MS4 Annual Report Cover Page

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

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

SPI	DES	ID						
Ν	Y	R	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 MS4

V	i	1	1	a	g	е	0	f	S	a	g	a	р	0	n	a	С	k					
					<u> </u>						<u> </u>		-										

OR

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

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

Name of Single Entity

OR

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

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

Name of Coalition

SPI	DES	ID				 	
N	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID				 	
N	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		

SPL	DES	ID													
N	Y	R	2	0	А										
SPD	DES	ID													
Ν	Y	R	2	0	А										
SPE	SPDES ID														
Ν	Y	R	2	0	А										
SPD	DES	ID													
Ν	Y	R	2	0	А										
SPD	DES	ID													
Ν	Y	R	2	0	А										
SPD	DES	ID													
Ν	Y	R	2	0	А										

SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		

Cover Page 1 of 2

MS4 Annual Report Cover Page

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

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

								1
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID]
Ν	Y	R	2	0	А			
SPI	DES	ID]
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID						
Ν	Y	R	2	0	А			
	DES	ID			I	<u> </u>	I	
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID	L		I		I	L]
Ν	Y	R	2	0	A			
SPI	DES	ID			I		I	
Ν	Y	R	2	0	A			
L								

							1	
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	ÞES	ID						
N	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	ÞES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
N	Y	R	2	0	A			
SPI	DES	ID						
N	Y	R	2	0	A			
SPI	DES	ID						
N	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
N	Y	R	2	0	A			
SPI	DES	ID						
N	Y	R	2	0	A			
SPI	DES	ID						
N	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
	DES	ID		L	I	I		<u>اـــــا</u>
Ν	Y	R	2	0	A			
SPI	DES	ID				I		
Ν	Y	R	2	0	A			
SPI	DES	ID		L	I	I	I	
Ν	Y	R	2	0	A			
SPI	DES	ID		L	I	L	I	
N	Y	R	2	0	A			
L	L					I		

N Y R 2 0 A SPDES ID N Y R 2 0 A	
N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID	
SPDES ID N Y R 2 0 A SPDES ID SPDES ID	
N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A	
SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID SPDES ID	
N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID	
SPDES ID N Y R 2 0 A SPDES ID	_
N Y R 2 0 A SPDES ID	
SPDES ID	_
N Y R 2 0 A	_
SPDES ID	
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	_
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	_
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	

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

_		SPE	DES	ID						
Name of MS4	Village of Sagaponack	Ν	Y	R	2	0	A	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 acceptance 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 binding agreements.

If Joint Report, enter coalition name:

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

		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.

For each contact, select all that apply:

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

Firs	st Name													MI	4	Las	t Na	ame	_								 	 -		
D	0	n	а	1	d													L	0	u	С	h	h	е	i	m				
Titl	е																												 	
М	а	У	0	r																										
Add	Ires	5								-																				
3	1	7	5		М	0	n	t	a	u	k			Η	i	g	h	w	a	У										
City	ē.,																			S	tate		Zip					-10 1	 	
S	а	g	а	р	0	n	a	С	k											ľ	1	Z	1	1	9	6	2			
eMa	ail																													
i	n	f	0	@	s	a	g	a	р	0	n	а	С	k	v	i	1	1	а	g	е	ä	0	r	g					
Pho	ne				_		1											Cou	inty											
(6	3	l)	5	3	7	, a k	U	U	1	7						S	u	f	f	0	1	k						

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

Name of MS4 Village of Sagaponack

SPDES IDNYR20A53

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.

For each contact, select all that apply:

O Principal Executive Officer/Chief Elected Official

- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- \bigcirc Report Preparer

Firs	t Na	ame			-		-			-	-	-				MI	_	Las	t Na	ame	_					_					
R	0	ន	е	m	а	r	i	е										С	a	r	У		W	i	n	С	h	е	1	1	
Titl	е																														
V	i	1	1	а	g	е		С	1	е	r	k	/	Т	r	е	а	S	u	r	е	r									
Add	lres	5																													
3	1	7	5		М	0	n	t	а	u	k		Η	i	g	h	W	a	У												
City	7																			S	tate		Zip								
S	a	g	a	р	0	n	а	С	k											1	1	Y	1	1	9	6	2	–			
eMa	ail																														
С	1	е	r	k	@	S	a	g	a	р	0	n	a	С	k	v	i	1	1	a	g	е	•	0	r	g					
Pho	ne																	Cot	inty												
(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 2 2

Name - CMC4	Village of Sagaponack
Name of MS4	Village of Sagaponack

SPI	DES	ID						
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.

For each contact, select all that apply:

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

Firs	it Na	ame		_										_		MI		Las	t Na	ame										
J	0	h	n													G		W	0	u	d	s	m	а						
Titl	e																													
В	u	i	1	d	i	n	g		Ι	n	s	р	е	С	t	0	r													
Add	Ires	5	_								_																			
3	1	7	5		М	0	n	t	а	u	k			Η	i	g	h	W	a	У										
City	ī.																			S	tate	_	Zip							
S	а	g	а	р	0	n	а	С	k											ľ	1 7	ζ	1	1	9	6	2			
eMa	ail																													
i	n	f	0	@	s	а	g	a	р	0	n	a	С	k	v	i	1	1	a	g	е	۲	0	r	g					
Pho	ne												2					Cou	inty	0					_			_		
(6	3	1)	5	3	7	-	0	0	1	7						S	u	f	f	0	l	k						

MCC form for period ending March 9, 2 0 2

Name of MS4 Village of Shoreham

NYR

2



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:

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

Firs	t Na	ime														MI	_	Las	t Na	me		_			_			-				
L	•	K	•		Μ	С	L	е	a	n								A	S	S	0	С	i	a	t	е	ន		Ρ	•	С	•
Titl	е																															
Add	lres	5																														
4	3	7		S	0	u	t	h		С	0	u	n	t	r	У		R	0	а	d											
City	7																			S	tate		Zip									
В	r	0	0	k	h	a	v	e	n											ľ	1 2	Y	1	1	7	1	9	–				
eMa	ail																															
1	f	С	a	1	a	r	C	0	@	l	k	m	a	•	С	0	m															
Pho	ne																	Cοι	inty													
(6	3	1)	2	8	6	-	8	6	6	8						S	u	f	f	0	1	k								

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

Name of MS4 Village of Sagapnack

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?

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.

Par	tner	/Co	aliti	ionl	Vam	e																										
Т	0	w	n		0	f		S	0	u	t	h	a	m	p	t	0	n														
Par	tner	:/Co	alit	ion 1	Nan	ne (c	con't	t.)															_	SPI	DES	Par	tne	r ID	- If	app	lica	ble
																								Ν	Y	R	2	0	A	4	5	4
Ado	dres	s																														
1	1	6		Η	a	m	р	t	0	n			R	0	a	d																
Cit	y																			St	ate	_	Zip									
S	0	u	t	h	a	m	p	t	0	n										N	1 7	7	1	1	9	6	8	-				
eМ	ail																															
t	0	w	n	С	1	е	r	k	@	S	0	u	t	h	a	m	р	t	0	n	t	0	w	n	n	У	•	g	0	v		
Pho	one		1	7		1		,					-						Ie	gall	v R	indi	no 4	Aore	em	ent i	in ac	rcor	dan	ce		
()				-												th G									Ye		\bigcirc	No
W	hat	tas	ks/	resi	on	sib	iliti	ies	are	sha	arec	1 w	ith	this	s na	artn	er ((e. 9	r. N	1M	1 S	cho	01	Pro	ora	ms	or	Мı	ıltir	ole	Tas	sks)'
															- P										<u> </u>				I			
	MM	[1	е	d	u	С	a	t	i	0	n		t	0		Т	0	w	n		r	е	S	i	d	е	n	t	S			
01	MM	[2																														
01	MM	[3																														
01	MM	[4																														
01	MM	[5																														
	MM	[6	h	i	g	h	W	a	У	/	d	r	a	i	n	a	g	е		m	a	i	n	t	е	n	a	n	С	е		

Additional tasks/responsibilities

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

Management of pathogen-impaired Sagaponack Pond, which jointly owned and is also supported by non-profits such as Peconic Land Trust and Gobler ILaboratory

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

		SP	DES	5 ID						
Name of MS4	Village of Sagaponack	N	Y	R	2	0	Α	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		MI	Last Na	ame				-				
R o s e m	arie		Са	r	Y	Wi	n	c h	е	1	1	
Title (Clearly prin	t title of individual signin	ig report)										
V i l l a	g e C l e r	k / T r e a	a s u	r	e r							
Signature	weary	Umchli				Date 0 5	1	2 5	5]/	2	0 2	2

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

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

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

Name of MS4/Coalition Village

Village of Sagaponack

Water Quality Trends

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

• On behalf of an individual MS4

 \bigcirc On behalf of a coalition

How many MS4s are contributed to this report?

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. O Yes

If Yes, choose one of the following

- Report(s) attached to the annual report
- \bigcirc Web Page(s) where report(s) is/are provided below

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

URL				 											
URL															
URI															
URL	_														

⊃Yes ○No

SPDES ID

NYR

2

0 A

5 3 4

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

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 IDNYR20A534

Minimum Control Measure 1. Public Education and Outreach

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

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

Other

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:

\bigcirc Construction Sites											0	Pestic	cide	and I	Ferti	lize	r Aj	oplic	catio	on	
• General Stormwater	Manag	gement	Info	ormat	ion							Pet W	Vaste	e Mai	nage	mer	nt				
○ Household Hazardou	us Was	ste Disp	osal	l							0	Recy	cling	5							
○ Illicit Discharge Det	tection	and Eli	mir	ation								Ripar	ian	Corri	dor	Pro	tect	ion/l	Rest	tora	tion
○ Infrastructure Maint	tenance	,										Trash	Ma	nage	ment	ţ					
\bigcirc Smart Growth											0	Vehic	le V	Vashi	ng						
O Storm Drain Markin															vatio	n					
O Green Infrastructure	/Better	· Site Do	esig	n/Lo	w In	npac	t D)eve	lop	ment	0	Wetla	ind	Prote	ctior	1					
○ Other:											0	None									
Other 2. Specific audienc	es tar	geted d	luri	ing t	his 1	repo	orti	ing	pe	riod:											
○ Public Employees	○ Coi	ntractors	8																		
• Residential	○ Dev	velopers	5																		
○ Businesses	○ Ger	neral Pu	ıblio	c																	
○ Restaurants	\bigcirc Ind	ustries																			
• Other:	⊖ Ag	ricultura	al																		

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

SPI	DES	ID							
Ν	Y	R	2	0	Α	5	3	4	

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

○ Co	nstru	actio	on S	Site	Op	era	tors	Tr	aine	ed													÷	# Tr	raine	ed					
○ Dir	rect	Mai	iling	gs																			#	Ma	iling	gs					
• Kio	osks	or (Oth	er I	Disp	olay	S																#]	Loca	atio	ns					1
• Lis	t-Se	rves	5																					# I	n Li	st			1	4	0
⊖ Ma	iling	g Li	st																					# I	n Li	st					
○ Ne	wsp	aper	A	ds c	or A	rtic	les																#]	Day	s Ru	ın					
○ Pul	blic	Eve	ents	/Pro	eser	ntati	ions																#1	Atte	nde	es					
\bigcirc Scl	nool	Pro	gra	m																			# /	Atte	nde	es					
○ TV	' Sp	ot/P	rog	ram	1																		#]	Day	s Ru	ın					
○ Pri																					Тс	otal	# D	istri	bute	ed					
	Loca	tions	s (e.	.g. li	brar	ies,	towi	1 off	ices,	kio	sks)																				
		_		_	_		_						_		_		_		_												
○ Otl	her:																														
• We		age:			ovid		peci	fic	weł	o ad	ldre	sse	s - 1	not	hor	ne p	age	e. (Con	tinu	le o	n ne	ext	pag	ge if	ado	ditic	onal	l spa	ace	is
/	' /	s	a	g	a	р	0	n	a	С	k	v	i	1	1	a	g	е	•	0	r	g	/	m	ន	4					
UR	L																														
S	a	g	a	р	0	n	a	С	k	v	i	1	1	a	g	е	•	0	r	g	/										
a	. n	n	0	u	n	С	е	m	е	n	t	s	/																		

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

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

SPI	DES	ID						
Ν	Y	R	2	0	А	5	3	4

Wel	b Pag	ge o	con	't.:		Pro	ovie	de s	spea	cifi	c w	eb	add	lres	ses	- n	ot	hor	ne	pag	e.					
																										Ī
																										T
URL																										-
URL		1		1							1															-
URL		1	1	1	1	1	1		1																	Т
URL																										Т
	_																					 				Ļ
URL																										Т
																										Ļ
URL																										Т

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

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

Name of MS4/Coalition Village of Sagaponack

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.

Continue to distribute program reports to the public and make stormwater pollution prevention information available on the Village's website. The Village re-worked the MS4 Program webpage to provide more information and links to residents.

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

The Village continued to improve the pollution prevention information available to residents on its new website. The website pages received approximately 186 hits.

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

1 8 6

(ex.: samples/participants/events)

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

• Yes O No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? • Yes • No

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

The Village will continue to develop public information materials on topics relevant to stormwater management and make them available to their residents. They are interested in developing further written guidance for residential construction contractors, as well as for landscapers and homeowners concerning sustainable lawn care.

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

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 IDNYR20A534

Minimum Control Measure 2. Public Involvement/Participation

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

• On behalf of an individual MS4

 \bigcirc 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:

\bigcirc Cleanup Events	# Events
○ Comments on SWMP Received	# Comments
• Community Hotlines	Phone # ()
Phone # (6 3 1) 5 3 7 - 0 0 1 7	Phone # ()
Phone # ()	Phone # ()
Phone # ()	Phone # ()
Phone # ()	Phone # ()
Phone # ()	Phone # ()
• Community Meetings	# Attendees 5
○ Plantings	Sq. Ft.
\bigcirc Storm Drain Markings	# Drains
O Stakeholder Meetings	# Attendees
○ Volunteer Monitoring	# Events
O Other:	

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? • Yes

Program (SWMP) Plan provided?	Ye	S	\bigcirc	No
List-Serve # In List		1	4	0
O Newspaper Advertising # Days Run				
○ TV/Radio Notices # Days Run				
O Other:				

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

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

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

Village of Sagaponack Name of MS4/Coalition

SPE	DES	ID						
Ν	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

S	a	g	a	р	0	n	a	С	k	v	i	1	1	a	g	е	•	0	r	g	/					
а	g	е	n	d	а	ន	-	m	i	n	u	t	е	S	/											

URL	-																											
S	a	g	a	р	0	n	a	С	k	v	i	1	1	a	g	е	•	0	r	g	/	m	ß	4	/			

URL	,															
URL	,															

URI																

URL	r															
																_
I																

URL																

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

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

SPI	DES	ID						
Ν	Y	R	2	0	А	5	3	4

2. URL(s) con't.:

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

UR	L	 		 		 			 	 						
															_	
	-															
UR																
UR	L															
UR																
UR	L															
UR	L.															
			 								 	 			_	
															_	
UR	L															
															_	
											_					

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

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

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.

	4/C	oal	itio	n O	offic	e											A	nnu	al l	Rep	ort		S	WN	IP I	Plar	ı		Con	nments
	Dep	parti	nen	t																										
	V	li	1	1	a	g	e		Η	а	1	1																		
	Ado	lres	S					·																						
	3	1	7	5		М	0	n	t	a	u	k		Η	i	g	h	W	a	У										
	City	y																				Zip								
	S	a	g	a	р	0	n	a	С	k]	N	Y							-			
	Pho	ne			1	·												-												
	(6	3	1)	5	3	7	-	0	0	1	7																	
○ Lib	rary Ado	/ dres	S													C	A	nnu	al 1	Rep	ort	C) SV	WN	IP I	Plar	ı	0	Con	nments
	City	y Y																				Zip								
	-																										_			
	Pho	ne						I										L										L		
	()				-																					
	`				/	L																								
\bigcirc Oth	ner	dres	-													C	A	nnu	al l	Rep	ort	C	S	WN	IP I	Plar	1	0	Con	nments
	Add	ires	5																											
																						7:								
	City	<u>y</u>																Г				Zip								
	City																													
																											-			
	City Pho	one																L									-			
		me)				_																		-			
• We	Pho (UR	L:)				-								A	nnu	all	Rep	ort		S	WN	IP I	Plar		0	Con	nments
• We	Pho (UR	L:)	a	g	a	-	0	n	a	С	k	v	i) A	nnu	al I a		ort		S S O	WM r	lb I	Plar		0	Con	nments
• We	Pho (b Pa	age		L:)	a	g	a		0	n	a	С	k	v					_						Plar			Con	nments
• We	Pho (b Pa	age W	W	•)	a	a	a		0	n	a	С	k	V					_						Plar		0 (Con	
• We	Pho (b Pa w	age w m	W S						q							i	1	1	a	g	e	•	0	r	g		1		Con	
• We	Pho (b Pa w / Ple	age w m	W S						q							i	1	1	a	_	e	•	0	r	g		1	ge.		nments
	Pho (b Pa w / Ple	age w m	W S	4 ovi					q						ere	i	1	1	a	g	e	•	0	r	g		1	ge.		
	Pho (b Pa w / Ple ail	age w m	w s e pr	4 ovi	de	spe	cifi	ic a	p ddr	ess	of	pa	ge v	whe	ere	i rep	1 ort	1 car	a n be	g e ac	e	sed	0	r	g	ne	1	ge.		

<u>MS4 Annual Report Form</u>	
This report is being submitted for the reporting period end	ling March 9, 2 0 2 2
If submitting this form as part of a joint report on behalf of a coal	lition leave SPDES ID blank.
Name of MS4/Coalition Village of Sagaponack	SPDES ID N Y R 2 0 A 5 3 4
4.a. If this report was made available on the internet, what date w	as 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?	3 6 5
If submitting a report for single MS4, answer 5.a If submitting a	joint report, answer 5.b
5.a. Was an Annual Report public meeting held in this reporting p If Yes, what was the date of the meeting?	Oeriod? • Yes • No 0 5 / 1 7 / 2 0 2 1
If No, is one planned?	○ Yes ○ No
5.b. Was an Annual Report public meeting held for all MS4s contr	ributing to this report during
this reporting period?	○ Yes ○ No
If No, is one planned for each?	\bigcirc Yes \bigcirc 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.

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

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

Name of MS4/Coalition Village of Sagaponack

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.

The Village has made their newly updated Stormwater Management Program Plan available online. They also are considering formation of a new volunteer committee.

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

COVID restrictions continued to impact volunteer gatherings and public activities during this reporting period, so the new committee will be considered in the future. The SWMPP was posted online.

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

(ex.: samples/participants/events)

1

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

• Yes \bigcirc No

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

• Yes O 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 finalize updates to the SWMPP and post the final document.

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

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

SPDES ID

0 A

1 #

5

3 4

0 %

1

1 0

N Y R 2

Name of MS4/Coalition Village of Sagaponack

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
- \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

- 1. Enter the number and approx. percent of outfalls mapped:
- 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?
- **3.a.** What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	Landscaping (Irrigation)
○ Building Maintenance	○ Marinas
○ Churches	○ Metal Plateing Operations
○ Commercial Carwashes	\bigcirc Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	○ Parking Lot Maintenance
• Construction Vehicle Washouts	○ Printing
• Cross-Connections	○ Residential Carwashing
\bigcirc Distribution Centers	○ Restaurants
\bigcirc Food Processing Facilities	\bigcirc Schools and Universities
\bigcirc Garbage Truck Washouts	○ Septic Maintenance
$^{\bigcirc}$ Hospitals	Swimming Pools
\bigcirc Improper RV Waste Disposal	\bigcirc Vehicle Fueling
\bigcirc Industrial Process Water	○ Vehicle Maint./Repair Shops
• Other:	○ None
C o n s t r u c t i o n	S i t e s , R o a d w a y s
○ Sewersheds:	

This report is being submitted for the reporting period en	nding March 9,	2	0	2	2
------------------------------------------------------------	----------------	---	---	---	---

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 reporting period?
\bigcirc Broken Lines From Sanitary Sewer	\bigcirc Industrial Connections
\bigcirc Cross Connections	\bigcirc Inflow/Infiltration
\bigcirc Failing Septic Systems	\bigcirc Pump Station Failure
\odot Floor Drains Connected To Storm Sewers	○ Sanitary Sewer Overflows
\bigcirc Illegal Dumping	○ Straight Pipe Sewer Discharges
O Other:	None
4. How many illicit discharges/potentia reporting period?	l illegal connections have been detected during this
5. How many illicit discharges have been seen as a see	en confirmed during this reporting period?

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

 \bigcirc No

○ No

• No

• Yes

• Yes

○ Yes

1008

- **7.** Has the storm sewershed mapping been completed in this reporting period? If No, approximately what percent was completed in this reporting period?
- 8. Is the above information available in GIS? Is this information available on the web? If Yes, provide URL(s):

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

OILL															
URL															

This report is being submitted for the rep	porting period ending March 9,	2	0	2	2

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

SPI	DES	ID						
Ν	Y	R	2	0	А	5	3	4

8. URL(s) con't.:

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

URI	Ļ															
URI	Ľ			 		 	 	 						 		
URI	L															
URI	Ľ	 	 	 	 	 	 	 1		 	 	 		 		

- 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report?
- **10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?** Yes No NT

11. What percent of staff in relevant positions and departments has received IDDE training?

5 0 8

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

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

Name of MS4/Coalition Village of Sagaponack

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.

Village Engineer to create a plan to collect data on Village drainage system, QA/QC existing maps, and update storm sewer and outfall maps.

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

The SWMPP indicates number of drainage features verified and added to maps will be reported annually. In February, the Village Engineer created a plan to verify and update all structures previously mapped. During March and April of 2022 (the next reporting period), the Village Engineer used GPS and GIS to verify all features and collect previously unmapped features. The total amount of features on maps after verification and collection is reported below.

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

2 6 2

(ex.: samples/participants/events)

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

• Yes O No

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

• Yes O 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 update maps as new features are installed and/or discovered, and will perform ORI on each outfall at least once every five years.

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

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

SPI	DES	ID						
Ν	Y	R	2	0	A	5	3	4

4

0

<u>Minimum Control Measures 4 and 5.</u> Construction Site and Post-Construction Control

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

- On behalf of an individual MS4
- \bigcirc 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• 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 cerfification or using the NYSDEC Gap Analysis Workbook?

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. 09/2004 • 03/2006 • NT

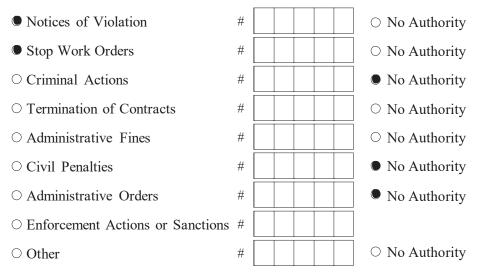
- 2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?

 Yes
 No

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:



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

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

SPE	DES	ID						
Ν	Y	R	2	0	Α	5	3	4

0 %

0 %

0

1 0

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
- \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

- 1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?
- 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
- 3. What percent of active construction sites were inspected during this reporting period? \odot NT
- 4. What percent of active construction sites were inspected more than once?
- 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?
- 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? O Yes O No

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

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

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

SPI	DES	ID						
Ν	Y	R	2	0	А	5	3	4

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

	Dep	artr	nen	t																											
	V	i	1	1	a	g	e		H	a	1	1																			
	Add	lres	s																				I								
	3	1	7	5		М	0	n	t	a	u	k		Η	i	g	h	W	a	У		Р	0		В	0	х		6	0	0
	City	7																				Zip									
	S	a	g	a	р	0	n	a	С	k								N	IY	7		1	1	9	6	2	-				
	Pho																														
	(6	3	1)	5	3	7	-	0	0	1	7																		
○ Lib																															
	Add	lres	s																												
	City	7																				Zip									
																											-				
	Pho	ne			`																										
	()				-																						
○ Oth	er																														
	Add	lres	s	1						1																					
	City	7																		_		Zip									
																											-				
	Pho	ne																													
	()				-																						
○ We	b Pa	age	UF	RL(s	s):	Р	leas	se p	rov	ide	spe	cifi	c a	ddre	ess	whe	ere	SW	PPI	Ps c	an	be a	icce	sse	d -	not	hor	ne j	jage	e.	
	URL																														
																													-	_	
	URL																														

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

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

SPDES ID

0 A

5 3 4

N Y R 2

Name of MS4/Coalition Village of Sagaponack

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.

Continue SWPPP review and oversight of construction sites.

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

. The number of SWPPPs reviewed will be reported annually.

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

(ex.: samples/participants/events)

4

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

• Yes O No

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

• Yes O 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 publicize and implement its SWPPP review program. They plan to review and enhance information on the SWPPP program for contractors in the future.

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

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

SPDES ID

ΝY

R 2

A 5

3 4

0

Name of MS4/Coalition Village of Sagaponack

Minimum Control Measure 5. Post-Construction Stormwater Management

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

- On behalf of an individual MS4
- \bigcirc 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
○ Alternative Practices			
○ Filter Systems			
Infiltration Basins	2	2	0
\bigcirc Open Channels			
\bigcirc Ponds			
\bigcirc Wetlands			
\bigcirc Other			

- 2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? • Yes \circ 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:

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

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	Ν	Y	R	2	0	A	5	3	4
·										

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

• Yes \bigcirc No

• No

• No

%

○ Yes

○ Yes

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

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?

4d. How many stormwater management practices have been implemented as part of this sy	sten	n in	thi	S
reporting period?			0	

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

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

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

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.

Continue to update the Post-Construction Stormwater Practice Inventory, inspect the practices annually, and document inspections.

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

The number of inspections performed will be reported annually.

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

(ex.: samples/participants/events)

2

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

• Yes \bigcirc No

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

• Yes \bigcirc 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 update the Post-Construction Stormwater Practice Inventory, inspect the practices annually, and document inspections.

SPI	DES	ID						
Ν	Y	R	2	0	А	5	3	4

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

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



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
- \bigcirc 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>Self-Assessment</u>				
			Operation/Activity/Facility				
			performed within	n the past 3			
Operation/Activity/Facility	Addressed in	n SWMP?	<u>vears?</u>	-			
Street Maintenance	• Yes	○ No	• Yes	\bigcirc No			
Bridge Maintenance	• Yes	○ No	• Yes	\bigcirc No			
Winter Road Maintenance	• Yes	○ No	• Yes	\bigcirc No			
Salt Storage	O Yes	• No	O Yes	No			
Solid Waste Management	O Yes	• No	O Yes	• No			
New Municipal Construction and Land Disturba	ance 🖲 Yes	○ No	• Yes	\bigcirc No			
Right of Way Maintenance	• Yes	○ No	• Yes	\bigcirc No			
Marine Operations	O Yes	• No	O Yes	No			
Hydrologic Habitat Modification	O Yes	• No	O Yes	• No			
Parks and Open Space	• Yes	○ No	• Yes	\bigcirc No			
Municipal Building	• Yes	○ No	• Yes	\bigcirc No			
Stormwater System Maintenance	• Yes	○ No	• Yes	\bigcirc No			
Vehicle and Fleet Maintenance	····· O Yes			No			
Other	• Yes	• No	····· O Yes	• No			

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

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

1

0 %

Name of MS4/Coalition	Village of Sagaponack
Name of MS4/Coalifion	0 01

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			1	6
Catch Basins Inspected and Cleaned Where Necessary	#			2	2
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#				2
O Phosphorus Applied In Chemical Fertilizer	# Lbs.				0
\bigcirc 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		()	
3. How many stormwater management trainings have been provided during this reporting period?	to municipa	al emp	oloy	ees	1
4. What was the date of the last training?	9 / 0 9	/ 2	0	2	1

- 5. How many municipal employees have been trained in this reporting period?
- 6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

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

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

Name of MS4/Coalition Village of Sagaponack

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.

Maintain and update a list identifying municipal operations and facilities that the Village is responsible for. Maintain and install a pet waste bag dispenser at the end of Gibson Lane.

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

The number of municipal operations and facilities will be reported annually. The Town maintains the pet waste bag dispenser at the end of Gibson Lane.

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 O No

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

• Yes O 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 maintain and update a list identifying municipal operations and facilities that the Village is responsible for, and perform self-assessments of each item every three years.

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

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

Name of MS4/Coalition

Additional Watershed Improvement Strategy Best Management Practices

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

• On behalf of an individual MS4

 \bigcirc On behalf of a coalition

How many MS4s contributed 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	-	-	-
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	\bigcirc No	\odot N/A

If N/A, go to question 3.

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

Estimate what percentage was mapped in this reporting period.



Additional BMPs Page 1 of 3

SPI	PDES	ID						
Ν	NY	R	2	0	А	5	3	4

Village of Sagaponack

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

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. Does your MS4/Coalition have a Stormwater Conveyance S and Maintenance Plan Program?	System (infrastructure) Inspection • Yes O No O N/A
4. Estimate the percentage of on-site wastewater treatment sy and maintained or rehabilitated as necessary in this report	
5. Has your MS4/Coalition developed a program that provide NYSDEC SPDES General Permit for Stormwater Discharg (GP-0-08-001) to reduce pollutants in stormwater runoff fr disturb five thousand square feet or more?	ges from Construction Activities
6. Has your MS4/Coalition developed a program to address p runoff from new development and redevelopment projects equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Activ the New York State Stormwater Design Manual Enhanced Standards?	that disturb greater than or NYS DEC SPDES General vities (GP-0-08-001), including
7a. Does your MS4/Coalition have a retrofitting program to rephosphorus/nitrogen/pathogen loading?	duce erosion or ● Yes ○ No ○ N/A
7b.How many projects have been sited in this reporting period	0
7c. What percent of the projects included in 7b have been com	pleted in this reporting period?
7d.What percent of projects planned in previous years have be	een completed?
	\bigcirc No Projects Planned
8a.Has your MS4/Coalition developed and implemented a turf procedures policy that addresses proper fertilizer applicati lands?	0 1

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? O Yes O No N/A

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

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	4
9. Has your MS4/0	Coalition developed and implemented a prog	ram of nat			ing? ● 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