



### MS4 Annual Report Cover Page

MCC form for period ending March 9, 

2	0	2	0
---	---	---	---

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

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				
---	---	---	---	---	---	--	--	--	--

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				
---	---	---	---	---	---	--	--	--	--

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				
---	---	---	---	---	---	--	--	--	--

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				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--











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

MCC form for period ending March 9, 

2	0	2	0
---	---	---	---

Name of MS4 

Suffolk County
----------------

SPDES ID  

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**Section 3 - Partner Information**

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  Yes  No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C	o	r	n	e	l	l	C	o	o	p	e	r	a	t	i	v	e	E	x	t	e	n	s	i	o	n	o	f
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Partner/Coalition Name (con't.)

S	u	f	f	o	l	k	C	o	u	n	t	y
---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES Partner ID - If applicable  

N	A
---	---

Address

4	2	3	G	r	i	f	f	i	n	g	A	v	e	n	u	e
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

City

R	i	v	e	r	h	e	a	d
---	---	---	---	---	---	---	---	---

State

N	Y
---	---

Zip

1	1	9	0	1
---	---	---	---	---

 - 

--	--	--

eMail

e	c	h	1	2	@	c	o	r	n	e	l	l	.	e	d	u
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Phone

( 

6	3	1
---	---	---

 ) 

7	2	7
---	---	---

 - 

7	8	5	0
---	---	---	---

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  Yes  No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- MM1 

M	u	l	t	i	p	l	e	T	a	s	k	s
---	---	---	---	---	---	---	---	---	---	---	---	---
- MM2 

M	u	l	t	i	p	l	e	T	a	s	k	s
---	---	---	---	---	---	---	---	---	---	---	---	---
- MM3 

M	u	l	t	i	p	l	e	T	a	s	k	s
---	---	---	---	---	---	---	---	---	---	---	---	---
- MM4 

M	u	l	t	i	p	l	e	T	a	s	k	s
---	---	---	---	---	---	---	---	---	---	---	---	---
- MM5 

M	u	l	t	i	p	l	e	T	a	s	k	s
---	---	---	---	---	---	---	---	---	---	---	---	---
- MM6 

M	u	l	t	i	p	l	e	T	a	s	k	s
---	---	---	---	---	---	---	---	---	---	---	---	---

Additional tasks/responsibilities

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

Peconic Estuary Nitrogen + Peconic Estuary Pathogen + 27 Long Island Shellfishing Impaired Embayments (Pathogens)
---



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

MCC form for period ending March 9, 

2	0	2	0
---	---	---	---

Name of MS4 

Suffolk County
----------------

SPDES ID  

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**Section 3 - Partner Information**

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  Yes  No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S	u	f	f	o	l	k		C	o	u	n	t	y		S	o	i	l		a	n	d		W	a	t	e	r			
---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	--	---	---	---	---	---	--	--	--

Partner/Coalition Name (con't.)

C	o	n	s	e	r	v	a	t	i	o	n		D	i	s	t	r	i	c	t			N	A						
---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	---	---	--	--	--	--	--	--

SPDES Partner ID - If applicable

Address

4	2	3		G	r	i	f	f	i	n	g		A	v	e	n	u	e									
---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

City

R	i	v	e	r	h	e	a	d									
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	1	9	0	1	-			
---	---	---	---	---	---	--	--	--

eMail

c	o	r	e	y	.	h	u	m	p	h	r	e	y	@	s	u	f	f	o	l	k	c	o	u	n	t	y	n	y	.	g	o	v
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Phone

(	6	3	1	)		7	2	7	-		2	3	1	5
---	---	---	---	---	--	---	---	---	---	--	---	---	---	---

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  Yes  No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- MM1 

M	u	l	t	i	p	l	e		T	a	s	k	s																				
---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM2 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM3 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM4 

C	o	n	s	t	r	u	c	t	i	o	n		E	&	S	C		T	r	a	i	n	i	n	g									
---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--
- MM5 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM6 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Additional tasks/responsibilities

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

--

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

MCC form for period ending March 9, 

2	0	2	0
---	---	---	---

Name of MS4 

Suffolk County
----------------

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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

D	a	r	n	e	l	l													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

--

Last Name

T	y	s	o	n	,		P	.	E	.									
---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--

Title (Clearly print title of individual signing report)

D	e	p	u	t	y		C	o	m	m	.		D	e	p	t	.		P	u	b	l	i	c		W	o	r	k	s					
---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--

Signature

--

Date

		/			/				
--	--	---	--	--	---	--	--	--	--

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

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

### MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 

Suffolk County
----------------

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

### Water Quality Trends

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

- On behalf of an individual MS4
- 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.**  Yes    No

If Yes, choose one of the following

- Report(s) attached to the annual report
- 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

h	t	t	p	s	:	/	/	s	u	f	f	o	l	k	c	o	u	n	t	y	n	y	.	g	o	v	/	D	e
p	a	r	t	m	e	n	t	s	/	E	c	o	n	o	m	i	c	-	D	e	v	e	l	o	p	m	e	n	t
-	a	n	d	-	P	l	a	n	n	i	n	g	/	P	l	a	n	n	i	n	g	-	a	n	d	-	E	n	v

URL

i	r	o	n	m	e	n	t	/	R	e	g	u	l	a	t	o	r	y	-	R	e	v	i	e	w	/	C	o	u
n	c	i	l	-	o	n	-	E	n	v	i	r	o	n	m	e	n	t	a	l	-	Q	u	a	l	i	t	y	#
s	w	s	p																										

URL

h	t	t	p	s	:	/	/	w	w	w	.	p	e	c	o	n	i	c	e	s	t	u	a	r	y	.	o	r	g
/	w	p	-	c	o	n	t	e	n	t	/	u	p	l	o	a	d	s	/	2	0	1	9	/	1	0	/	P	E
P	-	D	R	A	F	T	-	C	o	m	p	r	e	h	e	n	s	i	v	e	-	C	o	n	s	e	r	v	a

URL

t	i	o	n	-	a	n	d	-	M	a	n	a	g	e	m	e	n	t	-	P	l	a	n	-	f	o	r	-	P
u	b	l	i	c	-	R	e	v	i	e	w	.	p	d	f														



### MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition 

Suffolk County
----------------

SPDES ID  

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

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

- |  |                     |  |   |   |   |   |   |
|--|---------------------|--|---|---|---|---|---|
| <input checked="" type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>1</td><td>5</td><td>7</td></tr></table> |   |   | 1 | 5 | 7 |
|  |                     | 1  | 5 | 7 |   |   |   |
| <input checked="" type="radio"/> Direct Mailings                     | # Mailings          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>2</td></tr></table> |   |   |   |   | 2 |
|  |                     |  |   | 2 |   |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays            | # Locations         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>3</td><td>2</td><td> </td></tr></table> |   |   | 3 | 2 |   |
|  |                     | 3  | 2 |   |   |   |   |
| <input type="radio"/> List-Serves                                    | # In List           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Mailing List                        | # In List           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>7</td><td>2</td><td> </td></tr></table> |   |   | 7 | 2 |   |
|  |                     | 7  | 2 |   |   |   |   |
| <input type="radio"/> Newspaper Ads or Articles                      | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>9</td><td>3</td><td>4</td></tr></table> |   |   | 9 | 3 | 4 |
|  |                     | 9  | 3 | 4 |   |   |   |
| <input checked="" type="radio"/> School Program                      | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td>2</td><td>7</td><td>3</td><td>9</td></tr></table> |   | 2 | 7 | 3 | 9 |
|  | 2                   | 7  | 3 | 9 |   |   |   |
| <input checked="" type="radio"/> TV Spot/Program                     | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>5</td><td>2</td><td> </td></tr></table> |   |   | 5 | 2 |   |
|  |                     | 5  | 2 |   |   |   |   |
| <input checked="" type="radio"/> Printed Materials:                  | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td> </td><td>7</td><td>0</td><td>5</td><td>7</td></tr></table> |   | 7 | 0 | 5 | 7 |
|  | 7                   | 0  | 5 | 7 |   |   |   |

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

L	i	b	r	a	r	i	e	s												
G	o	v	e	r	n	m	e	n	t		O	f	f	i	c	e	s			
K	i	o	s	k	s															
C	l	a	s	s	r	o	o	m	s	/	E	v	e	n	t	s				

Other:

R	a	d	i	o		P	S	A	'	s		1	8		d	a	y	s		
---	---	---	---	---	--	---	---	---	---	---	--	---	---	--	---	---	---	---	--	--

Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

s	u	f	f	o	l	k	c	o	u	n	t	y	n	y	.	g	o	v	/	s	u	f	f	o	l	k					
s	t	o	r	m	w	a	t	e	r	/	B	e	s	t	M	a	n	a	g	e	m	e	n	t	P	r	a	c	t	i	c
e	s	/	R	e	s	i	d	e	n	t	s	/	C	a	r	C	a	r	e	.	a	s	p	x							

URL

s	u	f	f	o	l	k	c	o	u	n	t	y	n	y	.	g	o	v	/	s	u	f	f	o	l	k					
s	t	o	r	m	w	a	t	e	r	/	B	e	s	t	M	a	n	a	g	e	m	e	n	t	P	r	a	c	t	i	c
e	s	/	S	m	a	r	t	G	r	o	w	t	h	.	a	s	p	x													

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition 

Suffolk County
----------------

SPDES ID  

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

3. Web Page con't.: Provide specific web addresses - not home page.

URL

s	u	f	f	o	l	k	c	o	u	n	t	y	n	y	.	g	o	v	/	s	u	f	f	o	l	k	s	t	o	r	m
w	a	t	e	r	/	B	e	s	t	M	a	n	a	g	e	m	e	n	t	P	r	a	c	t	i	c	e	s	/	R	e
s	i	d	e	n	t	s	/	A	r	t	i	f	i	c	i	a	l	W	e	t	l	a	n	d	s	.	a	s	p	x	

URL

s	u	f	f	o	l	k	c	o	u	n	t	y	n	y	.	g	o	v	/	s	u	f	f	o	l	k	s	t	o	r	m					
w	a	t	e	r	/	B	e	s	t	M	a	n	a	g	e	m	e	n	t	P	r	a	c	t	i	c	e	s	/	R	e					
s	i	d	e	n	t	s	/	F	e	r	t	i	l	i	z	e	r	s	a	n	d	P	e	s	t	i	c	i	d	e	s	.	a	s	p	x

.aspx

URL

s	u	f	f	o	l	k	c	o	u	n	t	y	n	y	.	g	o	v	/	s	u	f	f	o	l	k	s	t	o	r	m					
w	a	t	e	r	/	E	d	u	c	a	t	i	o	n	a	n	d	O	u	t	r	e	a	c	h	/	S	c	h	o	o					
l	P	r	e	s	e	n	t	a	t	i	o	n	s	.	a	s	p	x																		

URL

s	u	f	f	o	l	k	s	t	o	r	m	w	a	t	e	r	.	c	o	m	/	P	o	r	t	a	l	s	/					
1	2	/	P	D	F	s	/	W	h	e	r	e	D	o	e	s	T	h	e	R	a	i	n	G	o	S	P	A	N	I	S			
H	w	e	b	.	p	d	f																											

URL

s	u	f	f	o	l	k	c	o	u	n	t	y	n	y	.	g	o	v	/	s	u	f	f	o	l	k	s	t	o	r	m					
w	a	t	e	r	/	E	d	u	c	a	t	i	o	n	a	n	d	O	u	t	r	e	a	c	h	/	P	u	b	l	i					
c	S	e	r	v	i	c	e	A	n	n	o	u	n	c	e	m	e	n	t	s	.	a	s	p	x											

URL

s	u	f	f	o	l	k	s	t	o	r	m	w	a	t	e	r	.	c	o	m	/	P	o	r	t	a	l	s	/					
1	2	/	P	D	F	s	/	W	h	e	r	e	D	o	e	s	T	h	e	R	a	i	n	G	o	E	N	G	L	I	S			
H	w	e	b	.	p	d	f																											

URL

s	u	f	f	o	l	k	c	o	u	n	t	y	n	y	.	g	o	v	/	s	u	f	f	o	l	k	s	t	o	r	m					
w	a	t	e	r	/	B	e	s	t	M	a	n	a	g	e	m	e	n	t	P	r	a	c	t	i	c	e	s	/	B	u					
s	i	n	e	s	s	e	s	/	R	e	s	t	a	r	a	u	n	t	s	.	a	s	p	x												

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

1) The measurable goal is to disseminate as many stormwater brochures as possible to the public. The brochures discuss the impacts and sources of stormwater runoff pollution, and also describe what can be done to minimize the impact.

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

Brochures in English and Spanish were distributed to various target audiences. They were handed out during school programs and at fairs/festivals. They were displayed in kiosks in municipal county buildings and at all 62 libraries. A total of 4,104 brochures and 2,953 student activity pages were distributed in this reporting period. Efforts were made to track where and when brochures were distributed.

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

7	0	5	7
---	---	---	---

*(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 goal for the next reporting cycle is to disseminate a similar number of brochures/activity pages. This will be done throughout the permit year, with periodic bulk mailings to libraries and municipal buildings. In addition, we will specifically track dates, locations, and receiving entities of all brochure distributions.

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

2) Air as many public service announcements (PSAs) on radio and local government public TV stations with a goal of 52 airings.

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

A one-minute public service announcement (PSA) video on stormwater best management practices (BMPs) for lawn care for the homeowner was aired on six separate local television stations which air across Suffolk County (52 airings). In addition, 68 airings of the 60-second stormwater BMPs radio PSA (English and Spanish) addressing lawn care, fertilizer use, and pet waste management to reduce polluted stormwater runoff were aired on local radio stations (WEHM, WBAZ, WBON, WJVZ).

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

	1	2	0
--	---	---	---

*(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).**

In the next reporting cycle, the goal is to air as many PSA's as the budget will allow.



**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

3) To obtain school teacher surveys in an attempt to assess the value of the in-school classes. Evaluation forms give us an indication as to what teachers feel the students learned and provide suggestions to improve the presentations.

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

In the past year a total of 35 teacher evaluation forms were completed by teachers. This is a typical return rate for a reporting year. The completed evaluations were very helpful in summarizing what teachers felt were important parts of the stormwater program and ways we can improve the program to fit into their curriculum.

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

		3	5
--	--	---	---

*(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).**

Next year the goal will be to continue implementing and tracking teacher responses received from school programs.

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

4) The goal was to reach as many school students as possible within the municipality and have more than 50% of programs reach students from schools in impaired/TMDL watersheds.

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

An extensive number of school presentations were again implemented. Presentations focused on nitrogen and bacteria, which are pollutants of concern, and have TMDL goals. During this reporting period, 1,270 school students were reached during 59 school presentations. We reached our goal for number of students and programs conducted. This year 48% of students reached are from schools in impaired watersheds.

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

1	2	7	0
---	---	---	---

*(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 goal in the next reporting period will be to reach a similar number of students.

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

5) To maintain the stormwater website (www.suffolkstormwater.com), track visitor numbers, maintain or increase numbers of visitors to the website, and update or add new content.

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

A total of 793 unique visitors logged on to stormwater website and loaded 2,507 pages. Pages on septic systems had the most visitors (274 unique) and spent an average of 0:56 minutes on that page. Additions included posting public participation information on the home page (annual report public comment periods, dates of erosion and sediment control trainings for contractors). Please note that the site was down for maintenance from Feb 2019 to September 24, 2019.

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

	7	9	3
--	---	---	---

(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).**

Continue to add and update content, including video clips, to the website.

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

6) One goal for this reporting period was to conduct stormwater programs for civic groups/associations, local garden club members and/or environmental groups, and at events and festivals, with a focus on pollutants of concern and using rain gardens and rain barrels, to reduce stormwater runoff.

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

Conducted presentations involving local civic groups, at fairs and festivals, and at community forums reaching 934 people.

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

	9	3	4
--	---	---	---

*(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).**

Continue to reach out to civic groups and garden clubs and focus again on the remaining groups who have not participated in past stormwater presentations. The plan is to continue to reach as many local groups as possible during the next reporting cycle.











**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

0	4	/	0	3	/	2	0	2	0
---	---	---	---	---	---	---	---	---	---

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

>	3	0
---	---	---

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

**5.a. Was an Annual Report public meeting held in this reporting period?**
 Yes  No

If Yes, what was the date of the meeting?

0	4	/	1	5	/	2	0	2	0
---	---	---	---	---	---	---	---	---	---

If No, is one planned?

 Yes  No
**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**
 Yes  No

If No, is one planned for each?

 Yes  No
**6. Were comments received during this reporting period?**
 Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

1) Recruit as many volunteers as possible to assist with various beach and/or Parks clean-up events.

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

As of release of this draft, the final number of clean up events was still being tabulated, however, we currently estimate 19 clean-up events were held at County Parks, with approximately 1,170 volunteers.

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

1	1	7	0
---	---	---	---

*(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 goal for the upcoming reporting period is recruit and educate a similar number of volunteers in the next reporting period.

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition 

Suffolk County
----------------

SPDES ID  

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

2) Have as many miles of suitable roadway cleaned as part of the "Adopt a Highway" Program.

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

A large number of County road miles have been adopted by individuals and organizations (87). Litter and debris cleanups remove items that have potential to enter local waterbodies. Each individual or organization has a 2 year contract and cleanups occur 9 times a year.

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

		8	7
--	--	---	---

*(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 goal next year is to report a similar level of roadway adoptions and miles cleaned up.

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

3) Track feedback from residents regarding stormwater related issues such as flooding.

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

Suffolk County tracks the number and nature of citizen complaints which pertain to stormwater related problems. In some cases the County is able to solve the issue by cleaning the stormwater structures. In the current reporting period, 119 complaints were logged: 56 flooding issues, 2 culvert issues, 21 drainage issues, and 40 catch basin issues.

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

	1	1	9
--	---	---	---

(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 goal for the next reporting period is to continue responding to complaints and maintaining the complaints database throughout the reporting year.

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

4) The goal is to have target groups (e.g. schools) volunteer for stormwater BMP projects.

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

Constructed rain gardens at 1 public school in Wading River with students designing and planting the gardens. A total of 24 students participated in the gardens. Additionally, 53 residents signed up to win a free rain barrel at festivals/events to reduce run-off from their property (2 distributed).

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

		7	7
--	--	---	---

*(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 goal is to have these schools or others implement BMP's during the next reporting cycle.









**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

1) Update outfall and structure GIS inventory for County roads and properties.

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

There are currently 384 surface water outfalls, 3,760 joint structures, and 3,670 pipe connections within the County MS4 conveyance inventory. Data was updated and incorporated into the Geographic Information Systems (GIS) database.

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

	3	8	4
--	---	---	---

*(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).**

Throughout the next reporting period, the outfalls database will be updated as needed.

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition 

Suffolk County
----------------

SPDES ID  

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

2) Monitor outfalls for dry weather flow as part of the comprehensive IDDE program and increase dry weather flow monitoring in priority areas (i.e. TMDL watersheds).

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

A total of 260 outfalls have been monitored 3 times each for dry weather flow in this reporting period (each outfall is monitored at least once every 3 years). The information is used to help discover illicit discharges. High priority outfalls (206) were monitored 3 times each for dry weather flow and are monitored on an annual basis. All outfalls monitored for dry weather flow were found to not have any potential illicit discharges.

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

	7	8	0
--	---	---	---

(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).**

In the next reporting period, continue monitoring outfalls which have not been previously monitored within the past 3 years. This will be conducted during the spring/summer/fall. In addition, in order to maximize the chance of finding an illicit discharge, attempts will be made to revisit all County outfalls annually. Continue to monitor those outfalls that are located within the the priority watersheds on an annual basis.

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

3) The goal is to sample outfalls found to have dry weather flow to test for various water quality parameters.

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

10 outfalls found to have dry weather flow or standing water were sampled three distinct times within the reporting year, resulting in a total of 30 samples collected. Sample parameters analyzed included chlorine, potassium, ammonia, surfactants, and fecal coliform enumeration. No illicit discharges were found.

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

		3	0
--	--	---	---

*(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).**

Continue testing outfalls with dry weather flow until all applicable outfalls have been sampled. Will take place in the spring, summer and/or fall of the next reporting period.

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? 

--	--	--

**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

--	--	--

**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

--	--	--

**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

**6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:**

- Notices of Violation # 

--	--	--	--	--	--

 ● No Authority
- Stop Work Orders # 

--	--	--	--	--	--

 ● No Authority
- Criminal Actions # 

--	--	--	--	--	--

 ● No Authority
- Termination of Contracts # 

--	--	--	--	--	--

 ● No Authority
- Administrative Fines # 

--	--	--	--	--	--

 ● No Authority
- Civil Penalties # 

--	--	--	--	--	--

 ● No Authority
- Administrative Orders # 

--	--	--	--	--	--

 ● No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--	--

 ● No Authority
- Other # 

--	--	--	--	--	--

 ● No Authority

NOTE: THE ABOVE SECTIONS WERE NOT FILLED IN BECAUSE THEY WERE NOT APPLICABLE. SUFFOLK COUNTY IS A TRADITIONAL NON-LAND USE MS4. THEREFORE SWPPP REVIEW AND ENFORCEMENT FALLS UNDER THE JURISDICTION AND RESPONSIBILITY OF THE APPLICABLE TOWN OR VILLAGE.

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition 

Suffolk County
----------------

SPDES ID  

N	Y	R	2	0	A	1	8	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
- 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? 

		0
--	--	---

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

		0
--	--	---

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

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

 %

4. What percent of active construction sites were inspected more than once?  NT 

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

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

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



**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

1) Number of violations of water quality standards received.

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

Contractors operating on County projects are required to certify that they have read and understand the requirements of the SWPPP. The successful implementation of the requirements of the SWPPP by the Contractors, in addition to the County inspectors' efforts, have ensured that no water quality violations have been issued to the County. No violations were received for the reporting period.

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

			0
--	--	--	---

*(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 goal for the upcoming reporting period is to again have no violations in water quality standards.



**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

2) % SWPPPs reviewed by County Engineers/Architects

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

100% of the SWPPPs prepared by County professional personnel, as well as those prepared by Consulting firms on behalf of the County, have been reviewed by County professional staff.

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

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

*(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 goal for the upcoming reporting period is to again have 100% of SWPPP's for development/construction on County property reviewed.

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

3) Number of construction site operators and design engineers trained.

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

Erosion and Sediment Control training was provided to a total of 157 private and municipal contractors. The trainings were given by the Suffolk County Soil and Water Conservation District.

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

	1	5	7
--	---	---	---

*(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).**

Continue educating construction site operators and design engineers regarding the construction permit requirements by organizing sediment and erosion control trainings (reach 100 people).



**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition 

Suffolk County
----------------

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

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

Yes  No

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

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

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

--	--	--

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

	5	0
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

1) The goal in this reporting period was to maintain the number of remediation efforts being implemented with post-construction BMP's (planned or underway).

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

Suffolk invests extensive resources into implementing remediation efforts (e.g. technologies such as leaching basins, detention ponds, and alternative BMP's). As of the end of this reporting period there were 100 projects completed (since the program began); 21 projects funded and in design phase; 0 project currently being constructed; and approximately 24 additional projects planned for future funding.

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

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

*(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 goal in the next reporting period is to continue implementing remediation efforts.

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

2) The goal during this reporting period was to inspect and maintain a reasonably large number of stormwater structures within sewersheds.

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

Suffolk County expends a significant amount of effort and resources towards inspecting and maintaining stormwater structures. In this reporting period 10 MS4 structure inspections were conducted and 171 MS4 structures were maintained. Maintenance type includes structure cleaned, adjacent structure cleaned, replaced structures, road surface swept.

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

	1	7	1
--	---	---	---

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

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

Yes    No

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

Yes    No

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

The goal in the next reporting period is to continue inspecting and maintaining a comparable number of structures.

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

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

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition 

Suffolk County
----------------

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

			8	0
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

1	0	9	3	9
---	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

	1	1	7	7
--	---	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

		1	8	1
--	--	---	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

				3
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

2	0	5	4	5
---	---	---	---	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

	4	0	6	.	5
--	---	---	---	---	---

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

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

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

1	2	/	1	1	/	2	0	1	9
---	---	---	---	---	---	---	---	---	---

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

	1	0
--	---	---

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

1	0	0	%
---	---	---	---



**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

1) The goal for this reporting period was to remove and dispose of as much debris as possible from stormwater infrastructure.

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

An extensive amount of debris is removed from stormwater infrastructure each year. In the current reporting year 4,350 tons of debris was removed. Infrastructure that were flagged during mapping for having very low adequacy or depth, a tendency to fill quickly and flood, or were connected to an outfall were prioritized for debris removal.

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

4	3	5	0
---	---	---	---

*(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 goal for the next reporting period is to collect a comparable amount of debris throughout the year.

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

2) To reduce fecal coliform inputs into Suffolk County water bodies by conducting a Resident Canada Goose egg oiling program.

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

Staff spent an extensive amount of time identifying areas where goose management efforts were needed. A total of 101 nests were treated during the 2019 nesting season, which included 497 eggs oiled. Since the inception of the egg oiling program in 2011, 607 nests and 2,898 eggs have been oiled. Taking into account Canada goose biology and population ecology, to date the Program has prevented about 31,000 resident Canada geese offspring and about 6,200 tons of waste since 2011.

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

	4	9	7
--	---	---	---

(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 goal is to continue the goose management program next reporting year and address newly identified sites if necessary.

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

Suffolk County

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**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.**

3) To reduce coliform bacteria inputs by operating pump-out facilities at County marinas.

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

As of release of this draft, the final number was still being tabulated, however, we currently estimate the Total volume pumped out of boats was approximately 32,250 gallons. This minimizes the chance that boaters will dump the contents into sensitive waterbodies.

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

3 

2	2	5	0
---	---	---	---

*(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).**

Continue operating pump-out facilities in the next reporting year.

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition 

Suffolk County
----------------

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**Additional Watershed Improvement Strategy Best Management Practices**

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

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

How many MS4s contributed to this report? 

--	--	--

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

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

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

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

If N/A, go to question 3.

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

--	--	--

 %

Estimate what percentage was mapped in this reporting period. 

		1
--	--	---

 %

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition 

Suffolk County
----------------

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

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

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

		0
--	--	---

 %

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

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

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

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

	2	1
--	---	---

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

		0
--	--	---

 %

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

	5	9
--	---	---

 %

No Projects Planned

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

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

**MS4 Annual Report Form**

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition 

Suffolk County
----------------

SPDES ID

N	Y	R	2	0	A	1	8	0
---	---	---	---	---	---	---	---	---

**9. Has your MS4/Coalition developed and implemented a program of native planting?**

Yes  No  N/A

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

Yes  No  N/A

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

Yes  No  N/A

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

Yes  No  N/A