4,	/Coa	aliti	on \	Villa	ge of	Saga	apon	ack													N	Y	R	2	0	Α	5	3	4
3. V	Vha his														se to	o a	chie	eve	ed	uca	tio	n a	nd	out	tre	ach	go	als	du	rin	g
○ Co	nstr	ucti	ion	Site	O _l	pera	itor	s T	rair	ned													1	#Tr	ain	ed					
O Di	rect	Ma	ilin	gs																			#	Ma	ilin	gs					
• Ki	osks	or	Oth	er]	Dis	play	/S																# I	Loca	atio	ns					1
O Lis	st-Se	erve	s																					# [n L	ist					
O Ma	ilin	g L	ist																					# [n L	ist					
• Ne	wsp	ape	r A	ds (or A	Artio	eles																# [Day	s Rı	ın					1
○ Pu	blic	Εv	ents	s/Pr	ese	ntat	ion	S															# /	Atte	nde	es					
	hool	Pr	ogra	am																			# /	Atte	nde	es					
\circ TV	' Sp	ot/F	rog	ran	1																		# [Day:	s Rı	ın					
• Pri									_												Т	otal	# D	istri	but	ed					3
	V	atior i	ıs (e	.g. l		ries. g	tow e	n ot	ices H	a, kio	osks) 1	1																			
	H															T	Ħ		İ	ī											
	1															ī	T														
• Otl	ner:																														
	P	i	С	k	u	р	Α	f	t	е	r	D	0	g	S	i	g	n	s												
• We	eb P	age	:				pec	ific	we	b a	ddr€	esse	S - 1	not	hor	ne j	pag	e. (Con	tinu	ie o	n n	ext	pag	e if	ad	ditio	ona	l sp	ace	is
UR	7	١.	T		ede	a.	1	Ī		T	T				Ī	,		Ι.		-								,			
h	+		Ē	3	/	/	S	a	g	a	р	0	n	a	С	K	V	i	1	1	a	g	е	**	0	r	g	/	m	S	4
	a	s	P			-							-																		
		_																													
UR	L																														

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

																					SPI	DES	ID						
ne of N	IS4/Co	aliti	on_V	/illag	ge of	Saga	pona	ick													N	Y	R	2	0	A	5	3	
Web URL	Page	cor	't.:		Pro	ovic	le s	spe	cifi	c w	/eb	ade	dres	sses	s - r	ot	hor	me	pag	ge.									
																													Ī
		+	T								H	H	H																i
		-					_				<u> </u>																		
JRL																													
										-	-				-		-		H										
											-		-																
JRL	10 11										I		ī					1									Ī		
													Г																
		-																											
JRL						Ī								İ			Ī												
-		+									1																		
JRL.	11. 11.		-							-	-																		
, TRE																													
		+																											
		+-																											
JRL																													
							П					Т	T												П				
-																													
RL																													
		T																											
		-																									\rightarrow		
																	agin .												1

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

it submitting this form as part of a joi	int report on benait of a	SPDES ID	ES ID DIANK.
Name of MS4/Coalition Village of Sagaponack		N Y R	2 0 A 5 3 4
4. Evaluating Progress Toward Measura Use this page to report on your progress and identified in your Stormwater Management III.C.1. Submit additional pages as needed.	l project plans toward a		
A. Briefly summarize the Measurable Go	oal identified in the S	WMPP in this rep	orting period.
The Village plans to continue to make avail to update the kiosk/display at Village Hall v periodically throughout the next reporting p	with storm water/pollu		
B. Briefly summarize the observations the Goal.	at indicated the over	all effectiveness o	f this Measurabl
There has been limited interest in the kiosk Inspector and Planning Board have been ver contractors to the law and requirements. SU & press releases. County Government offer system with I/A on site wastewater treatments.	ry active in construction of the strong Brook & Cring grants to residential	on SWPPPs and hat COM and perform all owners to retrofi	as been alerting ling WQ testing
C. How many times was this observation	measured or evaluate	ed in this reportin	ng period?
		-	
D. Has your MS4 made progress toward	this Measurable Goa		.: samples/participar erting period? • Yes • N
E. Is your MS4 on schedule to meet the de	eadline set forth in th	ne SWMPP?	• Yes O N
F. Briefly summarize the stormwater acti the next reporting cycle (including an i	-	_	MCM during
The Village plans to continue to make availate to update the kiosk/display at Village Hall was periodically throughout the next reporting promment during Board meetings.	with storm water/pollut	tion prevention inf	formation

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

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

									SPE	DES ID			
Name of MS4/Coalition Village of Sagaponack									N	Y R 2	0	A 5	3 4
Minimum Control Meas	sure	2	. I	Publi	e I	nvo	lven	ient	t/P	articipa	atio	n	
The information in this section is being repor	ted (che	eck	one):						,,,,,,		_	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed 	to t	his	rep	oort?									
1. What opportunities were provided for development, evaluation and improve (SWMP) Plan during this reporting	vem	ent	of	the S	tor	mw	ater I	Man				am	
• Cleanup Events										# Events			1
Comments on SWMP Received									# C	omments			0
O Community Hotlines				Phone	e #	()		-		
Phone # () -				Phone	e #	()		-		
Phone # () -				Phone	e #	()		_		
Phone # () -		i		Phone	e #	(Ħ)		-		
Phone # () -		Ī		Phone	e #	()		-		
Phone # () -				Phone	e #	()				
Community Meetings									# <i>A</i>	ttendees			6
○ Plantings										Sq. Ft.			
O Storm Drain Markings										# Drains			
O Stakeholder Meetings									# A	Attendees			
O Volunteer Monitoring										# Events			
Other:													
2. Was public notice of availability of t Program (SWMP) Plan provided?	his a	anı	nua	ıl repo	ort	and	Stor	mwa	ate	r Manag		ent Yes	○ No
○ List-Serve										# In List			
O Newspaper Advertising									# [Days Run			
C TV/Radio Notices									# [Days Run			
● Other: P o s t e d a t V	ĭ	1	1	a g	е		H a	1	1				

• 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 1 9
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

ie o	fΜ	S 4/	Coa	litic	on V	'illag	ge of	Saga	ipona	ıck													N	Y	R	2	0	A	5	3
UI	RL((s)	con	ı't.:	:				dre		es)	wh	ier	e n	otic	ee(s) c:	an i	be :	acc	ess	ed	- ne	ot l	on	ıe p	oag	e.		
h	t	t	р		/	/	s	a	g	а	р	0	n	a	С	k	V	i	1	1	а	g	е	٠	0	r	g	/	1	а
s		a	s	р																									П	Г
JRL								-								-														
																														Г
									Т			Г																		Ī
JRL																														-
	==																П													Ī
ını																													-	
JRL																														
IDI																														_
JRL																														
														=																
ID!																														
IRL																														
IRL																														
																								-						_
+																														_

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

ne of MS4/Coalitic	on Village	e of Sagap	onack												N	Y	R	2	0	Α	5	0	C
URL(s) con't. Please provide	:			(es)	whe	e n	otic	ces	car	ı be	e ac	cces	ssec	I -	not	ho	me	pa	ge.				
URL																							Ī
URL			- //	+		-															-		
							T													1			
																			=			-	_
													-										_
JRL							Ť																
				-		+									-	-			-			-	
				_		+													_		=		
URL						T													-				
																			Ш			-	
<u> </u>																							
JRL						-																	
JRL																							
							2												7			Ħ	-

Name of MS4/Coalition Village of Sagaponack

MS4 Annual Report Form

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

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

SPDES ID

N Y R 2 0 A 5 3 4

					ts n	nay	be	su	bm	ILLE	u ai	ווו	at i	loca	itio	n.	Sul	om	it ac	ıuı	.101	ıaı į	pag	CJ (a5 1	ICC		١.	
4/C				ffic	ee											A	.nnı	ıal	Rep	ort	1	S	W۱	ſР	Plai	1		Co	mm
Dep	aru i	nen 1		а	g	е		Н	a	1	1																		
Add	ires				J	_								_	_														
3	1	7	5		M	0	n	t	a	u	k		Н	i	g	h	W	a	У										
City	/																-		_		Zip					0			
S	а	g	а	р	0	n	a	С	k									N	Y		1	1	9	6	2	-			
Pho	ne												,			£0	144									ř.	-		-
(6	3	1)	5	3	7	-	0	0	1	7																	
ro m	,			•		-	_				•					\ A		1	D an		,	¬ €	11/1	4D 1	Dlad		$\overline{}$	Car	
rary Add	ires	S											,			A	ли	iai	Rep	ort	,	J 3	44 IV	11	Plai	ı		COI	mm
City	/					_									,		-		-		Zip	ć(<u> </u>					_		,
Pho	ne															52	***					*							
()				-																					
`				′		_	-				-	-																	
er	1	_													() A	.ททเ	ıal	Rep	ort	(⊃ s	WN	1P	Plaı	1	0	Coı	mm
er Add	ires	S) A	.nnı	ıal	Rep	ort	(S	WN	AP I	Plaı	า	0	Coı	mm
Ado		S) A	nnı	ıal	Rep	ort			WN	ИΡ	Plaı	n	0	Coi	mm
er Add		S														A	nnu	ıal	Rep	ort	Zip		WN	ИΡ	Plai	1	0	Cor	mme
City	/	S														A	nnı	ıal	Rep	ort			WN	ЛР 1	Plai	1	0	Cor	mme
Ado	/	S		\												A	nnu	ıal	Rep	ort			WN	ЛΡ	Plai	1	0	Con	mme
City	/	S)				-								A	nnu	ıal	Rep	ort			WN	AP I	Plai	1	0	Con	mme
City Pho	ne)				-													Zip					_			
City Pho	ne	UR)				-								A	nnı	ıal	Rep	ort	Zip	S	WN		Plai	_			mme
City Pho	ne		LL:)		/	S	a	g	а	p	0	n	a							Zip					_			
City Pho	ne	UR)	/	/	S	- a	g	a	p	0	n	a		A	nnı	ıal	Rep	ort	Zip	S	WN			_			
City Pho	ne	UR)	/	/	S	a	g	a	p	0	n	a		A	nnı	ıal	Rep	ort	Zip	S	WN			_			
City Pho (h	ne age	UR	p		/	/									C	Ak	nnı	nal i	Rep 1	ort 1	Zip	g	WN e	МР	Plai	n	•		
City Pho (b Pa	ne age	UR	p		/ spe	/									C	Ak	nnı	nal i	Rep	ort 1	Zip	g	WN e	МР	Plai	n	• ge.	Con	mm
City Pho (h	ne age	UR	p		/ spe	/									C	Ak	nnı	nal i	Rep 1	ort 1	Zip	g	WN e	МР	Plai	n	• ge.	Con	
City Pho (b Pa h Ple	ne age	UR t	p ovi	de			ic a	ddı	ess	of	paş	ge v	whe	ere	C	A k	nnu	ial i	Rep 1	ort 1	Zip	9 S	WN e	МР	Plai	n	• ge.	Con	mm

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

	SPL	PES ID											
Name of MS4/Coalition Village of Sagaponack	N	Y R	2	0	A !	5 3	4						
4.a. If this report was made available on the internet, what date was i	t po	sted?			141								
Leave blank if this report was not posted on the internet.	5	/ 2	9	1	2 (0 1	. 9						
4.b. For how many days was/will this report be posted?						3 6	5 5						
If submitting a report for single MS4, answer 5.a If submitting a joi	nt re	eport,	ans	wer	5.b								
5.a. Was an Annual Report public meeting held in this reporting period?													
If Yes, what was the date of the meeting?	5	1 3	0	1	2 (0 1	. 9						
If No, is one planned?				•	Yes) No						
5.b. Was an Annual Report public meeting held for all MS4s contribu	ıtin	g to t	his	rep	ort (dur	ing						
this reporting period?				•	Yes) No						
If No, is one planned for each?				0	Yes) No						
6. Were comments received during this reporting period?				0	Yes		No						
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.													

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

S I I J I	SPDES ID
Name of MS4/Coalition Village of Sagaponack	N Y R 2 0 A 5 3 4
Name of MS4/Coalition Village of Sagaponack	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward addentified in your Stormwater Management Program Plan (SWMPP III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SW	MPP in this reporting period.
Continue stewardship activities that help to reduce pollutants of continue stewardship activities that help to reduce pollutants of continue stewardship activities that help to reduce pollutants of continue stewardship activities that help to reduce pollutants of continue stewardship activities that help to reduce pollutants of continue stewardship activities that help to reduce pollutants of continue stewardship activities that help to reduce pollutants of continue stewardship activities that help to reduce pollutants of continue stewardship activities that help to reduce pollutants of continue stewardship activities that help to reduce pollutants of continue stewardship activities that help to reduce pollutants of continue stewardship activities that help to reduce pollutants of continue stewardship activities that help to reduce pollutants of continue stewardship activities that help to reduce pollutants of continue stewardship activities and the stewardship activities activities activities and the stewardship activities activities activities activities activities and the stewardship activities activit	neral public, residents and
B. Briefly summarize the observations that indicated the overal	ll effectiveness of this Measurable
No comments were received on the Annual Report. The Village has to MS4 discharges. Local environmental groups are very active in volunteers collecting water quality samples from Sagg Pond and has quality monitoring reports	the community, CCOM has
C. How many times was this observation measured or evaluated	d in this reporting period?
D. H	(ex.: samples/participants/e
D. Has your MS4 made progress toward this measurable goal d	uring this reporting period? • Yes • No
E. Is your MS4 on schedule to meet the deadline set forth in the	
is your was ron senedule to most the deduction for the in-	● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation sched	-
The Village plans to continue to discuss the topic at least annually plans to assess what if any additional outreach activities are feasible Village. The Village will continue to support pick up after your pe	e for this very small and rural

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$ 9

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 Village of Sagaponack	N Y R 2 0 A 5 3 4
Minimum Control Measure 3	3. Illicit Discharge Detection and Elimination
The information in this section is being reported	ed (check one):
On behalf of an individual MS4On behalf of a coalition	
How many MS4s contributed t	to this report?
1. Enter the number and approx. perce	nt of outfalls mapped: 12# 100%
2. How many of these outfalls have been reporting period (outfall reconnaissa	n screened for dry weather discharges during this nce inventory)?
3.a. What types of generating sites/sewer reporting period?	sheds were targeted for inspection during this
O Auto Recyclers	○ Landscaping (Irrigation)
O Building Maintenance	○ Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O 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	Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	○ None
© Sewersheds:	

This report is being submitted for the reporting period ending March 9, 2 0 1 9 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 Village of Sagaponack		N Y R	2 0 A 5	3 4
3.b. What types of illicit discharges have	been found during this rep	orting period	1?	
O Broken Lines From Sanitary Sewer	○ Industrial Connections	0.1		
O Cross Connections	○ 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 Discha	irges		
Other:	• None			
4. How many illicit discharges/potentia reporting period?	l illegal connections have b	een detected	during thi	
- Formed Karrens				0
5. How many illicit discharges have been	en confirmed during this re	porting perio	d?	0
6. How many illicit discharges/illegal coperiod?7. Has the storm sewershed mapping b If No, approximately what percent was	een completed in this repor	ting period?	• Yes	0 ○ No
8. Is the above information available in Is this information available on the valid Yes, provide URL(s):	veb?	1	○ Yes ○ Yes	NoNo
Please provide specific address of page URL	where map(s) can be accesse	d - not home p	page.	
URL				

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

RL	provid	e spe		add.	000	of -	20.00	ss,b.	awa.	mo-	1 (e)	oor	. ba	0.00	1000	ha	- 27	_+ I	ha=	ne -	<u>ነ</u> በ ም	^	
			LITIC	auui	688	or I	Jage	W II (ere	шар)(5)	can	be	acc	:688	eu	- 11	UL I	IOI	ne į	pag	e	
	K I																						
				-			-	-			-	-	+	-							=	_	
RL			=:==	**											-								
			T																				
							+	H		-	+	+	+									-	_
				4								4											
RL																							
			17									1	1										
			+	+							-	+	-	H							-		
RL																							
												Ï	T										_
											+		+								+		=
													-										
₹L			1					I															
																							_
			1		П			Ī			T	T	T					П			T		=
												_	1	-									_

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

Name of MS4/Coalition Village of Sagaponack	SPDES ID N Y R 2 0 A 5 3 4
Name of Wi34/Coantion	
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMPI III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SV	WMPP in this reporting period.
The Village will continue to follow the procedures for IDDE descr Discharge Detection and Elimination: A Guidance Manual for Pro Assessment. Illicit discharges will be investigated within the Villa basis. The Village will focus on increasing and documenting the re	gram Development and Technical age's jurisdiction on a case-by-case
B. Briefly summarize the observations that indicated the overa Goal.	all effectiveness of this Measurable
No IDDEs were detected due to strict Village Code and enforceme community.	ent and the small rural nature of the
C. How many times was this observation measured or evaluate	
D. Has your MS4 made progress toward this measurable goal of	(ex.: samples/participants/event during this reporting period?
T. Tawana MCA on ashadula ta musat the desilies and fourth in the	• Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the	e SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to mee the next reporting cycle (including an implementation sched	
The Village will continue to monitor for ID. Illicit discharges wil Village's jurisdiction on a case-by-case basis.	l be investigated within the

This report is being submitted for the reporting period ending March 9, 2 0 1 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	N Y R 2 0 A 5 3 4
Minimum Control Measures	s 4 and 5.
Construction Site and Post-Constr	ruction 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, mechanism that provides equivalent protection to the NY Stormwater Discharges from Construction Activities?	· ·
1b. Has each Town, City and/or Village contributing to this requivalent to a NYSDEC Sample Local Law for Stormwa Sediment Control through either an attorney certification	nter Management and Erosion and nor using the NYSDEC Gap
Analysis Workbook?	● Yes ○ No ○ NT
If Yes, Towns, Cities and Villages provide date of equivalent	t NYS Sample Local Law. ○ 09/2004 • 03/2006 ○ NT
2. Does your MS4/Coalition have a SWPPP review procedure	re in place? • Yes • No
3. How many Construction Stormwater Pollution Preventio reviewed in this reporting period?	n Plans (SWPPPs) have been
4. Does your MS4/Coalition have a mechanism for receipt a	nd consideration of public

comments related to construction SWPPPs?

SWPPP process?

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

O NT

○ 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:

O Notices of Violation	#	0	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	
○ Other	#	0	O No Authority

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

Naı	lame of MS4/Coalition	N I R Z U A	5 3 4
	Minimum Control Measure 4. Construction Site Sto	ermwater Runoff Co	ntrol
Th	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 dis- during this reporting period?	turbances of one acre o	r more
2.	2. How many construction projects disturbing at least one acre with during this reporting period?	vere active in your juris	sdiction 3
3.	3. What percent of active construction sites were inspected during	ng this reporting period	? ONT
4.	4. What percent of active construction sites were inspected more	than once?	O NT
5.	5. Do all inspectors working on behalf of the MS4s contributing Construction Stormwater Inspection Manual?	to this report use the N Yes O No	
6.	6. Does your MS4/Coalition provide public access to Stormwater (SWPPPs) of construction projects that are subject to MS4 re-		
	If your MS4 is Non-Traditional, are SWPPPs of construction public review?		for
	If Yes, use the following page to identify location(s) where SWPF	Ps can be accessed.	

This report is being submitted for the reporting period ending March 9, 2 0 1 9 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Nam	e of N	1S4/	Coa	litic	nc \	/illa	ge of	Sag	apon	ack														И	Y	R	2	0	А	5	3	4
6.	con' Subr		add	itic	ona	l pa	age	s as	s ne	ede	ed.																					
• N	1S4/C	Coali partr			ffic	e																										
	V	i	1	1	a	g	е		Н	a	1	1																				
	Ad	dres	S																													
	3	1	7	5		М	0	n	t	a	u	k		Н	W	У			I	2	0		В	0	x		6	0	0			
	Cit	у															1					Ź	Zip					8 III				
	S	a	g	a	р	0	n	a	С	k]	И	Y			1	1	9	6	2	-				
	Pho				. 4																											
	(6	3	1)	5	3	7	-	0	0	1	7																			
\bigcirc L	ibrary																															
	Add	dres	5					i										Ī	1			-										
	Cit																						71									
	City	y																				-	Zip					125				
	Pho	ne	_																													
	()				•																							
\circ o	ther																															
	Add	dress	5				1	1														_										
	City	<i>y</i>		_												_			_		ì	2	Z.ip) I				
																												-				
	Pho	ne	-	-1	νĺ																											
	()																											
\circ W	eb P	age	UR	L(s):	P	leas	se p	rov	ide	spe	cifi	c a	ddre	ess	whe	ere	SW	/PI	PP:	s ca	n b	e a	icce	sse	d -	not	hor	ne j	page	e.	
	URL		_											_					1	_		_								_		_
																				Ť	+							=	7		Ħ	=
	URL		-						-			1								Ī				-1								
			_	4																1	1									_		
				T																T												

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

			SEDESID	
Name of MS4/Coalition	Nillage of Sagaponack		N Y R 2	2 0 A 5 3 4
7. Evaluating Pro	ogress Toward Measurable Goals N	ACM 4		
identified in your S	port on your progress and project plan tormwater Management Program Pla litional pages as needed.	•	-	· ·
A. Briefly summa	rize the Measurable Goal identified	d in the SWMPP i	n this repo	rting period.
measuring the over	to continue to evaluate the number of rall effectiveness of the Construction SWPPPs as they are submitted to the	Site Storm Water I	Managemer	nt program. The
B. Briefly summa Goal.	rize the observations that indicated	l the overall effect	iveness of	this Measurable
Four SWPPS were	reviewed, approved and inspected.			
	es was this observation measured o		(ex.;	samples/participants/evo
D. Has your MS4	made progress toward this measur	able goal during (this reporti	ng period? ● Yes ○ No
E. Is your MS4 on	schedule to meet the deadline set	forth in the SWM	PP?	
•	rize the stormwater activities planding cycle (including an implementa	U	als of this l	● Yes ○ No MCM during
measuring the over Village will review	to continue to evaluate the number of rall effectiveness of the Construction SWPPPs as they are submitted to the so monitoring for the number of com	Site Storm Water I e Village for review	Managemer w, commen	nt program. The tand approval.

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

Name of MS4/Coalition	Village of Sagaponac		SPI N	DES ID Y R 2 0 A !	5 3 4	
Minimum	Control Mea	sure 5. Post	t-Constructi	ion Stormwa	ater Managem	<u>ient</u>
1. How many and	dividual MS4 lition lany MS4s cont what type of pos	ributed to this	report?	-	•	
MS4/Coalition i	nventoried, insp	ected and mai # Inventoried	ntained in this # Inspections	# Times Maintained		
○ Alternative Practic	es	0				
○ Filter Systems		0				
○ Infiltration Basins		0	0	0		
Open Channels		0				
○ Ponds		0				
O Wetlands		0				
• Other		1				
2. Do you use an one BMPs, inspection3. What types of the Development/B	ons and maint non-structural	anance? practices hav	e been used to	o implement I	○ Yes	
Building Codes	Municipal C	omprehensive F	Plans			
Overlay Districts	• Open Space	Preservation Pr	ogram			
Zoning	• Local Law o	r Ordinance				
○ None	• Land Use R	egulation/Zonin	g			
O Watershed Plans	Other Comp	rehensive Plan				
○ Other:						

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

		SPL	SPDES ID									
Nar	me of MS4/Coalition Village of Sagaponack	N	Y R	2	0 2	. 5	3	4				
4a.	. Are the MS4s contributing to this report involved in a regional/v	watershed w	vide pl	ann	ing e	ffor	t?					
					\circ Y	es es	•	No				
4b.	. Does the MS4 have a banking and credit system for stormwater	manageme	nt pra	ctic								
					\circ	es		No				
4c.	. Do the SWMP Plans for each MS4 contributing to this report in	-										
	and approval of banking and credit of alternative siting of a stor	rmwater ma	ınager	nen	-	es es		No				
4d.	. How many stormwater management practices have been implen reporting period?	nented as pa	art of	this	syste	m in	thi	is				
5.	What percent of municipal officials/MS4 staff responsible for pr training on Low Impace Development (LID), Better Site Design Infrastructure principles in this reporting period?					tend 5	ed	%				

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

II Submittin	ig this form as part of a joint report on	benair of a coamition	SPDES ID blank.
Name of MS4/Coalition	Village of Sagaponack		N Y R 2 0 A 5 3 4
6. Evaluating Prog	gress Toward Measurable Goals I	MCM 5	
identified in your St	ort on your progress and project pla ormwater Management Program Pla tional pages as needed.		-
A. Briefly summar	rize the Measurable Goal identifie	ed in the SWMPP	in this reporting period.
indicator for measur program. Integrate	er of post-construction storm water ring the overall effectiveness of the local site plan review with focus on ry/database of post-construction con	Post-Construction pathogen control t	Storm Water Management
B. Briefly summar Goal.	rize the observations that indicate	d the overall effec	etiveness of this Measurable
years. In addition,	ed and approved and inspected 3 SV the Village Code has a site plan rev res drainage controls. The inventor ted at this time.	iew process which	has been very active. Site
C. How many time	es was this observation measured	or evaluated in th	is reporting period?
D. Has your MS4 i	made progress toward this measu	rable goal during	(ex.: samples/participants/ev this reporting period? ■ Yes ○ No
E. Is your MS4 on	schedule to meet the deadline set	forth in the SWN	ЛРР?
	rize the stormwater activities plan ng cycle (including an implement	-	● Yes ○ No oals of this MCM during
practices inventorie	o continue to evaluate the number of d as an indicator for measuring the gement program. Integrate local site of.	overall effectivene	ess of the Post-Construction

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

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

		SPI	SPDES ID											
Name of MS4/Coalition	Village of Sagaponack	N	Y	R	2	0	Α	5	3	4				
Minimum Cont	rol Measure 6. Stormwater M	anagement for l	Ип	nie	cip	al	Or	oer	ati	ons				

Minimum Control Measure 6. Stormwater Management for Municipal Operation

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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

		<u>pe</u> i	riormed within the past.
Operation/Activity/Facility	Addressed in	n SWMP?	<u>years?</u>
Street Maintenance	• Yes	○ No	○ Yes • No
Bridge Maintenance	• Yes	○ No	○ Yes • No
Winter Road Maintenance	• Yes	○ No	○ Yes • No
Salt Storage	O Yes	● No	○ Yes • No
Solid Waste Management	○ Yes	No	○ Yes • No
New Municipal Construction and Land Disturbat	nce • Yes	○ No	○ Yes • No
Right of Way Maintenance	• Yes	○ No	○ Yes • No
Marine Operations	O Yes	• No	○ Yes • No
Hydrologic Habitat Modification	O Yes	No	○ Yes • No
Parks and Open Space	Yes	○ No	○ Yes • No
Municipal Building	• Yes	○ No	○ Yes • No
Stormwater System Maintenance		○ No	○ Yes • No
Vehicle and Fleet Maintenance		No	○ Yes • No
Other	○ Yes	• No	∴ C Yes • No

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

	SPDES ID									
Name of MS4/Coalition Village of Sagaponack	N	Y	R	2	0	Α	5	3	4	
2. Provide the following information about municipal operations go	od h	ouse	ek	eep	ing	g pr	og	ran	ns:	
Parking Lots Swept (Number of acres X Number of times swept)		# A	cr	es					0	
• Streets Swept (Number of miles X Number of times swept)		# N	1il	es					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		#	Lb	s.					0	
Nitrogen Applied In Chemical Fertilizer		# :	Lb	s.					0	
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.) 		# Acı	res				(٥.	0	
3. How many stormwater management trainings have been provide	ed to	mun	iic	ipa	l e	mp	loy	ees		
during this reporting period?									0	
4. What was the date of the last training?	0 0]/[0	0	1	0	0	0	0	
5. How many municipal employees have been trained in this report	ing p	erio	d?	?					0	
6. What percent of municipal employees in relevant positions and d stormwater management training?	epar	tme	nts	s re	cei	ive	5	0	%	

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

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	Village of Sagaponack	N Y	R	2	0	A	5	3	4

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.

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.

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

The Village has identified catch basins in need of cleaning and requested Town of Southampton to perform such maintenance as part of inter-government agreement. The Village is also considering retaining a private catch basin cleanout services to improve level of maintenance.

	TT		4.0			bservation						4.	. 10
	$H \cap W$	manv	fimes	Was 1	thie Al	hcervation	meggiired	Or	Avaluated	ın	thic	ronorting	noriod?
\mathbf{v}	LLUW	TILL COLL Y		11 as 1		Daci vativii	measureu	V.	Cvaruateu	411	UIII	I CDUI UIIZ	Dellou.

(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 municipal operations in the upcoming year. The Village will try to collaborate with the Town of Southampton in improving to reducing runoff into Sagg Pond at the Sagg Main Beach parking lot.

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} 1 \begin{bmatrix} 9 \end{bmatrix}$

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	Village of Sagaponack	N	Y	R	2	0	A	5	3	4

Additional Watershed Improvement Strategy Best Management Practices

Additional Watershed Improvement Strategy Dest Management Fractices
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?
The Williams Interior Contained to this report.

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	43	-	i i
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			ie ie
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	12		02
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	i,e		%€:
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	-	2	1/20
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	O N/A				
2.	Has 100% of the MS4/Coalition conveyance system been mapped in C		•	0.244				
		○ Yes	No	\bigcirc N/A				

If No, estimate what percentage of the conveyance system has been mapped so far. Estimate what percentage was mapped in this reporting period.

If N/A, go to question 3.

This report is being submitted for the reporting period ending March 9, 2 0 1 9 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

						SPDES ID		
Na	me of MS4/Coalition	Village of Sagaponac	:k			N Y R 2	0 A !	5 3 4
3.	Does your MS4/ and Maintenand			ter Convey	ance System	(infrastructu ○ Yes	re) Insp	ection N/A
4.	Estimate the per and maintained	_			•		n inspec	1 %
5.	Has your MS4/C NYSDEC SPDE (GP-0-08-001) to disturb five thou	S General Per o reduce pollu	rmit for Stor tants in stor	mwater Dis mwater rui	scharges from	1 Constructio	on Activ	ities
6.	Has your MS4/C runoff from new equal to one acr Permit for Storn the New York S Standards?	v development e that provide nwater Discha	and redevel s equivalent arges from C	opment proposed protection Construction	ojects that dis to the NYS D Activities (C	sturb greater DEC SPDES (GP-0-08-001)	than or General , includi	r
7a.	. Does your MS4/ phosphorus/nitr			ng program	to reduce er	osion or ○ Yes	O No	• N/A
7b	.How many proj	ects have been	sited in this	reporting	period?			
	. What percent of				•	•	ing peri	od?
7d	.What percent of	f projects plan	ned in previ	ous years h	ave been com	•	D : .	%
8a.	.Has your MS4/C procedures polic lands?					ement pract	ices and wned	Planned N/A
8b	.Has your MS4/C procedures polic municipally own	y that addres	•	-		•		• N/A

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

	SPDES ID						
Name of MS4/Coalition Village of Sagaponack	N	Y	R	2	0 A	5 3	4
9. Has your MS4/Coalition developed and implemented a prog	gram of na		-		_		
		0	Yes	S	O No	• N	I/A
10. Has your MS4/Coalition enacted a local law prohibiting pet	waste on		_	•			
prohibiting goose feeding?		0	Yes	S	No	\circ N	l/A
11. Does your MS4/Coalition have a pet waste bag program?		•	Yes	S	○ No	O N	/A
12. Does your MS4/Coalition have a program to manage goose populations?		0	Yes	S	• No	O N	I/A