

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 

2	0	2	3
---	---	---	---

**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	2	6	8
---	---	---	---	---	---	---	---	---

**Choose one:**

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

V	i	l	l	a	g	e		o	f		P	a	t	c	h	o	g	u	e															
---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**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		
---	---	---	---	---	---	--	--

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 Annual Report Cover Page**

**MCC form for period ending March 9,**

2	0	2	3
---	---	---	---

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	3
---	---	---	---

Name of MS4 

Village of Patchogue
----------------------

SPDES ID  

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name 

P	a	u	l																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI 

V
---

 Last Name 

P	o	n	t	i	e	r	i		J	r	.								
---	---	---	---	---	---	---	---	--	---	---	---	--	--	--	--	--	--	--	--

Title 

M	a	y	o	r															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address 

1	4		B	a	k	e	r		S	t	r	e	e	t	,		P	O		B	o	x		7	1	9										
---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	--	---	---	---	--	---	---	---	--	--	--	--	--	--	--	--	--	--

City 

P	a	t	c	h	o	g	u	e																												
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State 

N	Y
---	---

 Zip 

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

eMail 

p	o	n	t	i	e	r	i	@	p	a	t	c	h	o	g	u	e	v	i	l	l	a	g	e	.	o	r	g							
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

Phone 

(	6	3	1	)	4	7	5	-	4	3	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---

 County 

S	u	f	f	o	l	k													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

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

MCC form for period ending March 9, 

2	0	2	3
---	---	---	---

Name of MS4 

Village of Patchogue
----------------------

SPDES ID  

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name 

B	r	i	a	n															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI 

M
---

 Last Name 

M	c	C	a	f	f	r	e	y											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

Title 

S	t	o	r	m	w	a	t	e	r		P	r	o	g	r	a	m		C	o	o	r	d	i	n	a	t	o	r						
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Address 

1	4		B	a	k	e	r		S	t	r	e	e	t																									
---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City 

P	a	t	c	h	o	g	u	e																														
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State 

N	Y
---	---

 Zip 

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

eMail 

l	d	e	v	l	i	n	@	p	a	t	c	h	o	g	u	e	v	i	l	l	a	g	e	.	o	r	g										
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Phone 

(	6	3	1	)	4	7	5	-	4	3	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---

 County 

S	u	f	f	o	l	k													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

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

MCC form for period ending March 9, 2023

Name of MS4 Village of Patchogue

SPDES ID  
NYR 20A 268

**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

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

NYR 20A 180

Address

335 Y a p h a n k A v e n u e

City

Y a p h a n k

State

NY

Zip

11980 -

eMail

Phone

(631) 852 - 4002

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 Management of municipal ops

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, 2023

Name of MS4 Village of Patchogue

SPDES ID  
N Y R 2 0 A 2 6 8

**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

T o w n o f B r o o k h a v e n

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 4 1 1

Address

O n e I n d e p e n d e n c e H i l l

City

F a r m i n g v i l l e

State

N Y

Zip

1 1 7 3 8 -

eMail

v k i n g @ b r o o k h a v e n . o r g

Phone

( 6 3 1 ) 4 5 1 - 6 4 5 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
- MM2
- MM3
- MM4
- MM5
- MM6 M a n a g e m e n t o f m u n i c i p a l o p s

Additional tasks/responsibilities

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





**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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	2	6	8
---	---	---	---	---	---	---	---	---

**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  

w	w	.	p	a	t	c	h	o	g	u	e	v	i	l	l	a	g	e	.	o	r	g	/													
s	t	o	r	m	-	w	a	t	e	r																										

URL  


URL  


URL  


## MS4 Annual Report Form

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition 

Village of Patchogue																													
----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**SPDES ID**

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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

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

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

How many MS4s contributed to this report? 

--	--	--

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

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

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

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

Other

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

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

B	o	a	t	e	r	s																									
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other

**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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	2	6	8
---	---	---	---	---	---	---	---	---

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

- Construction Site Operators Trained # Trained 

--	--	--	--
- Direct Mailings # Mailings 

--	--	--	--
- Kiosks or Other Displays # Locations 

--	--	--	--
- List-Serves # In List 

--	--	--	--
- Mailing List # In List 

--	--	--	--
- Newspaper Ads or Articles # Days Run 

			7
--	--	--	---
- Public Events/Presentations # Attendees 

--	--	--	--
- School Program # Attendees 

--	--	--	--
- TV Spot/Program # Days Run 

--	--	--	--
- Printed Materials: Total # Distributed 

--	--	--	--

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


Other:

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

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

URL

w	w	w	.	p	a	t	c	h	o	g	u	e	v	i	l	l	a	g	e	.	o	r	g	/					
s	t	o	r	m	-	w	a	t	e	r																			

URL




**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition 

Village of Patchogue
----------------------

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**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.**

Track the number of stormwater brochures and other printed educational materials that have been distributed.

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

The educational program was discontinued during the 2022-23 reporting period due to funding issues.

**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).**

Track the number of printed stormwater educational materials that have been distributed if the educational program is reinstated.

### **MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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	2	6	8
---	---	---	---	---	---	---	---	---

#### **Minimum Control Measure 2. Public Involvement/Participation**

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

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

How many MS4s contributed to this report? 

--	--	--

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

- Cleanup Events # Events 

--	--	--	--
- Comments on SWMP Received # Comments 

			0
--	--	--	---
- Community Hotlines Phone # ( 

--	--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--

 Phone # ( 

--	--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--
- Phone # ( 

--	--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--
- Phone # ( 

--	--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--
- Phone # ( 

--	--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--
- Phone # ( 

--	--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--
- Phone # ( 

--	--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--
- Community Meetings # Attendees 

--	--	--	--
- Plantings Sq. Ft. 

--	--	--	--
- Storm Drain Markings # Drains 

--	--	--	--
- Stakeholder Meetings # Attendees 

--	--	--	--
- Volunteer Monitoring # Events 

--	--	--	--
- Other: 

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

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

- List-Serve # In List 

--	--	--	--
- Newspaper Advertising # Days Run 

			7
--	--	--	---
- TV/Radio Notices # Days Run 

--	--	--	--
- Other: 

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

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







## MS4 Annual Report Form

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition 

Village of Patchogue
----------------------

 SPDES ID 

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

### 3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department

V i l l a g e   H a l l   

Address

1 4   B a k e r   S t r e e t   

City

P a t c h o g u e   

N Y

Zip

1 1 7 7 2 -   

Phone

( 6 3 1 ) 4 7 5 - 4 3 0 0

Library  Annual Report  SWMP Plan  Comments

Address

P a t c h o g u e - M e d f o r d   L i b r a r y   

City

P a t c h o g u e   

N Y

Zip

1 1 7 7 2 -   

Phone

( 6 3 1 ) 6 5 4 - 4 7 0 0

Other  Annual Report  SWMP Plan  Comments

Address

City

Zip

  -   

Phone

(    )    -   

Web Page URL:  Annual Report  SWMP Plan  Comments

w w w . p a t c h o g u e v i l l a g e . o r g /   

s t o r m - w a t e r   

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

eMail  Comments

**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition 

Village of Patchogue
----------------------

SPDES ID  

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**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	3
---	---

 / 

3	1
---	---

 / 

2	0	2	3
---	---	---	---

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

3	6	5
---	---	---

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

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

--	--

 / 

--	--

 / 

--	--	--	--

If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

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

**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue
----------------------

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**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.**

Track the number of participants in stormwater program events such as community clean-up programs and the organic fertilizer program.
---

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

No public stormwater program events were conducted during the reporting period.
---

The total number of participants is reported in C. below.
---

**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).**

Re-establish hosting of public participation events if funding allows.
--

**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**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.**

Track the number of comments and complaints received directly concerning stormwater issues including illicit discharges and construction site runoff.

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

No comments or complaints were received during 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).**

Continue to track the number of comments and complaints received for stormwater related issues.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID

**Minimum Control Measure 3. Illicit Discharge Detection and Elimination**

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

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

How many MS4s contributed to this report?

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

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

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

- |   |  |
|---|--|
| <input type="radio"/> Auto Recyclers                  | <input checked="checked" type="radio"/> Landscaping (Irrigation) |
| <input type="radio"/> Building Maintenance            | <input checked="checked" type="radio"/> Marinas                  |
| <input type="radio"/> Churches                        | <input type="radio"/> Metal Plating Operations                   |
| <input type="radio"/> Commercial Carwashes            | <input type="radio"/> Outdoor Fluid Storage                      |
| <input type="radio"/> Commercial Laundry/Dry Cleaners | <input checked="checked" type="radio"/> Parking Lot Maintenance  |
| <input type="radio"/> Construction Vehicle Washouts   | <input type="radio"/> Printing                                   |
| <input type="radio"/> Cross-Connections               | <input type="radio"/> Residential Carwashing                     |
| <input type="radio"/> Distribution Centers            | <input checked="checked" type="radio"/> Restaurants              |
| <input type="radio"/> Food Processing Facilities      | <input type="radio"/> Schools and Universities                   |
| <input type="radio"/> Garbage Truck Washouts          | <input type="radio"/> Septic Maintenance                         |
| <input type="radio"/> Hospitals                       | <input type="radio"/> Swimming Pools                             |
| <input type="radio"/> Improper RV Waste Disposal      | <input type="radio"/> Vehicle Fueling                            |
| <input type="radio"/> Industrial Process Water        | <input type="radio"/> Vehicle Maint./Repair Shops                |

Other:  None

Sewersheds:





**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue
----------------------

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**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.**

Track the number of outfalls added to the database based on outfalls which are newly discovered in the field or outfalls which are newly constructed.
---

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

No new outfalls were identified during 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).**

Continue to perform shoreline inspections to identify any new outfalls.
---



**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**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.**

Perform dry weather outfall inspections on at least 20% of the inventoried outfalls each year.

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

Percentage: 42 of 58 outfalls (72%) were inspected during the reporting period.

The percentage of outfalls inspected is reported in C. below.

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

		7	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).**

Continue to perform dry weather outfall inspections.

**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**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.**

Track the Village's progress in educating MS4 staff in IDDE issues, with a goal of 100%, every three years.

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

26 municipal employees were trained in IDDE during the reporting period.

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

		2	6
--	--	---	---

*(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 next training will be performed in the 2023-24 reporting year.

**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue
----------------------

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**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.**

Track the number of illicit discharges detected and eliminated.
---

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

No illicit discharges were detected and eliminated during 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).**

Continue to perform surveillances for illicit discharges.
---

**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**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?**

		0
--	--	---

**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 # 

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

 No Authority
- Stop Work Orders # 

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

 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 # 

--	--	--	--	--	--
- Other # 

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

 No Authority

**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition 

Village of Patchogue
----------------------

SPDES ID  

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**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 

--	--	--

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

--	--	--

 %
  
  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	3
---	---	---	---

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	2	6	8
---	---	---	---	---	---	---	---	---

**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 SWPPP's 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	2	3
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**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.**

Track the percentage of construction project SWPPPs that have been reviewed.

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

No new SWPPPs have been reviewed during 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).**

Continue to review SWPPPs as they are received by the Building & Housing Department.



**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue
----------------------

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**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.**

Track the percentage of construction sites inspected more than once.
--

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

There were no active construction sites with a disturbance of 1 or more acres.
--

**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).**

Continue to perform multiple inspections of active construction sites.
--

**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue
----------------------

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**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.**

Track the number of construction sites where significant non-compliance is found. The goal is zero violations.
--

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

No violations were issued during 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).**

Continue to work with construction site operators to ensure compliance with permit requirements.
--

**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue
----------------------

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**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.**

Track the percentage of construction site owners / operators that have training certificates for erosion & sediment control.
--

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

There were no active construction sites, so assessment of construction site owners / operators having training certificates for erosion & sediment control was conducted.
---

**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).**

Continue to work with construction site operators to ensure compliance with permit requirements.
--



**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition 

Village of Patchogue
----------------------

SPDES ID  

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**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?**

		0
--	--	---

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

		0
--	--	---

 %

**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**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.**

Track the annual percentage of post-construction stormwater management facilities inspected versus the number inventoried.

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

Percentage: 31 of 70 post-construction stormwater management facilities were inspected during the reporting period; a percentage of 44%.

The percentage of stormwater management facilities inspected is reported in C. below.

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

		4	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).**

Inspect at least 20% of post-construction stormwater management facilities per year.

**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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	2	6	8
---	---	---	---	---	---	---	---	---

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

**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition 

Village of Patchogue
----------------------

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

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

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

			5	1
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

		1	3	5
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

				9
--	--	--	--	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

			3	1
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

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

--	--	--	--	--
- 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?**

				2
--	--	--	--	---

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

1	1	/	3	0	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

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

	3	3
--	---	---

**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	3
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**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.**

Assess municipal operations at least once every 3 years.

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

Municipal operations were last assessed during the 2015-2016 reporting period. Assessment was postponed due to COVID-19 protocols.

**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).**

Conduct the next municipal operations assessment in 2023-24.

**MS4 Annual Report Form**

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

2	0	2	3
---	---	---	---

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

Name of MS4/Coalition

Village of Patchogue

SPDES ID

N	Y	R	2	0	A	2	6	8
---	---	---	---	---	---	---	---	---

**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.**

Clean as many catch basins as possible within the reporting year, with a goal of 10% of all catch basins.

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

Percentage: 9 of 700 catch basins were cleaned during the reporting year - a percentage of 1%.

The percentage of catch basins inspected and cleaned is reported in C. below.

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

			1
--	--	--	---

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

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

Yes    No

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

Yes    No

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

Improve upon percentage of catch basins cleaned. Continue to clean at least 10% of catch basins per year.