MS4 Annual Report Cover Page

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

This cover	page must b	e completed	by the	eport preparer
Joint repo	rts require o	nly one cove	r page.	

SPI	DES	ID						
N	Y	R	2	0	A	1	4	3

Choose one:

\bigcirc 1	This r	eport i	s being	submitted	on	behalf	of	an	individual	MS4.
--------------	--------	---------	---------	-----------	----	--------	----	----	------------	------

Fill in SPDES ID in upper right hand corner.

Name of MS4	

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			



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.

1 1

h						1	 	
SPI	DES	ID						
N	Y	R	2	0	Α			
SPI	DES	ID						-
N	Y	R	2	0	Α			
SPI	DES	ID						
И	Y	R	2	0	A			
SPI	DES	ID						•
N	Y	R	2	0	A			
SPI	<u>DES</u>	ID						
N	Y	R	2	0	Α			
SPI	DES	ID						
N	Y	R	2	0	Α		-	

SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	Α		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	Α		
SPI	DES	ID					
N	Y	R	2	0	A		
SPL	DES	ID					
N	Y	R	2	0	Α		

21.1)ES	<u>UU</u>					
N	Y	R	2	0	Α		
SPI	DES	ID					
N	Y	R	2	0	Α		
SPI	ES	ID					
N	Y	R	2	0	А		
SPI	ES	ID					•
N	Y	R	2	0	Α		
SPL	ES	ID					
N	Y	R	2	0	A		
SPL	ES	ID					_
N	Y	R	2	0	Α		

MS4 Annual Report Cover Page

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

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

	CDIVEC ID	ODDEO ID
SPDES ID N Y R 2 0 A 1 4 3	SPDES ID N Y R 2 0 A	SPDES ID
SPDES ID		N Y R 2 0 A
N Y R 2 O A	SPDES ID	SPDES ID
	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 O A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 O A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	N Y R 2 0 A

MS4 Municipal Compliance Certification(MCC) Form

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

		5	SPL	DES	ID						
Name of MS4 TOV	WN OF DICKINSON		N	Y	R	2	0	A	1	4	3

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- O An Annual Report for a single MS4
- O A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

В	R	0	0	М	Ε	-		T	Ι	0	G	A	S	T	0	R	М	W	A	Т	E	R				
С	0	A	L	I	Т	I	0	И																	T	ī
																									+	╡



MS4 Municipal Compliance Certification(MCC) Form

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

	SPI	DES	ID						
Name of MS4 TOWN OF DICKINSON	И	Y	R	2	0	A	1	4	3

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

First Name	MI Last Name
MICHAEL	MARINACCIO
Title	
SUPERVISSOR	
Address	
5 3 1 0 1 d F r o n t S t	reet
City	State Zip
Town of Dickinso	
eMail	
M M A R I N A 1 9 1 @ A O L . C	OM
Phone	County
(6 0 7) 7 2 3 - 9 4 0 1	Broome

Name of MS4 TOWN OF DICKINSON

MS4 Municipal Compliance Certification (MCC) Form

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

SPDES ID

N Y R 2 0 A 1 4 3

Section											_																			
Did you period?	ır MS4	4 w	ork	w	ith	par	tnei	rs/c	oali	tioi	ı to	COI	npl	ete	son	ne c	or a	ll pe	erm	it re	equi	ren	nen	ts d	urin					
-		4ماء	-a :.	C.			1	L . 1 .																		(Y C	es	C) N
If Yes,	mit o	າເອເ	e II	arc	orm Sab	atio	on 	belo	ow.		,		c		. •							_								
Suc	mit a	SC	par	ate	SI	eet	IO	r ea	.cn	par	tne	r. li	nto	rma	atio	n p	rov	vide	d i	n o	the	r fo	rma	ats	wil	l nc	ot b	е		
acci	epted.	. II	yo :	ur.	1013	94 C	00	per	atec	1 W	ith	a c	oai	1 t 10	n, s	sub	mit	t on	e s	hee	t w	ith	the	na	me	of 1	the			
If No.	lition.	. II .તે.	15 I	noi	ne	ces 4	sar	y to	o in	ciu	de	a se	pa	rate	sh	eet	fo	r ea	ch	MS	34 i	n th	ie c	oal	itio	n.				
If No, I	JIOCEC	ou i	10 1	560	ous	η 4	- (-eri	1T1C	atı	on	Sta	tem	ieni	t.															
Partner/C	Coalitie	on N	Jam	e					_																					
BR	00	М	E	_	T	I	0	G	A	T -	S	T	To	R	M	W	A	T	E	R		C	0	A	L	I	Т	I	0	N
Partner/0	Coalitie	on N	Van	l—C	con'	+)	<u> </u>		J	<u> </u>		<u> </u>			1 " "	1							J			<u> </u>			<u> </u>	_
			\u		1	1	T	I	T-	Τ	Т	T-		7		T	Т	_	7-	1	7	1				ı	1	fapp	I -	<u>ıbl</u>
		!				<u> </u>		<u> </u>	<u> </u>		<u> </u>		<u> </u>			<u>L</u>				<u> </u>		N	Y	R	2	0	1	4	3	
Address					1	T	1			т	_	_	·																	
4 9	C	0	Ū	R	T		S	T	R	E	E	T		L	S	U	I	T	E		2	2	2							
City					·	T	-			-r			· · · · ·		··r			_ <u>S</u>	tate	********	Zip)						-		
BII	7 G	Η	A	М	T	0	N											1	4 .	Υ	1	3	9	0	1	_	3	2	7	4
eMail		·												-						J		-L	<u>. </u>	_l		I		I		
STI	⊡ @	s	T	N	Y		R	R		С	0	M					T	T												
Phone								-1			1	-	·I	<u> </u>		J			Ь	1	<u> </u>	<u> </u>	<u></u>	<u> </u>	<u></u>		l			
(6	0 7)[7	2	4	_	1	3	2	7							Le	egal ith (ly B	indi	ing 2 -002	Agre	em	ent :	in ac		dan Ye		0	NI.
What to				1.	:1:4:		L	,		7		.4.4																		
What ta	SKS/T	sp	ons	SID	HIT	es	are	sha	arec	I W	1th	thi	s pa	ırtr	er ((e.g	g. N	ИM	1 S	cho	ool .	Pro	gra	ms	or	Mu	ıltiş	ole '	Tas	ks
• MM1	M	ט	L	T	I	P	L	E		Т	A	s	K	s			<u> </u>							<u> </u>						
			_		L											<u> </u>			<u> </u>			li				l				
MM2	M	Ü	L	Т	I	₽	L	E		Т	А	S	K	S																
O MM3			$\overline{}$					T				·				r			I		!			L						
O IVIIVI3																														
MM4	SI	Ñ	P	Р	P		R	E	v	I	E	W	s			s	I	Т	E		I	N	s	Р	E	С	<u></u>	T	$\overline{\Box}$	አ T
-				[<u> </u>			_	•••	_						<u> </u>			TA	٥	F	<u>.</u>		T	I	0	N
O MM5																														
MM6	H	I	G	H	W	А	— У		S	Т	Δ	F	F		т	R	7\	_	ΝT	т.	λT	<u> </u>						$\overline{}$! 	
											~~	1.	<u> </u>			т	A.	I	N		N	G								
Addition	nal ta:	sks	/re	spo	ons	ibil	itie	s																						
				_					am.	D,	art	λía				. ח					• ,									
wat	<i>ershe</i> ershe	ds i	inc	lnd	led.	in (GP	-0-1	ርይ <i>ን</i> በጸ-4	OU OU	νοι. Φ	eriu. Set l	nuz V	em	eru	Fr	uci	ice	s re	qu	irea	IO	r IV	154	s in	ım	ıpaı	red		
						111			00-		. 1 (111	Λ.																	
····																														
								•				ı	AC.	ر را ب	age									·····						
												1/	יייי	U P	agt	23														

MS4 Municipal Compliance Certification(MCC) Form

0 2 1

Name of MS4 TOWN OF DICKINSON SPDES ID

N Y R 2 0 A 1 4 3

MCC form for period ending March 9, 2

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 M I C H A E L	MI	Last Nan	ne R I	N Z	A C	С	I	0				
Title (Clearly print title of individual signing report) SUPERVISSOR					····							
SUPERVISSOR												
Signature												
				г	ate							
					0 4	1	2	0	/ [2	2 (0 2	2 1

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

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

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

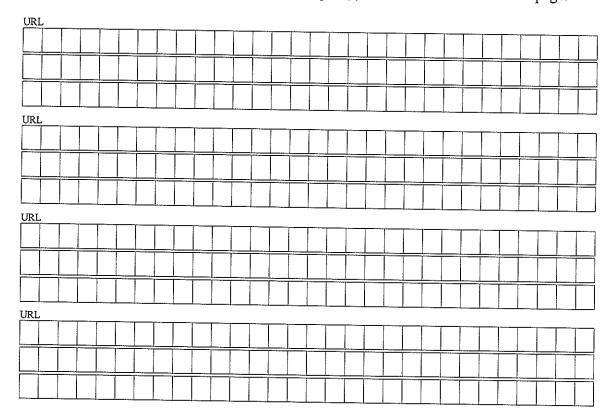
		SPI	DES	ID						
Name of MS4/Coalition TOEN OF DICKI	NSON	N	Y	R	2	0	А	1	4	3

Water Quality Trends

The information in this section is being reported (check one):	
On behalf of an individual MS4On behalf of a coalition	
How many MS4s are contributed to this report?	
1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.	
O Yes	No
If Yes, choose one of the following	
O Report(s) attached to the annual report	

 \bigcirc Web Page(s) where report(s) is/are provided below

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



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

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

= 1000000000000000000000000000000000000	SPDES ID Blank.
Name of MS4/Coalition TOWN OF DICKINSON	N Y R 2 0 A 1 4 3
Minimum Control Measure 1. Public Ed	ducation and Outreach
	ducation 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 Managen	nent Practices
Check all topics that were included in Education and Outreach	during this reporting period:
Construction Sites	O Pesticide and Fertilizer Application
General Stormwater Management Information	Pet Waste Management
O Household Hazardous Waste Disposal	Recycling
Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	Trash Management
○ Smart Growth	Vehicle Washing
Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period:	
Public Employees • Contractors	
Residential O Developers	
○ Businesses	
Restaurants O Industries	
Other: OAgricultural	
Other	

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

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

						ſ																		SP	DE	SII)					
	Name	ofl	MS4	I/Cc	oalit	ion	TOT	WN (OF D	ICK	INSC	N												И	Y	Z R	2	C) A	1	4	3
	3. 1	Wh:	at s rej	stra por	ıteg tin	gies g p	di eri	d y od:	oui ? C	r M	[S4 k a	/Co ll tl	oali nat	tio app	n u	se 1	to 2	chi	iev	e e	duc	atio	on :	and	l oı	utr	eac	h g	oal	s dı	ırir	ıg
	O C																								μп	rai:			T	T	T	
	D i						1																							+	<u> </u>	
	O Ki				_	Dis	enla	vs																		laili:	_		<u> </u>	<u> </u>	<u> </u>	
	O Li						pro	., .																#		cati		_		<u> </u>		
																									#	In I	∟ist		<u> </u>	<u> </u>		
	O Ma		_																						#	In I	List					
	O Ne																							#	Da	ys F	tun					
	O Pu					rese	nta	tion	ıs															#	Att	end	ees					
		hool	Pr	ogr	am																			#	Att	end	ees					
	OTV	/ Sp	ot/I	Prog	grar	n																		#	Day	ys R	un					
Walter Street	Pri																					Т	'otal	# D)istr	ribu	ted					
		Loca			l :	ibra	!			_)	Γ			Γ					l						<u> </u>				
		N	E	W	S		L	E	T	T	E	R																				
	0.04																															
	O Oth	ner:						_	T										1													
	○ We	b P	age	:	Pro	ovic	le s	pec	ific	we	b ac	ldre	esse	s -	not	hor	ne j	oago	e. (Con	ıtinı	ie o	n n	ext	pag	ge it	f ado	diti	onal	l spa	ice :	is
	UR	L		F	nee	ede	1. T	1		т—	1	1	т						····											_		
								<u> </u>	1										<u> </u>													
	URI	L											,																	<u>-</u>		
1																																
1																														\exists	1	

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

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

SPDES ID

ne of	MS4	1/Co	aliti	ion	TOV	VN C	OF D	ICK	INSC	N												И	Y	R	2	0	A	1	4	
We url	b Pa	age	cor	n't.:		Pı	rov	ide	spe	ecif	ic v	wel	o ac	ddr	esse	es -	no	t hc	me	paį	ge.									
																														Ī
																				T	Ī	İ				$\overline{}$		Ħ		İ
										Ī				1				T				T								Ī
JRL		,									_!		J	-1_		I		!			1	J	<u> </u>				<u></u>		L	L
																														ſ
																														_
									T				T		Ť	Ť		T		İ										Ī
JRL						1		1				1	<u> </u>	!							1	<u></u>						_		
																														ſ
																			<u> </u>									Ħ		Ī
											T			T		1			T											=
RL			•					<u></u>				!									!									-
											Ī		Ì			T		Ì						1	寸		=	\exists		=
											T	T	 	T	T	+	1							$= \dagger$			1	\dashv	$\frac{1}{1}$	~
RL			1			1		.1	<u> </u>			1	.L	<u> </u>		<u> </u>	<u> </u>		<u> </u>	<u> </u>										
																									T		T			_
											Ī					T		Ī						\exists	\top		\exists		十	=
																							_	\pm	_	\dashv	\dashv		\pm	=
RL		************				·	!	!		I	L		.I	Ш.,	.	J	l	<u> </u>	<u>L</u>		l	!					!_			_
																								T		\neg				-
														1	Ī							1		$\frac{1}{1}$		\pm	\pm	_	1	=
													<u> </u>					<u> </u>						_	-		+	<u> </u>	+	_
—⊢— RL										<u></u>	<u> </u>		L	<u> </u>	1	L.,	<u>L</u> .]	<u> </u>											
																					T				\top	T	\neg	<u> </u>		
																					+			\pm	=	\pm	\perp	+	T	=
																ļ						_			+		<u> </u>		4	
		L	l	1								<u></u>					<u></u>					- 1								

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

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

4. Evaluating Progress	Toward Measurable Goals M	ICM 1		
Use this page to report on identified in your Stormw III.C.1. Submit additional	your progress and project plan vater Management Program Plan pages as needed.	s toward achieving ment (SWMPP), including	easurable goals grequirements in	Part
A. Briefly summarize th	ne Measurable Goal identified	in the SWMPP in th	is reporting per	riod.
3. Briefly summarize th	e observations that indicated	the overall effectiven	ess of this Meas	surable
Goal.				
Goal.	this observation measured or		porting period?	
C. How many times was	this observation measured or	evaluated in this rep	(ex.; samples/par	ticipants
C. How many times was		evaluated in this rep	(ex.; samples/par	ticipants.
C. How many times was D. Has your MS4 made	this observation measured or progress toward this Measura	evaluated in this republic republic example this	(ex.; samples/par	d?
C. How many times was D. Has your MS4 made	this observation measured or	evaluated in this republic republic example this	(ex.: samples/par	d? ○ No
C. How many times was D. Has your MS4 made C. Is your MS4 on sched C. Briefly summarize th	this observation measured or progress toward this Measura	evaluated in this republic Goal during this orth in the SWMPP?	(ex.: samples/par reporting perio	d? ○ No ○ No
C. How many times was D. Has your MS4 made C. Is your MS4 on sched C. Briefly summarize th	this observation measured or progress toward this Measural the deadline set for the deadline	evaluated in this republic Goal during this orth in the SWMPP?	(ex.: samples/par reporting perio	d? ○ No ○ No

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

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

	SPDES ID			
Name of MS4/Coalition TOWN OF DICKINSON	N Y R	2 0 A	1	4 3
Minimum Control Measure 2. Public Involvement	ent/Particir	ation	1	
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 imdevelopment, evaluation and improvement of the Stormwater M (SWMP) Plan during this reporting period? Check all that apple.	anagement F	n, Progra	m	
Cleanup Events	# Events			1
O Comments on SWMP Received	#Comments			
O Community Hotlines Phone # (-		
Phone # (Phone # ()		1-		
Phone # (Phone # ()		j_		
Phone # (Phone # (Phone # (1-		
Phone # () Phone # ()		1-		
Phone # (Phone # (1-		
O Community Meetings	# Attendees			$\overline{\Box}$
○ Plantings	Sq. Ft.			
O Storm Drain Markings	#Drains			
O Stakeholder Meetings	# Attendees			
O Volunteer Monitoring	# Events			
O Other:				
2. Was public notice of availability of this annual report and Storm Program (SWMP) Plan provided?	water Manag	gemen O Ye		⊃ No
○ List-Serve	# In List			
O Newspaper Advertising	# Days Run			
○ TV/Radio Notices	# Days Run			
Other:				
O Web Page URL: Enter URL(s) on the following two pages.				

				,	SPDES I	D		
ne of MS4/Coalitic	TOWN OF DIC	KINSON			N A I	2	0 A	1 4
URL(s) con't.: Please provide	specific add	lress(es) whe	re notice(s) can be	accessed -	not ho	me pa	ıge.	
JRL								
JRL								
JRL								
RL								
RL								
RL								
							1	

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

	^			Γ.	TΩV	<u></u>			NICC	````			***************************************		—				٦				DES				T_	_	
me of	i MS4	I/Co	aliti	on_	101	14 C	יע זי/	(CKI	NSU	JIN .												N	Y	R	2 2	: 0	A	1	_
UR Ple	RL(s) ease) co: pro	n't. vid	: e s	pec	ific	c ac	ldr	'ess	(es) w	heı'	re 1	ıoti	ices	ca	n b	e a	.cce	sse	:d -	not	ho) m (e p	age			
		T	Τ	7	T	T	7-	\top		\top	\top		Т	Т	T	\top	1		$\overline{}$	_	_	η		т—			Τ-	T	_
\vdash		 -	丰	<u> </u>	_ _	lacksquare	<u> </u>	\bot	<u> </u>		\downarrow	<u></u>							<u>L</u>		<u> </u>		<u> </u>						_
			$oldsymbol{\perp}$																		T					T		T	_
			T			Ī	T	T		T	T	T	T	T	Ť	Ť	1	Ť	\dagger	\dagger	 	†	<u> </u>	十	\top	+	T	╁	=
URL.				<u> </u>	1					Щ.					<u></u>									<u></u>	<u></u>		<u> </u>	<u> </u>	_
		\top	T	Τ	T	T	T	T	7	T	_		\top	_	Т-	\top			\top		T	7-7	Γ	Т—	Т	-	т-	T	
\vdash	+	+	 =	<u> </u>	\vdash	 	_	+	<u> </u>	\perp	+	<u> </u>	 	<u> </u>	<u> </u>	<u> </u>	<u> </u>	$oldsymbol{\perp}$	<u> </u>	Ļ	<u> </u>				\perp			<u> </u>	_
				<u>L</u>			<u> </u>	<u> </u>					\perp																
							T		T					T	T	<u> </u>		Ī		Ī	T				T	\dagger			i
URL			-1	ш				-1											1		<u> </u>				<u> </u>	<u></u>	<u> </u>	<u> </u>	_
		T	Ī	T	Τ	Г	Τ	T-	T	T	\top	1	T-	\top		T -	T	T-		Ţ	T	T	,		т—	Т	<u> </u>	Γ	7
\vdash	+	+-	<u> </u>	<u> </u>	-	╄	-	<u> </u>	<u> </u>		<u> </u>	+	 	<u> </u>		 		\downarrow	<u> </u>	Ļ	<u> </u>			<u>L</u>	<u></u>				
		<u> </u>							<u> </u>	L																			
																Ī		T	T	T	T	П			\dagger				i
URL				<u> </u>		<u> </u>			Ш		<u> </u>			1	Щ.		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u>				<u> </u>			<u></u>	-
OKL	\top	T		Γ	T-	Γ	Τ	Τ	1	T	Т	T	T -	Ţ	Т	Т-	1	Т	т—	_	T				T	1			7
	-	+	<u> </u>		<u> </u>	_	<u> </u>	<u> </u>	-	\vdash	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>_</u>	_	<u> </u>			<u> </u>								
						L	<u> </u>		L		<u> </u>																		
												$ar{1}$		T				T				T	寸				=		I
URL				<u> </u>			4	<u></u>	Ш.,	1	1	Ш.,			<u></u>		<u> </u>	<u> </u>		L			l		<u></u>	<u></u> l			1
		T					T			Ī	Τ	1	T	Τ	\Box	T	_	Т	Г				\neg					_	T
_	<u> </u>	+					<u> </u>	<u> </u>	<u> </u>		<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>												ļ
	<u> </u>		-																										
											Γ	Γ											T				T		ř
URL							I	L	<u> </u>	L	Ш.,		L	Щ		L	<u> </u>												١.
			\neg									T											\exists	- T			- T	_	Γ
= -	+		\dashv		-	-					⊨	\vdash	<u> </u>	_	<u> </u>		_		-	\dashv		_		_			<u> </u>		F
+	+	1		_						_																			Ĺ
																													<u>-</u>
JRL																											<u>—</u> .l.		-
								T												- T			\neg		— ₁				-

(...)

MS4 Annual Report Form

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

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

SPDES ID

	ne of MS4/Coalition TOWN OF DICKINSON	N Y R 2 0 A 1 4 3
3.	Where can the public access copies of this annual r Program SWMP) Plan and submit comments on th	report, Stormwater Management
	Enter address/contact info and select radio button to ir whether comments may be submitted at that location.	ndicate which document is available and
0	MSA/Coalidian Office	Annual Report O SWMP Plan O Commen
	Department	Mindal Report & Switch Flair & Commen
	Address	
	City	Zip
	Phone	
	(
ΟI	ibrary O A	Annual Report O SWMP Plan O Comment
	City	Zip
,,,,	Phone	
	(
O C	Other O A Address	annual Report OSWMP Plan OComment
0 C	Address	annual Report O SWMP Plan O Comment
о с	Other O A Address City	Annual Report O SWMP Plan O Comment
○ C	Address	
00	Address City	
	Address City Phone (Zip
	Address City Phone (Zip
	Address City Phone (Zip
	Address City Phone (nnual Report O SWMP Plan O Comments
○ W	Address City Phone (nnual Report O SWMP Plan O Comments
	Address City Phone (nnual Report O SWMP Plan O Comments
○ W	Address City Phone (nnual Report O SWMP Plan O Comments can be accessed - not home page.

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

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

	SPL	ES ID					
Name of MS4/Coalition TOWN OF DICKINSON	N	YR	2	0	A 1	. 4	3
4.a. If this report was made available on the internet, what dat Leave blank if this report was not posted on the internet.	e was it po	sted?		. [
		/		/			
4.b. For how many days was/will this report be posted?							
If submitting a report for single MS4, answer 5.a If submitting	ng a joint re	port,	ansv	ver	5.b.		
5.a. Was an Annual Report public meeting held in this reporting	ng period?				Yes		No
If Yes, what was the date of the meeting?	0 5	/ 2	3	/[0 0	1	9
If No, is one planned?				0	Yes	0	No
5.b. Was an Annual Report public meeting held for all MS4s co	ntributing	g to th	is r	en(ort d	urir	ıσ
this reporting period?		,			Yes		No
If No, is one planned for each?				0	Yes	0	No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to				0	Yes		No
SWMP in response to comments to this report.							

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

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 DICKINSON	N Y R 2 0 A 1	4 3
7. Evaluating Progress Toward Measurable Goals MCM 2		
Use this page to report on your progress and project plans toward achievin identified in your Stormwater Management Program Plan (SWMPP), inclu	g measurable goals	Part
III.C.1. Submit additional pages as needed.	and reduitements in	lait
A Briefly summoring the Massaurehl, G. 1:1, 4:0, 1.		
A. Briefly summarize the Measurable Goal identified in the SWMPP	in this reporting peri	od.
3. Briefly summarize the observations that indicated the overall effect	tiveness of this Measu	ırable
Goal.	or will ividuse	i abic
. How many times was this observation measured or evaluated in the		
C. How many times was this observation measured or evaluated in this	s reporting period?	
C. How many times was this observation measured or evaluated in this	s reporting period?	
	(ex.: samples/part	icipants,
	(ex.: samples/part. his reporting period?	icipants,
). Has your MS4 made progress toward this measurable goal during t	(ex.: samples/part. his reporting period? • Yes	icipants,
). Has your MS4 made progress toward this measurable goal during t	(ex.: samples/part. his reporting period? • Yes	•
D. Has your MS4 made progress toward this measurable goal during to the set forth in the SWMD.	(ex.: samples/part. his reporting period? O Yes O Yes	○ No
. Has your MS4 made progress toward this measurable goal during to be something to be something to be something the set forth in the SWMI	(ex.: samples/part. his reporting period? O Yes O Yes	○ No
D. Has your MS4 made progress toward this measurable goal during to the sour MS4 on schedule to meet the deadline set forth in the SWM. Briefly summarize the stormwater activities planned to meet the goal.	(ex.: samples/part. his reporting period? O Yes O Yes	○ No
C. How many times was this observation measured or evaluated in this D. Has your MS4 made progress toward this measurable goal during to L. Is your MS4 on schedule to meet the deadline set forth in the SWM D. Briefly summarize the stormwater activities planned to meet the goat the next reporting cycle (including an implementation schedule).	(ex.: samples/part. his reporting period? O Yes O Yes	○ No
D. Has your MS4 made progress toward this measurable goal during to the sour MS4 on schedule to meet the deadline set forth in the SWM. Briefly summarize the stormwater activities planned to meet the goal.	(ex.: samples/part. his reporting period? O Yes O Yes	○ No
 Has your MS4 made progress toward this measurable goal during t Is your MS4 on schedule to meet the deadline set forth in the SWMI Briefly summarize the stormwater activities planned to meet the goal 	(ex.: samples/part. his reporting period? O Yes O Yes	○ No

1		1	SPI	DES	ID						
Name of MS4/Coalition	TOWN OF DICKINSON		N	Y	R	2	0	A	1	4	3

Minimum Control Measure 3.	Illicit Discharge Detection and Elimination
The information in this section is being reported	•
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to 	
1. Enter the number and approx. percent	
2. How many of these outfalls have been s	creened for dry weather discharges during this
reporting period (outfall reconnaissanc	3 8
3.a. What types of generating sites/sewershe reporting period?	eds were targeted for inspection during this
- •	
O Auto Recyclers	○ Landscaping (Irrigation)
■ Building Maintenance	○ Marinas
Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
○ Cross-Connections	O Residential Carwashing
O Distribution Centers	Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
Hospitals	O Swimming Pools
O Improper RV Waste Disposal	Vehicle Fueling
O Industrial Process Water	•
Other:	O Vehicle Maint./Repair Shops
	O None
O Sewersheds:	

Name of MS4/Coalition TOWN OF DICKINSON		Y R 2 0 A 1 4 3										
3.b. What types of illicit discharges have	e been found during this reporting	neriod?										
O Broken Lines From Sanitary Sewer	O Industrial Connections	P0.10u.										
O Cross Connections	O Inflow/Infiltration											
O Failing Septic Systems	O Pump Station Failure											
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows											
O Illegal Dumping	O Straight Pipe Sewer Discharges											
Other: How many illicit discharges/potential reporting period?	None lillegal connections have been dete	ected during this										
	How many illicit discharges have been confirmed during this reporting period. How many illicit discharges/illegal connections have been eliminated during t											
 7. Has the storm sewershed mapping be If No, approximately what percent was 8. Is the above information available in Is this information available on the w 	completed in this reporting period? GIS?	© Yes ○ No										
If Yes, provide URL(s): Please provide specific address of page vurl	where map(s) can be accessed - not h	- 12 - 21,0										
URL												

Nar	ne of	îM:	S4/6	Cos	aliti	أردون	TC	w	N 0	F D	ICK	CIN	SO																SP N	DE Y			2	_	A	7	1	3
										•														***]				114	1 -	1.				A	1	4	
	UF Ple URL	RL eas	(s) se p	co ro	n'i vic	t.: de :	sp	ec:	ifi	c a	da	lre	ess	of	pa	ag	e v	wh	er	e r	na	p(s)	cai	ı ł	эe	ac	ces	sed	l – 1	10 t	ho	m	ıe j	pa	ge		
										7	T			<u> </u>	T	Т		T -		T			Τ	-	\top			1		1	<u> </u>			\neg		T	T	
					T		<u> </u>			+	+			<u> </u>	1	<u> </u>		L		<u> </u>			<u> </u>	1				<u> </u>	+	<u> </u>	<u> </u>		$\frac{1}{1}$			<u></u>	<u> </u>	
						$\frac{\bot}{\Box}$	+			<u>L</u>	+			<u> </u> 	+	1		<u> </u> 	L					\perp	<u> </u>			<u> </u>		_	<u> </u>	\downarrow	_			<u> </u>		
:]		<u>L.</u>													<u></u>											<u> </u>				\perp					_
	URL	T			Γ			Ţ		1		Т		1	Ī								1	-T	_			Τ	_	- ₁			_					_
		1			<u> </u>	<u> </u>	+	_		<u></u>	+				+	4			<u> </u>	_			<u> </u>		1		_		<u></u>			<u> </u>	_	_		<u> </u>		_
						<u> </u>	+			<u> </u>	<u> </u>	1			<u> </u>	1				<u> </u>	_			<u></u>														
		_ _			<u>L</u>																																	
ſ	URL	_			<u> </u>	Τ	1			T	_	Т		_	Т	_]	1			r—	1					·	T	_			г				
Ĺ		+	_				<u> </u>			<u> </u>	Ļ	_		<u> </u>	_	1				Ļ																		
			_									_																					T					
Į	JRL	$\overline{}$				r	1	_				_			_					-,				.,							·	· .					1-	
Ļ	_						<u> </u>	_							L					L																		
			_																														T	T				
																																	T	T				
Ţ	RL		_			1	т—													.1							1					1	┸					
Ļ		<u> </u>																																$\overline{}$				_
																									T								Ī	T			Ī	=
																					Ī				Ī	T						<u> </u>	T	\dagger	$\frac{1}{1}$	\pm	\exists	╡
).	Has	ar	a II	DD	E	lav	w]	be	en	ac	loi	ote	ed	fo	r e:	ac	h	frs	ihi	tic	``.	—↓ ol	M	21	ar	- d	/^*	h.		TD	n r	·		<u></u>				لــــ
	app	ro	ved	l fo	r:	all	ne	n.	-tr	ad	iti	on	ıal	M	[S4	s	co	nt	rib	u	tin	g i	to 1	thi	ai. Si	rep	or	uz t?	ive	עג	IJŗ	b pi			au: Yes		9 9d 1 O	
																																				-	_	
. U.	If Y equi	es, iva	, na ller	is 6 at f	eve O	ry the	tr N	ac VY	iit S	ior M	ial od	ı IV. lel	IS II	4 c	on E 1	tr La	ib w	ut:	ing	t	o t	hi	s r	epo	ort	t c	ert	ifi	ed 1			his es			is No	, (N C	ĵТ
1.	Wha	at j	per	·ce	nt	of	st	afi	f iı	n r	ele	eva	an	t p	osi	ti	on	s a	ınd	ld	lep	a	tn	ıen	ıts	h	as	rec	eiv	ed	ID	DI	<u>C</u> 1	ra	ini	ingʻ	?	
																																			1	0	0	용

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

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

<u> </u>		SPI	DES	ID						
Name of MS4/Coalition TOWN OF	DICKINSON	N	Y	R	2	0	Α	1	4	3

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.

ILLICIT DISCHARGES FOUND. Measurable goal is to routinely inspect the outfalls during dry weather conditions and identify and eliminate illicit discharges if found.

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

FOUND ILLICIT DISCHARGES ARE TARGETD FOR ENFORCEMENT AND ELIMINATED AS SOON AS POSIBLE. None were found

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

1 3 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).

ALL PUBLIC WORKS EMPLOYEES WILL BE DIRECTED TO LOOK FOR AND REPORT ALL ILLLICIT DISCHARGES

Continue to do annual outfall inspections to identify illicit discharges especially during dry weather conditions. Continue public outreach through the use of flyers and pamphlets explaining illicit discharges and how they can and should be avoided.

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

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

	SPI	DES	ID						
Name of MS4/Coalition TOWN OF DICKINSON	N	Y	R	2	0	A	1	4	3

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

	Construction Site and Post-Construction Control		
Th	ne information in this section is being reported (check one):		
0	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1a	a. Has each MS4 contributing to this report adopted a law, ordinance or other reg mechanism that provides equivalent protection to the NYS SPDES General Per Stormwater Discharges from Construction Activities?	ulatory mit for Yes	○ No
1b	o. Has each Town, City and/or Village contributing to this report documented that equivalent to a NYSDEC Sample Local Law for Stormwater Management and I Sediment Control through either an attorney cerfification or using the NYSDEC Analysis Workbook?	Erosion	w is and O NT
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La ○ 09/2004 ● 03	w. 3/2006	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have reviewed in this reporting period?	e been	0
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of pu comments related to construction SWPPPs? Yes	blic ○ No	ONT
	If Yes, how many public comments were received during this reporting period?		0
5.	Does your MS4/Coalition provide education and training for contractors about SWPPP process?	the loca Yes	l O No

do not have authority:		,	 		and of action
O Notices of Violation	#			0	O No Authority
O Stop Work Orders	#			0	O No Authority
O Criminal Actions	#			0	O No Authority
O Termination of Contracts	#			0	O No Authority
O Administrative Fines	#			0	O No Authority
O Civil Penalties	#			0	O No Authority
O Administrative Orders	#			0	O No Authority
O Enforcement Actions or Sanctions	#			0	
O Other	#			0	O No Authority

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

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

	SPDES ID
Name of MS4/Coalition TOWN OF DICKINSON	N Y R 2 0 A 1 4 3

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

	The state of the s	OII CO	110101
Tl	ne 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 during this reporting period?	acre or	more 0
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	ur jurise	diction
3.	What percent of active construction sites were inspected during this reporting		
4.	What percent of active construction sites were inspected more than once?	1 0	0 0 % ● NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual?	the NY	- 70
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prever (SWPPPs) of construction projects that are subject to MS4 review and approve	.45 DI	
	Yes If your MS4 is Non-Traditional, are SWPPPs of construction projects made ave public review?	○ No ailable f	
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	○ Yes d.	○ No

			SPDES ID
	Name of MS4/Coalition TOWN OF DICKINSON		N Y R 2 0 A 1 4 3
	6. con't.:		
	Submit additional pages as needed.		
	 MS4/Coalition Office Department 		
	TOWNHALL		
	Address		
	5 3 1 O L D F R O N T	STREET	
	City	Zip	
	DICKINSON	N Y 1	3 9 0 5 -
	Phone (6 0 7) 7 2 3 - 5 9 5 4		
	O Library Address		
	- Xuu 055		
attern.	City	Zip	
Samuel Samuel			
	Phone		
	(
	O Other		
	Address		
	City	Zip	
	Phone		
	()		
	O Web Dans LIDY ()		
	 Web Page URL(s): Please provide specific address URL 	s where SWPPPs can be ac	ccessed - not home page.
	URL		
ł			

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

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

		SI	'DE	<u>S IL</u>	,					
Name of MS4/Coalition	TOWN OF DICKINSON	D	ĮΥ	R	2	0	A	1	4	3

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.

THERE WERE NO SWPPPS RECEIVED. Measurable goal is to inventory the number of SWPPP'S received and reviewed. Also to document the number and amount of times construction projects are inspected.

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

WE ARE PREPARED TO TAKE ACTION WHEN WE RECEIVE A PROJECT.

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

				0	
(ex.:	samples/	part	ici	pant	s/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 O No

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

REVIEW ANY SWPPP'S AND MAKE AVAILABLE FOR PUBLIC COMMENT Continue to verify that all construction projects disturbing 1 or more acres have an approved SWPPP in place, have stormwater permit coverage through DEC, and inspect every active construction project at least once a month during construction.

Overlay Districts

O Zoning

○ None

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 1$ If submitting this form as part of a joint

if submitting this form as	s part of a Joint re	port on behalf of	a coalition leave SPI	DES ID blank.
Name of MS4/Coalition TOWN OF DICK	INSON		SPDES ID N Y R	
Minimum Control M	easure 5. Pos	t-Construction	on Stormwater I	<u>Management</u>
The information in this section is b	eing reported (che	eck one):		
On behalf of an individual MS4On behalf of a coalition		,		
How many MS4s co	ntributed to this	report?		
 How many and what type of p MS4/Coalition inventoried, in 	oost-construction spected and mai	stormwater manual	anagement practices reporting period?	has your
	# Inventoried	# Inspections	# Times Maintained	
O Alternative Practices	0	0	0	
O Filter Systems			0	
O Infiltration Basins	0			
Open Channels	0			
O Ponds	0			
○ Wetlands		0		
O Other		0		
2. Do you use an electronic too BMPs, inspections and main	l (e.g. GIS, data	ıbase, spreadsl	neet) to track post-	
3. What types of non-structura Development/Better Site Des	l practices have	e been used to astructure prin	implement Low Im	
-	Comprehensive P			

O Open Space Preservation Program

O Local Law or Ordinance

O Land Use Regulation/Zoning

		SPI	DES II)					
Na	me of MS4/Coalition TOWN OF DICKINSON	N	Y R	2	0	А	1	4	3
4a	. Are the MS4s contributing to this report involved in a regional/wat	ershed w	⁄ide p	lann	ing	effe	ort'	?	
						Yes	3	0	No
4b	. Does the MS4 have a banking and credit system for stormwater ma	nagemer	ıt pra	ctic	es?				
						Yes		9	Νo
4c	 Do the SWMP Plans for each MS4 contributing to this report includes and approval of banking and credit of alternative siting of a stormed 	de a prot vater ma	ocol f nager	or e nen	valı t pr	uatio actio	on ce?	i	
						Yes		•	Νo
4d	. How many stormwater management practices have been implement reporting period?	ted as pa	rt of	his	syst	tem	in	this	3
								0	
5.	What percent of municipal officials/MS4 staff responsible for progr training on Low Impace Development (LID), Better Site Design (BS Infrastructure principles in this reporting period?	am impl D) and o	emen ther (tatio Gree	n a	tten	_		%
					L				

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

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

	SPI	<u>JES</u>	ID						
Name of MS4/Coalition TOWN OF DICKINSON	N	Y	R	2	0	A	1	4	3

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.

Measurable goal is to document the number of post construction BNP's inspected. Also to verify that the owner has conducted and documented maintenance of the post construction BMP'S.

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

NO ACTIVITY			

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

				0	
(ex.;	samples/	part	íci	pant	s/events)

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

7 1		•	
	Yes	\circ	No

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

Yes O No

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

IT IS NOT LIKELY THAT THERE WILL BE ANY POST CONSTRUCTION ACTIVITIES THIS YEAR

Continue to inspect post construction BMP's and hold owner's /operators accountable to maintain them. Also, to request and file annual maintenance records from each post construction BMP.

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

	SPL	DES	ID						
Name of MS4/Coalition TJOWN OF DICKINSON	N	Y	R	2	0	A	1	4	3

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.

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

Operation / Activity/Facility			performed withi	n the past 3
Operation/Activity/Facility	Addressed i	n SWMP?	years	?
Street Maintenance	Yes	O No	• Yes	_ ○ No
Bridge Maintenance.	O Yes		O Yes	© No
Winter Road Maintenance	● Vec			•
Salt Storage.	• 165		• Yes	\circ No
Solid Wasta Managament	Yes		• Yes	○ No
Solid Waste Management	• Yes	○ No	• Yes	O No
New Municipal Construction and Land Disturba	nce 🖲 Yes	○ No	• Yes	O No
Right of Way Maintenance	• Yes		• Yes	O No
Marine Operations	O Yes	• No		© No
Hydrologic Habitat Modification	O Vec		O Yes	
Parks and Open Space	© 103			No
Municipal Duilding	9 Yes		🖲 Yes	\circ No
Municipal Building	👺 Yes	○ No	🍽 Yes	\circ No
Stormwater System Maintenance	• Yes	○ No	• Yes	O No
Vehicle and Fleet Maintenance	Yes	○ No		O No
Other	O Yes		O Yes	0 No
	******		🔾 103	○ 110

	· · · · · · · · · · · · · · · · · · ·	SPDES ID				
	Name of MS4/Coalition TOWN OF DICKINSON	N Y R 2	0 A	1	4	3
	2. Provide the following information about municipal operations good	od housekee _l	ping p	rogı	ram	1S:
	Parking Lots Swept (Number of acres X Number of times swept)	# Acres				5
	Streets Swept (Number of miles X Number of times swept)	# Miles		T	3	0
	Catch Basins Inspected and Cleaned Where Necessary	#			3	7
	O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#				0
	Phosphorus Applied In Chemical Fertilizer	# Lbs.				0
	Nitrogen Applied In Chemical Fertilizer	# Lbs.			$\overline{}$	0
1	O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres [0].[
	3. How many stormwater management trainings have been provided during this reporting period?	to municipa	ıl emp	oloye		1
	4. What was the date of the last training?	3 / 0 3	/ 2	0	2	1
	5. How many municipal employees have been trained in this reporting	g period?				4
	6. What percent of municipal employees in relevant positions and dep stormwater management training?	oartments re	ceive		0 9	%

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

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

		,	SPI	DES	ID						
Name of MS4/Coalition	TIOWN OF DICKINSON		N	Y	R	2	0	A	1	4	3

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.

CLEANING OF STREETS AND PARKING LOTS, INSPECTION OF CATCHBASINS, AND GOOD HOUSEKEEPING. Measurable goal is to reduce pollutants of concern through the use of good housekeeping programs. Also, to ensure that all relevant staff receive good housekeeping training.

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

THE SWEEPING WAS DONE TWELVE TMES AND THE CATCHBASINS WERE INSPECTED,2 CATCHBASINS WERRE REPAIRED, 12 WERE VACUUMED; YARD WASTE PICK UP WAS DONE 64 TIMES; LEAF PICK UP WAS DONE 40 TIMES. There has been a decrease in migration of materials to the streams and rivers due to catch basin and culvert cleaning. LEAF AND YARD WASTE ARE COLLECTED WEEKLY SPRING THROUGH FALL.

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

	8	8	

(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).

ALL EMPLOYEES GET GOOD HOUSEKEEPING TRAINING ONCE A YEAR.

Continue to evaluate good housekeeping programs and implement new practices to reduce pollutants of concern. Continue to attend stormwater management training(s) when available.

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

	SPDES ID					
Name of MS4/Coalition TJOWN OF DICKINSON	N Y R	2	0 A	1	4	3

Additional Watershed Improvement Strategy Best Management Practices

The information in this section is being reported (check one):	
○ On behalf of an individual MS4○ On behalf of a coalition	
How many MS4s contributed to this report?	

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

MS4 Description	Answer	Check NA	
NYC EOH Watershed	-	CHECKIVA	(POC)
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	<u> </u>
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed		3,4,3,10,11,12	Phosphorus
Traditional Land Use	1,6,7a-d,8a,9	724595105512	-
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	1,0,74-4,64,7	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Land Use	1,4,6,7a-d,8a,9	0050140414	-
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	2,3,5,86,10,11,12	Phosphorus
Oyster Bay	1,4,0,7a-0,88,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Land Use	1 4 7 1 0 10 11 10		•
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,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Peconic Estuary	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Traditional Land Use	-	<u>-</u>	-
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,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed Traditional Land Use	-		- 1 uniogens and ividiogen
	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments		-	1 nospriorus
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Doth as a second
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
			<u>Pathogens</u>

	Non-Traditional	1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9	5,6,8a,8b 5,6,8a,8b,10,11,12	Pati	nogens nogens nogens	
1.	Does your MS4/Coali	tion have an education pathogens on waterboo	program addressing i	mpacts of		
	phosphorus/mtrogen/	O Yes	O No	O N/A		
2.	Has 100% of the MS4	/Coalition conveyance	system been mapped i	n GIS?		
	If N/A, go to question 3	3.		○ Yes	○ No	O N/A
	If No, estimate what per			oped so far.		%
	Estimate what percentage	ge was mapped in this re	eporting period.			%

	SPDES ID	
Name of MS4/Coalition TOWN OF DICKINSON	N Y R 2 0 A 1 4 :	 3
		_
3. Does your MS4/Coalition have a Stormwater Conveya	ance System (infrastructure) Inspection	1
and Maintenance Plan Program?	○ Yes ○ No ○ N/	
4. Estimate the percentage of on-site wastewater treatme and maintained or rehabilitated as necessary in this re	ent systems that have been inspected reporting period?	ó
5. Has your MS4/Coalition developed a program that pro NYSDEC SPDES General Permit for Stormwater Disc (GP-0-08-001) to reduce pollutants in stormwater rund disturb five thousand square feet or more?	charges from County 1	4
6. Has your MS4/Coalition developed a program to address runoff from new development and redevelopment projection to one acre that provides equivalent protection to Permit for Stormwater Discharges from Construction the New York State Stormwater Design Manual Enhant Standards?	ress post-construction stormwater jects that disturb greater than or to the NYS DEC SPDES General	
7a. Does your MS4/Coalition have a retrofitting program to phosphorus/nitrogen/pathogen loading?	to reduce erosion or O Yes O No O N/A	L
7b. How many projects have been sited in this reporting pe	eriod?	
7c. What percent of the projects included in 7b have been o	completed in this reporting period?	
7d. What percent of projects planned in previous years hav	ve been completed? %	
0 ***	O No Projects Planned	
Sa. Has your MS4/Coalition developed and implemented a procedures policy that addresses proper fertilizer applicands?	turf management practices and ication on municipally owned	
lands?	O Yes O No O N/A	
Bb. Has your MS4/Coalition developed and implemented a procedures policy that addresses proper disposal of grassmanning like over addresses.	turf management practices and ass clippings and leaves from	
municipally owned lands?	○ Yes ○ No ○ N/A	

	SPL	<u>DES II</u>	2				
Name of MS4/Coalition TOWN OF DICKINSON	N	YR	2	0	А	1 4	1 3
9. Has your MS4/Coalition developed and implemented a program of	f nat	ive p	lan	ting	;?		
				Ō		0	N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste prohibiting goose feeding?	on n						s and N/A
11. Does your MS4/Coalition have a pet waste bag program?		ΟY	es	0	No	0	N/A
12. Does your MS4/Coalition have a program to manage goose populations?		ΟY	es	0]	No	0	N/A