MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 20

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

SPDES ID

Name of MS4/Coalition Town of 1	Yount Hope NYR20A245
Minimum Control Measure 3. Illicit Discharge Detection and Elimination	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed 	to this report?
1. Enter the number and approx. perce	ent of outfalls mapped: # %
2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?	
Building Maintenance	O Marinas
• Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	● Parking Lot Maintenance
O Construction Vehicle Washouts	○ Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	• Restaurants
O Food Processing Facilities	Schools and Universities
O Garbage Truck Washouts	○ Septic Maintenance
O Hospitals	○ Swimming Pools
O Improper RV Waste Disposal	● Vehicle Fueling
O Industrial Process Water	● Vehicle Maint./Repair Shops
Other:	O None
O Sewersheds:	