



Department of Environmental Conservation

Annual Certification Report GP-0-17-004

The owner/operator shall complete this Annual Certification Report form by answering all questions, and signing the certification at the end of this form. This completed report is to be submitted for each calendar year and is due by January 28th of the following year to:

Stormwater Compliance Coordinator
NYSDEC, Bureau of Water Compliance
625 Broadway, Albany, NY, 12233-3506

SECTION I: FACILITY INFORMATION:

SPDES I.D. No.: NYR00

A 4 9 9

Report for Calendar Year:

2 0 1 8

Owner Name

S h a w n W i l l i a m s

Facility Name

G r e a t P e c o n i c B a y M a r i n a

SECTION II: GENERAL INFORMATION:

- 1. Number of stormwater outfalls at the facility that are from areas of industrial activity 0 0 4
2. Did the facility claim any monitoring waiver(s)? Yes No
3. Is the information provided in your original Notice of Intent (NOI) submission still accurate and up to date? Yes No
4. Has a comprehensive site compliance inspection and evaluation been conducted at the facility in the reporting year? Yes No
5. Is the facility's Stormwater Pollution Prevention Plan (SWPPP) kept up to date and modified when necessary? Yes No

SECTION III: QUARTERLY VISUAL MONITORING (Permit Part IV.E)

- 1. Were the required quarterly visual examinations of stormwater performed during the reporting period? Yes No
2. Did any of the quarterly visual examinations have observations of color, clarity, odor, floating solids, settled solids, suspended solids, foam, oil sheen, or other indicators of stormwater pollution and contamination? (If yes, answer question 2.a and 2.b)
2a. Were corrective actions taken (Part IV.E.6)? Yes No
2b. Was a follow up visual inspection conducted to ensure corrective actions were successful (Part V)? Yes No

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SECTION IV: ANNUAL DRY WEATHER FLOW INSPECTION (Permit Part IV.C)

1. Was the annual dry weather flow inspection performed during this reporting period? Yes No
2. Were any non-stormwater discharges or indicators of non-stormwater discharges identified? (If no, proceed to Section V) Yes No
3. Was the source of the non-stormwater discharge identified? (If no, proceed to question 5) Yes No
4. Is the source an allowable non-stormwater discharge (i.e., discharge covered by another SPDES permit or an allowable non-stormwater discharge covered in Part I.B.2 of the MSGP)? Yes No
5. Were corrective actions taken to eliminate the unauthorized non-stormwater discharge? (Part IV.C.3) Yes No
6. Were corrective actions successful in eliminating the unauthorized non-stormwater discharge? Yes No

SECTION V: STORMWATER MONITORING - BENCHMARK PARAMETERS (Part IV.F.1.a)

1. Is benchmark monitoring required at the facility? (If no, proceed to Section VI) Yes No
2. Were there any monitoring problems? (Answer "Yes" if storm event criteria was not met or if the laboratory indicated quality assurance/quality control problems). Use Section VIII to explain any monitoring problems. Yes No
3. Were any of the sampling results from the reporting year higher than the benchmark cut-off concentrations listed in the permit? (If yes, answer questions 3a and 3b) Yes No

3a. Describe all exceedances and their causes.

3b. Describe the short- and long-term corrective actions taken to address the exceedance(s). Include all changes to existing BMPs and any new BMPs implemented. Specify the SWPPP modifications.

SECTION VI: STORMWATER MONITORING - COMPLIANCE MONITORING (Part IV.F.1.b & Part IV.F.1.d)

1. Is compliance monitoring required at the facility? (If no, proceed to Section VII) Yes No
2. Were there any monitoring problems? (Answer "Yes" if storm event criteria was not met or if the laboratory indicated quality assurance/quality control problems). Use Section VIII to explain any monitoring problems. Yes No
3. Were any of the sampling results from this year higher than the effluent limitations listed in the permit? (If yes, answer questions 3a and 3b.) Yes No

3a. Describe all exceedances and their causes.

3b. Describe the short- and long-term corrective actions taken to address the exceedance(s). Include all changes to existing BMPs and any new BMPs implemented. Specify the SWPPP modifications.

SECTION VI: STORMWATER MONITORING - DISCHARGES TO IMPAIRED WATERBODIES:

1. Is monitoring required for discharges to impaired waterbodies?(Part IV.F.1.c) (If no, proceed to Section VIII) Yes No
2. Were there any monitoring problems? (Answer "Yes" if storm event criteria was not met or if the laboratory indicated quality assurance/quality control problems) Use Section VIII to explain any monitoring problems. Yes No
3. Were any of the quarterly sampling results from the reporting year higher than the benchmark cut-off concentrations or effluent limitations listed in the permit? (If yes, answer questions 3a, 3b and 3c.) Yes No

3a. Describe all exceedances and their causes.

[Empty box for describing exceedances and causes]

3b. Describe the short- and long-term corrective actions taken to address the exceedance(s). Include all changes to existing BMPs and any new BMPs implemented. Specify the SWPPP modifications.

[Empty box for describing corrective actions]

3c. Did the follow-up quarterly sample show the corrective and follow up actions to be successful? Yes No

SECTION VIII: SUMMARY:

Describe any facility changes and problems identified during inspections, quarterly visual observations or monitoring. List actions taken to improve the quality of the stormwater discharge from the facility.

[Empty box for summary text]

CERTIFICATION

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, to 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.

S h a w n
Owner/Operator First Name (please print or type)

P
MI

0 5 / 2 8 / 2 0 1 9
Date

W i l l i a m s
Owner/Operator Last Name (please print or type)

Shawn Williams
Owner/Operator Signature