

**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 7 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

C i t y o f M i d d l e t o w n

OR

This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

OR

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

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

Name of Coalition

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**MS4 Annual Report Cover Page**

MCC form for period ending March 9, ~~2022~~      

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

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

MCC form for period ending March 9, 

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Name of MS4 

City of Middletown
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SPDES ID  

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**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 

Joseph																				
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 Last Name 

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Title 

Mayor																				
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Address 

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City 

Middletown																				
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 State 

NY
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 Zip 

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eMail 

jdestefano@middletown-ny.com																				
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Phone 

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### MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

#### 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

Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable

Address

City  State  Zip  -

eMail

Phone  
(  )  -

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

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

- MM1
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

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

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

Name of MS4

SPDES ID

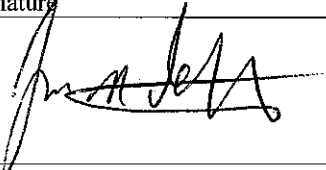
**Section 4 - Certification Statement**

"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  MI  Last Name

Title (Clearly print title of individual signing report)

Signature 

Date

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: [MS4compliance@dec.ny.gov](mailto:MS4compliance@dec.ny.gov). All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

**Submit Form**

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance  
Division of Water  
4th Floor  
625 Broadway  
Albany, New York 12233-3505

### MS4 Annual Report Form

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

2	0	2	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 

City Of Middletown																			
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### Water Quality Trends

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

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

How many MS4s are contributed to this report? 

1	
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**1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.**

Yes  No

If Yes, choose one of the following

- Report(s) attached to the annual report
- Web Page(s) where report(s) is/are provided below

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

URL


URL


URL


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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

City of Middletown
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SPDES ID  

NYR20271					
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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

- |   |                     |  |  |    |  |  |
|---|---------------------|--|--|----|--|--|
| <input type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td></tr></table>   |  |    |  |  |
|   |                     |  |  |    |  |  |
| <input type="radio"/> Direct Mailings                     | # Mailings          | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td></tr></table>   |  |    |  |  |
|   |                     |  |  |    |  |  |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations         | <table border="1" style="display: inline-table;"><tr><td></td><td>2</td><td></td><td></td></tr></table>  |  | 2  |  |  |
|   | 2                   |  |  |    |  |  |
| <input type="radio"/> List-Serves                         | # In List           | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td></tr></table>   |  |    |  |  |
|   |                     |  |  |    |  |  |
| <input type="radio"/> Mailing List                        | # In List           | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td></tr></table>   |  |    |  |  |
|   |                     |  |  |    |  |  |
| <input type="radio"/> Newspaper Ads or Articles           | # Days Run          | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td></tr></table>   |  |    |  |  |
|   |                     |  |  |    |  |  |
| <input type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td></tr></table>   |  |    |  |  |
|   |                     |  |  |    |  |  |
| <input type="radio"/> School Program                      | # Attendees         | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td></tr></table>   |  |    |  |  |
|   |                     |  |  |    |  |  |
| <input checked="" type="radio"/> TV Spot/Program          | # Days Run          | <table border="1" style="display: inline-table;"><tr><td></td><td>30</td><td></td><td></td></tr></table> |  | 30 |  |  |
|   | 30                  |  |  |    |  |  |
| <input checked="" type="radio"/> Printed Materials:       | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td></td><td>80</td><td></td><td></td></tr></table> |  | 80 |  |  |
|   | 80                  |  |  |    |  |  |

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

City	Hall										
16	James	St									

Other:

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

URL

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### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 2 3

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

Name of MS4/Coalition: City of Middletown

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**

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 

City of Middletown
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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.**

To reach as many residents of Middletown as possible, along with businesses, contractors, public employees.

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

. The city did have great improvement in recycling and trash pickup

**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).**

City continues to mail out flyer's to homeowners about recycling.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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Name of MS4/Coalition City of Middletown

SPDES ID NYR20271

Minimum Control Measure 2. Public Involvement/Participation

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

- On behalf of an individual MS4
On behalf of a coalition
How many MS4s contributed to this report? 1

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

- Cleanup Events (# Events 1)
Comments on SWMP Received (# Comments)
Community Hotlines (Phone #)
Community Meetings (# Attendees)
Plantings (Sq. Ft.)
Storm Drain Markings (# Drains)
Stakeholder Meetings (# Attendees)
Volunteer Monitoring (# Events)
Other:

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

- List-Serve (# In List)
Newspaper Advertising (# Days Run)
TV/Radio Notices (# Days Run)
Other:

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



# MS4 Annual Report Form

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Name of MS4/Coalition 

City of Middletown																			
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## 2. URL(s) con't.:

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## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 2 3

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

Name of MS4/Coalition	SPDES ID
City of Middletown	NYR20271

**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  
Public Works

Address  
16 James st

City  
Middletown

State  
NY

Zip  
10940

Phone  
( ) -

- Library
  Annual Report
 SWMP Plan
 Comments

Address

City

State

Zip

Phone  
( ) -

- Other
  Annual Report
 SWMP Plan
 Comments

Address

City

State

Zip

Phone  
( ) -

- Web Page URL:
  Annual Report
 SWMP Plan
 Comments

http://middletown-ny.com

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

- eMail
  Comments

## MS4 Annual Report Form

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

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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 

City of Middletown									
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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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1	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?**

180	
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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

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Name of MS4/Coalition 

City of Middletown
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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.

City wide clean up was performed . Increase in recycling by homeowners since new recycling cans were issued to homeowners.

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

Increase tonnage for disposal of recycling

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

	1		
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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).

City wide clean up is scheduled for 2023, Public meeting will scheduled in 2023

### 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 City of Middletown

SPDES ID  
NYR20271    

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

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

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

How many MS4s contributed to this report? 1

**1. Enter the number and approx. percent of outfalls mapped:**       # 100 %

**2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?** 143

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

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Auto Recyclers</li> <li><input type="radio"/> Building Maintenance</li> <li><input type="radio"/> Churches</li> <li><input checked="" type="radio"/> Commercial Carwashes</li> <li><input checked="" type="radio"/> Commercial Laundry/Dry Cleaners</li> <li><input type="radio"/> Construction Vehicle Washouts</li> <li><input checked="" type="radio"/> Cross-Connections</li> <li><input type="radio"/> Distribution Centers</li> <li><input type="radio"/> Food Processing Facilities</li> <li><input type="radio"/> Garbage Truck Washouts</li> <li><input type="radio"/> Hospitals</li> <li><input type="radio"/> Improper RV Waste Disposal</li> <li><input checked="" type="radio"/> Industrial Process Water</li> <li><input type="radio"/> Other:</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Landscaping (Irrigation)</li> <li><input type="radio"/> Marinas</li> <li><input type="radio"/> Metal Plateing Operations</li> <li><input type="radio"/> Outdoor Fluid Storage</li> <li><input checked="" type="radio"/> Parking Lot Maintenance</li> <li><input type="radio"/> Printing</li> <li><input type="radio"/> Residential Carwashing</li> <li><input type="radio"/> Restaurants</li> <li><input type="radio"/> Schools and Universities</li> <li><input type="radio"/> Septic Maintenance</li> <li><input type="radio"/> Swimming Pools</li> <li><input type="radio"/> Vehicle Fueling</li> <li><input checked="" type="radio"/> Vehicle Maint./Repair Shops</li> <li><input type="radio"/> None</li> </ul> |
|---|---|

Sewersheds:



**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9,** 2 0 2 3

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

Name of MS4/Coalition: City of Middletown

SPDES ID  
NYR20271

**8. URL(s) con't.:**

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

URL

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URL

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9. **Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report?**       Yes     No

10. **If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?**       Yes     No     NT

11. **What percent of staff in relevant positions and departments has received IDDE training?**      50 %

**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 

City of Middletown
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SPDES ID  

NYR20271							
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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.**

Conduct dry weather outfall inspections. Continue to inspect for illicit discharges

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

All outfalls were inspected ,any illicit connections,if detected, were corrected.

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

	1		
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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).**

IDDE training will continue.

**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 

City of Middletown									
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SPDES ID  

NYR20271									
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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? 

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

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

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

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

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

		2
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

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

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

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

- |  |   |   |  |  |  |  |  |                                    |
|--|---|---|--|--|--|--|--|------------------------------------|
| <input type="radio"/> Notices of Violation             | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Stop Work Orders                 | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Criminal Actions                 | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Termination of Contracts         | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Administrative Fines             | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Civil Penalties                  | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Administrative Orders            | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Other                            | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |

**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

City of Middletown

SPDES ID

NYR2	0271						
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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	
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1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

		4
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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		4
--	--	---

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

100	
-----	--

 %

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

100	
-----	--

 %

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

SPDES ID

### 6. con't.:

Submit additional pages as needed.

#### ● MS4/Coalition Office

Department

Address

City  NY Zip

Phone  
()  -

#### ○ Library

Address

City  Zip

Phone  
()  -

#### ○ Other

Address

City  Zip

Phone  
()  -

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

URL

URL

**MS4 Annual Report Form**

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

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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 

City of Middletown
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SPDES ID  

NYR20271					
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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 proposed construction projects by Planning board and DPW
--

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

No violations issued during this reporting period
---

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

	1		
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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 SWPP reviews and construction site inspections
---

### 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 City of Middletown

SPDES ID  
NYR20271        

### Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report? 1

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

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices	<span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>
<input type="radio"/> Filter Systems	<span style="border: 1px solid black; padding: 2px;">3</span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>
<input type="radio"/> Infiltration Basins	<span style="border: 1px solid black; padding: 2px;">5</span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;">5</span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>
<input type="radio"/> Open Channels	<span style="border: 1px solid black; padding: 2px;">6</span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>
<input type="radio"/> Ponds	<span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">5</span> <span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>
<input type="radio"/> Wetlands	<span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>
<input type="radio"/> Other	<span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>

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

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

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

Other:  
city planning board reviews

**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 

City of Middletown
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SPDES ID  

NYR20271							
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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	
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**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?**

25			%
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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

City of Middletown
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SPDES ID  

NYR2	02	71					
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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.**

City inspectors conduct on site inspections of post storm water practices. Private developers have maintenance agreements for their facilities.

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

No violations issued.

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

	1		
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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).**

DPW will continue to work with the city planning board and developers.

**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 

City of Middletown									
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SPDES ID  

NYR20A271									
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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	
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**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 checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID  

NYR2	0A	27	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 

3	0		
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- Streets Swept (Number of miles X Number of times swept) # Miles 

6	7	2		
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- Catch Basins Inspected and Cleaned Where Necessary # 

2	0			
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- 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?**

--	--	--	--	--

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

--	--	--

 / 

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 / 

--	--	--	--	--

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

		3
--	--	---

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

1	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 

City of Middletown
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SPDES ID  

NYR2	0A	27	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 (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.

City wide street sweeping, cleaning of catch basins ,outfall cleaning and park cleaning.
--

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

Dpw cleaned 143 outfalls and 150 catch basins
---

#### 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).

continues outfall inspections and catch basin cleaning
--



### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2 0 2 3**

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Name of MS4/Coalition City of Middletown

SPDES ID  
NYR20A27L

### 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? 1

**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, 

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 

City of Middletown
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SPDES ID  

N	Y	R	2	0				
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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? 

50	
----	--

 %

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? 

0	
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7c. What percent of the projects included in 7b have been completed in this reporting period? 

--	--	--

 %

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

--	--	--

 %

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 

City of Middletown									
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SPDES ID  

NYR20A271									
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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