

# TOWN OF SOUTHAMPTON

Department of Municipal Works  
Engineering Office  
116 HAMPTON ROAD  
SOUTHAMPTON, NY 11968

Phone: (631) 702-1750  
Fax: (631) 287-1530



ANNA THRONE-HOLST  
TOWN SUPERVISOR

CHRISTINE FETTEN, P.E.  
TOWN DIRECTOR OF FACILITIES  
MANAGEMENT

JOHN LA ROSA, P.E.  
ACTING TOWN ENGINEER

June 3, 2014

MS4 Permit Coordinator  
New York State Department of Environmental Conservation  
Division of Water – 4<sup>th</sup> Floor  
625 Broadway  
Albany, New York 12233-3505

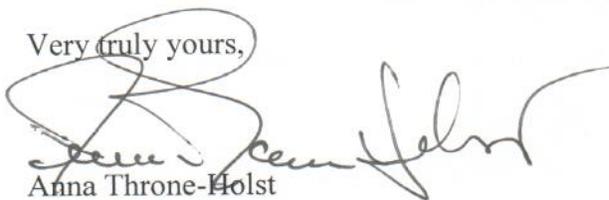
Re: Town of Southampton  
2013-2014 Municipal Compliance Certification and  
Storm Water Management Program Annual Report Forms  
SPDES ID: NYR20A454

Dear Sir or Madam:

In accordance with NYSDEC Phase II Storm Water Regulations and SPDES General Permit No. GP-0-10-002, we are attaching one completed hard copy of our Municipal Compliance Certification and Storm Water Management Program Annual Report Forms for the 2013 to 2014 reporting period.

If there are any questions, please do not hesitate to contact me.

Very truly yours,



Anna Throne-Holst  
Supervisor

1911

1912

[Faint, illegible text throughout the page]

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2 0 1 4

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

SPDES ID  
N Y R 2 0 a 4 5 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

T o w n o f s o u t h a m p t o n

OR

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

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

Name of Single Entity

OR

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

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

Name of Coalition

SPDES ID

N Y R 2 0 A







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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 4 5 4

**Section 3 - Partner Information**

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name  
S u f f o l k C o u n t y D e p a r t m e n t o f

Partner/Coalition Name (con't.) SPDES Partner ID - If applicable  
D e v e l o p m e n t a n d P l a n n i n g N Y R 2 0

Address  
1 0 0 V e t e r a n s M e m o r i a l H w y , 4 t h F l

City State Zip  
H a u p p a u g e , N Y 1 1 7 8 8 -

eMail  
F r a n k . C a s t e l l i @ s u f f o l k c o u n t y n y . g o

Phone  
( 6 3 1 ) 8 5 3 - 5 9 4 3

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
- MM2
- MM3
- MM4
- 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.

Deerfield Road Stormwater Mitigation Project - IMA in process

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 4

Name of MS4

SPDES ID

N Y R 2 0 A 4 5 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

A n n a

MI

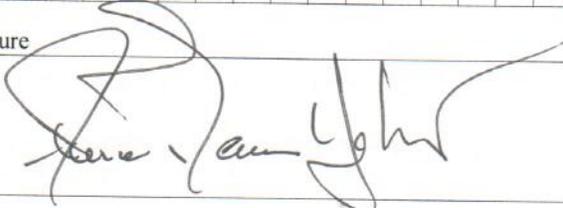
Last Name

T h r o n e - H o l s t

Title (Clearly print title of individual signing report)

T o w n o f S o u t h a m p t o n

Signature



Date

0 6 / 1 8 / 4 1 2 0 1 4

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, 2014

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

Name of MS4/Coalition

SPDES ID

### Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

#### 1. Targeted Public Education and Outreach Best Management Practices

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

- Construction Sites
- General Stormwater Management Information
- Household Hazardous Waste Disposal
- Illicit Discharge Detection and Elimination
- Infrastructure Maintenance
- Smart Growth
- Storm Drain Marking
- Green Infrastructure/Better Site Design/Low Impact Development
- Other:
- Pesticide and Fertilizer Application
- Pet Waste Management
- Recycling
- Riparian Corridor Protection/Restoration
- Trash Management
- Vehicle Washing
- Water Conservation
- Wetland Protection
- None

Other

#### 2. Specific audiences targeted during this reporting period:

- Public Employees
- Residential
- Businesses
- Restaurants
- Other:
- Contractors
- Developers
- General Public
- Industries
- Agricultural

Other

**MS4 Annual Report Form**

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

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Southampton
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SPDES ID  

N	Y	R	2	0	4	5	4
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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

- |  |                     |  |   |   |   |   |   |
|--|---------------------|--|---|---|---|---|---|
| <input type="radio"/> Construction Site Operators Trained            | # Trained           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Direct Mailings both mail and email | # Mailings          | <table border="1" style="display: inline-table;"><tr><td>2</td><td>2</td><td>0</td><td>3</td><td>2</td></tr></table> | 2 | 2 | 0 | 3 | 2 |
| 2  | 2                   | 0  | 3 | 2 |   |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays            | # Locations         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>4</td></tr></table> |   |   |   |   | 4 |
|  |                     |  |   | 4 |   |   |   |
| <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>5</td><td>3</td><td>0</td><td>0</td><td> </td></tr></table> | 5 | 3 | 0 | 0 |   |
| 5  | 3                   | 0  | 0 |   |   |   |   |
| <input checked="" type="radio"/> Newspaper Ads or Articles           | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>1</td><td>4</td></tr></table> |   |   |   | 1 | 4 |
|  |                     |  | 1 | 4 |   |   |   |
| <input checked="" type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>5</td><td>8</td><td>9</td></tr></table> |   |   | 5 | 8 | 9 |
|  |                     | 5  | 8 | 9 |   |   |   |
| <input checked="" type="radio"/> School Program                      | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>1</td><td>0</td><td>0</td></tr></table> |   |   | 1 | 0 | 0 |
|  |                     | 1  | 0 | 0 |   |   |   |
| <input type="radio"/> TV Spot/Program                                | # 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"/> Printed Materials:                  | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td>2</td><td>0</td><td>0</td><td>0</td><td> </td></tr></table> | 2 | 0 | 0 | 0 |   |
| 2  | 0                   | 0  | 0 |   |   |   |   |

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

T	o	w	n		H	a	l	l		-		E	n	g	i	n	e	e	r
W	a	s	t	e		M	a	n	a	g	e	m	e	n	t		-		
C	o	m	m	u	n	i	t	y		C	e	n	t	e	r	s		-	
S	u	p	e	r	m	a	r	k	e	t	s								

Other:

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

URL

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URL

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**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2014

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 4 5 4

3. Web Page cont.: Provide specific web addresses - not home page.

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G r e e n e r S o u t h a m p t o n

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Town of Southampton
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SPDES ID  

N	Y	R	2	0	4	5	4
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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

Evaluation of Educational materials distributed and links to more information provided on the website.  
Perform direct mailers to waterfront communities.  
Increase the ability to combine sustainable topics such as water quality, waste management, energy initiatives.

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

The Town provided more presentations in 2013 than in 2012 to education residents/businesses on water quality issues, waste management and sustainability.  
10/31/13 sent 6500 direct mailers on stormwater education to flood zone properties in all of Southampton  
Participated in more public events to educate the public.

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

		3	2
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(ex.: samples/participants/events)

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

Yes    No

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

Yes    No

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

1. Hold more meetings with Department Managers and municipal employees to progress Town infrastructure plans to include sustainable elements.
2. Increase opportunities for public education and interaction.
3. Continue to use the Town website for distribution of information, new feature - notify me- allows for email blasts to go to residents on certain topics including water quality and sustainability items.



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 4 5 4

#### 2. URL(s) con't.:

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

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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Town of Southampton
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SPDES ID

N	Y	R	2	0	4	5	4
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**4.a. If this report was made available on the internet, what date was it posted?**

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

0	5
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 / 

2	1
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 / 

2	0	1	4
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**4.b. For how many days was/will this report be posted?**

3	6	5
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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?

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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	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R		2	0	4	5	4
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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

1. Number of Stop Days and quantity of materials being dropped off
2. Residential incentives - (septics, plastic bags etc., )
3. Number of participants and quantity of material from Great East End Clean Up (GEECU)
4. School Based Programs - number of participants and quantity of material.

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

1. Stop days-4 events in 2012, 2013, 2014 will have 6 events. 2013 had substantially higher quantities of haz waste.
2. 4/2013 Town Septic Rebate Program for residents in critical watershed areas & within 200' of water body.
3. GEECU - 2012 had 900 vol @ 44 T total pick up. 2013 640 vol @ 55.5 T - Increase in Mtl

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

		1	6
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(ex.: samples/participants/events)

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

Yes    No

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

Yes    No

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

The Town has funded six STOP days in 2014;  
 The Town will be working toward increased residential incentives.  
 The Town will be initiating a green business program.







**MS4 Annual Report Form**

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

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	4	5	4
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**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

Number of illegal dump sites that required reporting to TOS  
 Number of ID Inspections  
 Number of brochures and educational events in which ID is discussed.

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

Illegal Dump Sites appear to be level- The dump sites include MSW typically, not in the storm drains but on the ground.  
 The number of brochures and educational events in which ID is discussed has increased from the previous year.

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

		1	6
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(ex.: samples/participants/events)

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

Yes    No

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

Yes    No

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

Perform next round of dry/wet weather outfall monitoring; participate in community education events.

**MS4 Annual Report Form**

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

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Southampton

SPDES ID

N	Y	R	2	0	4	5	4
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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? 

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- 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?**

	1	5
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- 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? 

		0
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- 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 # 

					0
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 ○ No Authority
- Stop Work Orders # 

					0
--	--	--	--	--	---

 ○ No Authority
- Criminal Actions # 

					0
--	--	--	--	--	---

 ○ No Authority
- Termination of Contracts # 

			1		0
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 ○ No Authority
- Administrative Fines # 

					0
--	--	--	--	--	---

 ○ No Authority
- Civil Penalties # 

					0
--	--	--	--	--	---

 ○ No Authority
- Administrative Orders # 

					0
--	--	--	--	--	---

 ○ No Authority
- Enforcement Actions or Sanctions # 

					0
--	--	--	--	--	---

 ○ No Authority
- Other # 

					0
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 ○ No Authority

**MS4 Annual Report Form**

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

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Southampton

SPDES ID

N	Y	R	2	0	4	5	4
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**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? 

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1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

	1	5
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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

	1	7
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3. What percent of active construction sites were inspected during this reporting period?  NT 

1	0	0
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 %

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, 2014

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	4	5	4
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**6. con't.:**

Submit additional pages as needed.

**MS4/Coalition Office**

Department

Address

City

Zip

Phone

**Library**

Address

City

Zip

-

Phone

**Other**

Address

City

Zip

-

Phone

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

URL

URL

**MS4 Annual Report Form**

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

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Southampton

SPDES ID

N	Y	R	2	0	4	5	4
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**7. Evaluating Progress Toward Measurable Goals MCM 4**

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

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

# of SWPPPs recieved  
 # of SWPPP Inspections performed  
 Contractors that work within the Town of Soutahmpton

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

The number of SWPPPs received in this reporting year did not significantly change from the year before. The Contractors working within the Town are generally well educated in sediment and erosion control practices

**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).**

The Town plans to continue evaluating the number of SWPPPs reviewed as an indicator for measuring overall effectiveness. In addition, The Town will investigate areas where stormwater will not enter a surface water body during heavy rain events. These areas will be required to implement sediment and erosion control measures, but will be considered for different type of flow path for SWPPP preparation.

### MS4 Annual Report Form

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

2	0	1	4
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Name of MS4/Coalition 

Town of Southampton
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SPDES ID  

N	Y	R	2	0	4	5	4
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### Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report? 

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**1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?**

	# Inventoried	# Inspections	# Times Maintained									
<input type="radio"/> Alternative Practices	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
		0										
<input type="radio"/> Filter Systems	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
		0										
<input type="radio"/> Infiltration Basins	<table border="1"><tr><td>1</td><td>1</td><td>1</td></tr></table>	1	1	1	<table border="1"><tr><td> </td><td> </td><td>3</td></tr></table>			3	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
1	1	1										
		3										
		0										
<input type="radio"/> Open Channels	<table border="1"><tr><td> </td><td> </td><td>1</td></tr></table>			1	<table border="1"><tr><td> </td><td> </td><td>1</td></tr></table>			1	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
		1										
		1										
		0										
<input type="radio"/> Ponds	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
		0										
<input type="radio"/> Wetlands	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
		0										
<input type="radio"/> Other	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
		0										

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

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

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

Other:  

A	g	r	i	c	u	l	t	u	r	a	l		P	r	e	s	e	r	v	a	t	i	o	n		P	r	o	g
---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

Town of Southampton
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SPDES ID  

N	Y	R	2	0	4	5	4
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes  No

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

		3
--	--	---

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?  

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

 %

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

Town of Southampton
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SPDES ID  

N	Y	R	2	0	4	5	4
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**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

- |  |
|--|
| <ol style="list-style-type: none"> <li>1. Investigate new post construction BMP techniques</li> <li>2. Require developers to inspect BMPs as part of the Site Plan Review/ Building.</li> <li>3. Open Space protection purchasing</li> </ol> |
|--|

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

- |   |
|---|
| <ol style="list-style-type: none"> <li>1. Town purchased 146.65 acres of land to be preserved 2013 reporting year, this is down from 288 acres purchased in 2012 reporting year.</li> <li>2. Town investigated new BMPs and is becoming more involved and aware with surface water testing</li> </ol> |
|---|

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

		1	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).**

<p>Continue to identify, purchase, or impose land development suggestions on properties that have the opportunity to improve surface water quality.</p>
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**MS4 Annual Report Form**

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

2	0	1	4
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Name of MS4/Coalition 

Town of Southampton
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SPDES ID  

N	Y	R	2	0	4	5	4
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**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 checked="" 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 type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marine Operations.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Town of Southampton
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SPDES ID  

N	Y	R	2	0	4	5	4
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**2. Provide the following information about municipal operations good housekeeping programs:**

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

			4	5
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

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

		6	3	3
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

		8	4	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 to municipal employees during this reporting period?**

				4
--	--	--	--	---

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

0	4
---	---

 / 

2	2
---	---

 / 

2	0	1	4
---	---	---	---

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

		3
--	--	---

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

	7	5
--	---	---

 %

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

Town of Southampton
---------------------

SPDES ID  

N	Y	R	2	0	4	5	4
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**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.**

To Increase the sweeping events, and drainage inspections. In addition, to reduce the quantity of nitrogen applied in fertilizer. Inspect municipal facilities.

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

The parking lot and street sweeping events drastically increased during the past reporting period as did drainage inspections. The quantity of nitrogen in fertilizer was also drastically decreased.

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

			2
--	--	--	---

*(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 Town plans to continue the ongoing street /parking lot sweeping schedule. In addition, the Town will make greater efforts in the next reporting year to train staff on best management practices. This harsh winter made it extremely difficult to schedule education events.

### MS4 Annual Report Form

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2	0	1	4
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Name of MS4/Coalition 

Town of Southampton
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SPDES ID  

N	Y	R	2	0	4	5	4
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### Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report? 

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

MS4 Description	Answer	Check NA	(POC)
<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	1,2,7a-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. 

--	--	--

 %

**MS4 Annual Report Form**

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Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	4	5	4
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?  Yes  No  N/A

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

--	--	--

 %

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

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

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

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

2	3
---	---

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? 

	6	5
--	---	---

 %  
 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

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Town of Southampton
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SPDES ID  

N	Y	R	2	0	4	5	4	
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- 9. Has your MS4/Coalition developed and implemented a program of native planting?  
 Yes    No    N/A
  
- 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?  
 Yes    No    N/A
  
- 11. Does your MS4/Coalition have a pet waste bag program?  
 Yes    No    N/A
  
- 12. Does your MS4/Coalition have a program to manage goose populations?  
 Yes    No    N/A

