

**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 5 1

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

S u l l i v a n C o u n t y ( C R 6 4 - 6 5 )

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  
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MCC form for period ending March 9, 2023

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

MCC form for period ending March 9, 2 0 2 3

Name of MS4 Sullivan County (CR 64 - 65 )

SPDES ID  
N Y R 2 0 A 2 5 1

**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 J o s h u a MI A Last Name P o t o s e k

Title C o u n t y M a n a g e r

Address 1 0 0 N o r t h S t r e e t

City M o n t i c e l l o State N Y Zip 1 2 7 0 1 -

eMail j o s h u a . p o t o s e k @ s u l l i v a n n y . u s

Phone ( 8 4 5 ) 8 0 7 - 0 4 5 0 County S u l l i v a n



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

MCC form for period ending March 9, 2 0 2 3

Name of MS4 Sullivan County (CR64-65)

SPDES ID  
N Y R 2 0 A 2 5 1

**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).

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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: E d w a r d MI: Last Name: M c A n d r e w

Title: C o m m i s s i o n e r S C D P W

Address: 1 0 0 N o r t h S t r e e t

City: M o n t i c e l l o , State: N Y Zip: 1 2 7 0 1 -

eMail: e d w a r d . m c a n d r e w @ s u l l i v a n n y . u s

Phone: ( 8 4 5 ) 8 0 7 - 0 2 6 1 County: S u l l i v a n

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

MCC form for period ending March 9, 2 0 2 3

Name of MS4 Sullivan County (CR 64-65)

SPDES ID  
N Y R 2 0 A 2 5 1

**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

[Grid for Partner/Coalition Name]

Partner/Coalition Name (con't.)

[Grid for Partner/Coalition Name (con't.)]

SPDES Partner ID - If applicable

N Y R 2 0 [Grid]

Address

[Grid for Address]

City

[Grid for City]

State

[Grid for State]

Zip

[Grid for Zip]

- [Grid]

eMail

[Grid for eMail]

Phone

( [Grid] ) [Grid] - [Grid]

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 [Grid]
- MM2 [Grid]
- MM3 [Grid]
- MM4 [Grid]
- MM5 [Grid]
- MM6 [Grid]

Additional tasks/responsibilities

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

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### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 Sullivan County (CR 64-65)

SPDES ID

NYR 20A 251

#### 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

E d w a r d

MI

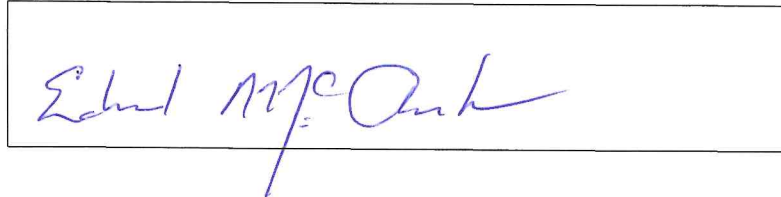
Last Name

M c A n d r e w

Title (Clearly print title of individual signing report)

C o m m i s s i o n e r S C D P W

Signature



Date

05 / 24 / 2023

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

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







### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Sullivan County (CR64-65)
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SPDES ID  

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

- Construction Site Operators Trained # Trained 

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

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

				3
--	--	--	--	---
- List-Serves # In List 

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- Mailing List # In List 

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

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

			5	0
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- School Program # Attendees 

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- TV Spot/Program # Days Run 

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

			3	0	0
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Locations (e.g. libraries, town offices, kiosks)

S	C	D	P	W		O	F	F	I	C	E	S							
S	C	D	P	E	M		O	F	F	I	C	E	S						
S	C		S	O	I	L		a	n	d		W	A	T	E	R		C	D

● Other:

4	5		S	o	c	i	a	l		M	e	d	i	a		P	o	s	t
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● Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

Name of MS4/Coalition Sullivan County (CR 64-65)

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

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**MS4 Annual Report Form**

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Name of MS4/Coalition 

Sullivan County (CR64-65)
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SPDES ID  

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

Lectures / Recycling Facility tours presented by the Sullivan County Recycling Coordinator. Five (5) public service environmental/recycling seminars, facility tours, and on-the-spot teach ins. All aspects of a healthy environment are stressed, including sustainability, clean waters, energy conservation and biodiversity. Direct, print, and online outreach to thousands of Sullivan County residents is performed annually as well.

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

Number of events held annually

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

			5
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Continue lectures and tours in which all aspects of a healthy environment are stressed, including sustainability, clean waters, energy conservation and biodiversity, with special emphasis on clean waters, proper pharmaceutical disposal methods and a healthy environment as part of our Countywide recycling & sustainability program focus. Outreach to several thousand Sullivan County residents is performed annually. The events are planned throughout the year on a continual basis.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Sullivan County (CR04-05)

SPDES ID

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

The Leadership Sullivan Environmental Issues & Natural Resources leadership training program was suspended due to COVID-19 and will be reinstated as restrictions are lifted.

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

Information is typically directly provided to attendees on importance of reducing stormwater impacts to the environment. The event also typically provides opportunity for attendees to learn about the impacts of materials management activities, including watershed pollution impacts, management, conservation, runoff and the importance of riparian buffers. However, the event was suspended due to COVID-19.

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

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(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?**
 Yes    No
**E. Is your MS4 on schedule to meet the deadline set forth in the SWMP?**
 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 County Strategic plan emphasizes a continuing need to promote clean water issues and watershed protection. This is addressed on a County wide basis not just within the small regulated MS4 area (which is significantly less than one percent of the County area).

**MS4 Annual Report Form**

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Name of MS4/Coalition

Sullivan County (CR 64-65)

SPDES ID

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

The County SWMP Coordinator typically presents and reviews the Stormwater Management Plan to the County Public Works Committee annually. Due to COVID-19 forcing several committee meetings to be canceled, the Stormwater Management Plan was not presented to the County Public Works Committee in 2022. Committee meetings have resumed and the Stormwater Management Plan will be presented in July 2023.

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

The Division of Public Works Committee meeting is a standing monthly County meeting which is open to the public and is covered by local news media.

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

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(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?**
 Yes    No
**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**
 Yes    No
**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

The County SWMP Coordinator will resume annual presentations to the County Legislative body at the Public meeting in July 2023.

**MS4 Annual Report Form**

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Name of MS4/Coalition

Sullivan County (CR64-65)

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

Provide assistance as needed to the Sullivan County Drug Disposal Task Force to collect and manage the proper disposal of unwanted pharmaceuticals in the County. Three (3) permanent, locked 24/7-accessible Rx Collection Drop-Boxes were placed at three law enforcement stations around Sullivan County (Fallsburg PD, Liberty PD and Monticello PD). These facilities continue to be promoted in order to protect water supplies from undue Rx contamination in Sullivan County.

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

Information was provided to diverse audiences on the importance of preventing pharmaceuticals from reaching and contaminating water supplies.

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

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(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?**
 Yes    No
**E. Is your MS4 on schedule to meet the deadline set forth in the SWMP?**
 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 Recycling Coordinator will disseminate information, as needed, via presentations throughout the year, this is an ongoing process.





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Name of MS4/Coalition Sullivan County (CR64-65)

SPDES ID  
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SPDES ID  
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### 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  
S u l l i v a n C o u n t y D P W

Address  
1 0 0 N o r t h S t r e e t

City  
M o n t i c e l l o N Y

Zip  
1 2 7 0 1 - 5 1 9 2

Phone  
( 8 4 5 ) 8 0 7 - 0 2 6 1

Library  Annual Report  SWMP Plan  Comments

Address

City

Zip

Phone  
( ) -

Other  Annual Report  SWMP Plan  Comments

Address

City

Zip

Phone  
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Web Page URL:  Annual Report  SWMP Plan  Comments

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

eMail  Comments

**MS4 Annual Report Form**

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

Name of MS4/Coalition 

Sullivan County (CRGH - OS)
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SPDES ID

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

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

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3	1
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2	0	2	3
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**4.b. For how many days was/will this report be posted?**

3	6	5
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

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

Yes  No

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

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Sullivan County (CR64-05)

SPDES ID

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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

County wide Municipal Clean Up events in all Towns/Villages sponsored by the County. One (1) County sponsored Household Hazardous Waste (HHW) cleanup event. One (1) litterpluck roadside litter collection event. The County allows Towns to clean litter along roads and bring to County Solid Waste Facilities for no charge.

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

Collected over 779 tons of solid waste in municipal cleanup events  
 Collected 11.39 tons of HHW, including 5 lbs. of mercury, 2,222 lbs. of pesticides, 1,784 gallons of solvents / hazardous liquids and oil-based paints.  
 Collected several hundred bags of litter as well as e-scrap and tires  
 Collected over 79 tons of e-scrap at County Solid Waste Facilities

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

			4
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(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**
 Yes    No
**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**
 Yes    No
**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

The County plans to continue/expand the above sponsored events while remaining in compliance with current COVID-19 restrictions.

These are ongoing events that will be scheduled throughout the year.

**MS4 Annual Report Form**

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: 

Sullivan County (CR 64-65)
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SPDES ID  

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

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

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

Two (2) Volunteer Rain Garden Construction projects at Sullivan County run Lake Superior Park in Town of Bethel .

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

Two (2) demonstration rain gardens, which are being maintained by Sullivan County staff, have been constructed at Lake Superior Park, where interpretive signage and brochures are available. A demonstration rain barrel has also been placed at the park to further promote water conservation awareness.

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

			2
--	--	--	---

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

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

Yes    No

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

Yes    No

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

The County will continue to pursue ways to raise awareness of stormwater issues. The Division of Planning, Community Development and Environmental Management, which is composed of the Department of Parks, Recreation and Beautification and the Office of Sustainable Energy, continues to takes advantage of the synergy that exists between them to promote the importance of our environment.









**MS4 Annual Report Form**

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Sullivan County (CR04-65)
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SPDES ID  

N	Y	R	2	0	A	2	5	1
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**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

Number of Illicit discharge points detected during inspections

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

The entire 1.5 miles of roadway within the regulated MS4 area are inspected annually. Formal inspections are conducted by staff in the SCDPW engineering department, additional informal inspections are conducted by the SCDPW Road Maintenance Superintendent. No illicit discharges were discovered during any of the inspections. Pipe connections to the storm sewers are monitored during inspections to verify they are clean stormwater

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

			2
--	--	--	---

(ex.: samples/participants/events)

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

Yes    No

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

Yes    No

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

Continue with Formal and informal system inspections. Complete the watershed delineation.

**MS4 Annual Report Form**

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Sullivan County (CR64-65)
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SPDES ID 

N	Y	R	2	0	A	2	5	1
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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? 

--	--	--

**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 # 

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

 No Authority
- Termination of Contracts # 

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

 No Authority
- Administrative Fines # 

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

 No Authority
- Civil Penalties # 

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

 No Authority
- Administrative Orders # 

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

 No Authority
- Enforcement Actions or Sanctions # 

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

 No Authority
- Other # 

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

 No Authority

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Sullivan County (CR64 - 65)

SPDES ID

N	Y	R	2	0	A	2	5	1
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### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report? 

--	--	--

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, 2023

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

Name of MS4/Coalition Sullivan County (CR04-05)

SPDES ID  
N Y R 2 0 A 2 5 1

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

S u l l i v a n C o u n t y D P W

Address

1 0 0 N o r t h S t r e e t

City

M o n t i c e l l o

Zip

N Y

1 2 7 0 1 - 5 1 9 2

Phone

( 8 4 5 ) 8 0 7 - 0 2 6 1

○ Library

Address

City

Zip

-

Phone

( ) -

○ Other

Address

City

Zip

-

Phone

( ) -

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

URL

URL

**MS4 Annual Report Form**

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Sullivan County (CR64-65)
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SPDES ID  

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

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

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

Review of construction site plans and construction projects along County Roads for compliance with Highway Law and disturbance within the lawfully designated Right of Way (ROW)

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

Began preliminary/conceptual review of proposed construction project. However, no construction was undertaken within the designated MS4 area which would trigger involvement by the County during this reporting period.

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

			0
--	--	--	---

(ex.: samples/participants/events)

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

Yes    No

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

Yes    No

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

The County will review any applications received.

The County will continue to distribute information on the NYSDEC requirements for land disturbance with all permits associated with construction activity issued by the County for all permits issued County wide not just within the designated MS4 area. This is an ongoing activity.







**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Sullivan County (CR64-65)
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SPDES ID

N	Y	R	2	0	A	2	5	1
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**4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?**  
 Yes  No

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

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

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

		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, 

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

Name of MS4/Coalition: 

Sullivan County (CR <del>64</del> -65)
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SPDES ID  

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

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

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

The County has no post construction stormwater controls within the designated MS4 area. The County does have two (2) micropool extended detention basins which are located at County facilities outside of the designated MS4 area. The County inspects these systems annually and conducts maintenance on them as necessary.

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

The systems were inspected as required and were found to need routine maintenance at that time. The required work is completed by County forces.

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

			2
--	--	--	---

(ex.: samples/participants/events)

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

Yes    No

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

Yes    No

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

The County will continue to inspect and maintain as needed the post construction stormwater facilities under its jurisdiction.

**MS4 Annual Report Form**

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Sullivan County (CR64-65)
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SPDES ID  

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

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

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

The Division of Planning, Community Development and Environmental Management, which is composed of the Department of Parks, Recreation and Beautification and the Office of Sustainable Energy, continues to research and promote Low Impact Development and Green Infrastructure practices.

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

The County has joined with the Climate Registry in an effort to promote Green Development. The Sullivan County Legislature has adopted a Climate Action Plan which further promotes Green Development processes on a County wide basis. The County appointed the County Manager or his designee to act as the Climate smart coordinator.

**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).**

The County continues to incorporate goals of the Division of Planning, Community Development and Environmental Management to further Green Infrastructure County wide in the SWMP.

**MS4 Annual Report Form**

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Sullivan County (CR64 -05)
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SPDES ID 

N	Y	R	2	0	A	2	5	1
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

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

How many MS4s contributed to this report? 

--	--	--

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

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

**MS4 Annual Report Form**

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Sullivan County (CR6465)

SPDES ID

N	Y	R	2	0	A	2	5	1
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**2. Provide the following information about municipal operations good housekeeping programs:**

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

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

				2
--	--	--	--	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			1	5
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

0	6	/	0	8	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

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

		1
--	--	---

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

	8	0	%
--	---	---	---

**MS4 Annual Report Form**

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Sullivan County (CR04-65)
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SPDES ID

N	Y	R	2	0	A	2	5	1
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

Road sweeping combined with inspection of and cleaning as necessary of roadside ditches and catch basins along County Roads

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

The entire length of roadway was swept clean of accumulated debris. The basins were cleaned as needed using County operations staff and County owned vac-truck equipment

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

			2
--	--	--	---

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

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

Yes    No

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

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).**

Operations staff is to receive training by the SC Soil and Water Conservation District on construction site stormwater management. (SCSWCD is partially funded and overseen by the SC Division of Public Works). Due to continuing COVID-19 issues and budgetary constraints restricting travel and training budgets, additional training opportunities are limited at this time.



### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Sullivan County (CR <del>64</del> -65)
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SPDES ID 

N	Y	R	2	0	A	2	5	1
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### Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report? 

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

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

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

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

If N/A, go to question 3.

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

--	--	--

 %

Estimate what percentage was mapped in this reporting period. 

--	--	--

 %

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Sullivan County (CR <del>64</del> -65)
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SPDES ID 

N	Y	R	2	0	A	2	5	1
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**3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?**  Yes  No  N/A

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

--	--	--

 %

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

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

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

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

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

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 %

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

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 %

No Projects Planned

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

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

**MS4 Annual Report Form**

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Sullivan County (CR04-05)

SPDES ID

N	Y	R	2	0	A	2	5	1
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**9. Has your MS4/Coalition developed and implemented a program of native planting?**

Yes    No    N/A

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

Yes    No    N/A

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

Yes    No    N/A

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

Yes    No    N/A