

MSRP ANNUAL REPORT - Tier A

You have completed the Annual Report submittal process. You may print or save a copy of this submittal report for your records.

Service ID: 386503
Facility Name: HOPEWELL TWP
Reporting Period: January 1, 2013 through December 31, 2013
NJPDES Permit #: NJG0150622
Activity ID: DST090001

Contacts

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Contact Type: Stormwater Coordinator
Organization Name: HOPEWELL TWP
Organization Type: Municipal
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Titusville, New Jersey 08560

Uploaded Attachments

No attachments have been uploaded for this submittal.

Report Details - Part A**Municipality Information**

| | |
|----------------------------------------------------|--------------------------|
| Team member responsible for completing the report: | Paul E. Pogorzelski |
| Team member email address: | paulpogo@hopewelltwp.org |

Stormwater Pollution Prevention Plan

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| 1. Have you revised your Stormwater Pollution Prevention Plan to incorporate changes required by the renewal permit? | Yes |
| 2. Date SPPP was revised: | 12/12/2011 |

Public Notice

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| 1. Are you complying with applicable State and local public notice requirements when providing for public participation in the development and implementation of your stormwater program? | Yes |
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Report Details - Part B

Post-Construction Stormwater Management in New Development and Redevelopment

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| 1. Are you ensuring that any residential development and redevelopment projects that are subject to the Residential Site Improvement Standards for stormwater management comply with the design standards in the Stormwater Management Rules at N.J.A.C. 7:8-5? | Yes |
| 2. Did your municipality adopt a municipal stormwater management plan? | Yes |
| 3. Most recent date your municipality adopted a Municipal Stormwater Management Plan: | 03/22/2005 |
| 4. Status of this plan (if not adopted): | |
| 5. Did your municipality adopt a municipal stormwater control ordinance? | Yes |
| 6. Most recent date your municipality adopted a Municipal Stormwater Control Ordinance: | 09/12/2005 |
| 7. Status of this ordinance: | |
| 8. Did you submit the adopted municipal stormwater management plan to the appropriate county review agency for approval? | Yes |
| 9. Most recent date the adopted Municipal Stormwater Management Plan was submitted to the appropriate county review agency for approval: | 03/31/2005 |
| 10. Did you submit the adopted municipal stormwater control ordinance to the appropriate county review agency for approval? | Yes |
| 11. Most recent date the adopted Municipal Stormwater Control Ordinance was submitted to the appropriate county review agency for approval: | 09/30/2005 |
| 12. Status of county review: | Approved |
| 13. Did the municipality adopt the review agency's required amendments and resubmit to the county review agency? | |
| 14. Is the Stormwater Control Ordinance in effect? | Yes |
| 15. Most recent effective date of Stormwater Control Ordinance: | 09/12/2005 |
| 16. Ordinance Number(s): | 05-1532 |
| 17. What is the current status of the adopted plan and ordinance? | |
| 18. Are you reviewing projects as part of your site plan and subdivision approval process to ensure that they comply with your municipality's effective municipal stormwater control ordinance(s)? | Yes |
| 19. How many projects that were subject to either your municipal stormwater control ordinance or the stormwater provisions of RSIS did you review? | 0 |
| 20. Does your approved municipal stormwater management plan contain a mitigation plan as described in N.J.A.C. 7:8-4.2(c)11? | Yes |

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| 21. Have you granted any variances or exemptions from the design and performance standards for stormwater management measures set forth in your approved municipal stormwater management plan and stormwater control ordinance(s)? | No |
| 22. How many variances or exemptions from the design and performance standards have you granted? | |
| 23. If granted any variances or exemptions, did you submit a written report to the county review agency describing the variance or exemption and the required mitigation? | |
| 24. Are you ensuring that storm drain inlets installed within your municipality (either by you or another entity) comply with the standards set forth in Attachment C? | Yes |
| 25. Are you ensuring adequate long-term operation and maintenance of stormwater BMPs installed on property that your municipality owns or operates after the Effective Date of Permit Authorization (EDPA)? | Yes |
| 26. Are you ensuring that adequate long-term operation and maintenance of stormwater BMPs is being performed on property that you do not own or operate? Please keep an inventory of stormwater BMPs indicating type, function and location in a format provided by the Department onsite and available for inspection or upon request. | Yes |
| 27. Briefly indicate how this is being accomplished (e.g., ordinance requiring operation and maintenance by private entity; operation and maintenance by you or other governmental entity): | Ordinances and communications with owners of such facilities. |
| 28. Have you reexamined your approved municipal stormwater management plan at each re-examination of your master plan in accordance with N.J.A.C. 7:8-4? | Yes |
| 29. Date re-examination report was last adopted: | 12/15/2011 |

Report Details - Part C

Local Public Education Program

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| 1. Have you developed a Local Public Education Program? | Yes |
| 2. Have you conducted educational activities that total a minimum of 10 points (between January 1, 2013 and December 31, 2013)? | Yes |
| 3. School Presentations (1 point per visit / maximum of 5 points per year): | 0 |
| 4. Website (1 point): | 1 |
| 5. Stormwater Display (2 points): | 2 |
| 6. Giveaway (2 points): | 0 |
| 7. Citizen Stormwater Advisory Committee (2 points): | 0 |
| 8. Utilize Department Materials (2 points each / maximum of 4 points per year): | 4 |
| 9. Poster Contest (2 points): | 0 |

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| 10. Stormwater Training for Elected Municipal Officials (3 points): | 0 |
| 11. Mural (3 points): | 0 |
| 12. Mailing (3 points): | 0 |
| 13. Partnership Agreement / Local Event (3 points): | 0 |
| 14. Ordinance Education (5 points): | 5 |

Storm Drain Inlet Labeling

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| 1. Have you established a storm drain inlet labeling program? | Yes |
| 2. Indicate the percentage or number of sectors labeled to date: | 100% |
| 3. Other Amount: | |
| 4. Is your municipality maintaining the labels (i.e. replacing and/or repainting)? | Yes |

Improper Disposal of Waste

Have you adopted and are you enforcing a regulatory mechanism for:

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|----------------------------------------------------------------------------------|---------------------------------------------------------|
| 1. Pet Waste Ordinance: | Yes |
| 2. Date adopted: | 04/12/2004 |
| 3. Litter Ordinance/State Litter Statute: | Litter Ordinance |
| 4. Date adopted: | 12/31/1991 |
| 5. Improper Disposal of Waste Ordinance: | Yes |
| 6. Date adopted: | 10/11/2005 |
| 7. Wildlife Feeding Ordinance: | Yes |
| 8. Date adopted: | 09/26/2005 |
| 9. Containerized Yard Waste Ordinance / Yard Waste Collection Program Ordinance: | Adopted Both |
| 10. Date adopted: | 10/11/2005 |
| 11. Illicit Connection Ordinance: | Yes |
| 12. Date adopted: | 09/26/2005 |
| 13. Refuse Container/Dumpster Ordinance: | Yes |
| 14. Date adopted: | 06/13/2011 |
| 15. Private Storm Drain Inlet Retrofitting Ordinance: | Yes |
| 16. Date adopted: | 06/13/2011 |
| 17. Status of these ordinances (if not adopted): | |
| 18. Method(s) of enforcement (e.g., summons, warnings, additional signs, etc.): | inspections, warnings, summons - progressive discipline |
| 19. Are you distributing the Pet Waste Information Sheets with pet licenses? | Yes |

Report Details - Part D

MS4 Outfall Pipe Mapping

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| 1. Have you completed the MS4 outfall pipes mapping? | Yes |
| 2. Date completed: | 01/16/2009 |
| 3. Number of outfall pipes that you operate in the municipality: | 167 |
| 4. Number of mapped outfall pipes that you operate: | 167 |

Illicit Connection Elimination Program

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| 1. Have you completed an illicit connection inspection for all outfall pipes that you operate? | Yes |
| 2. Total number of outfall pipes physically inspected: | 167 |
| 3. Number of outfall pipes to have an illicit connection: | 0 |
| 4. Number of illicit connections eliminated during this reporting period: Please attach, in a format provided by the Department, a list of all outfalls found to have an illicit connection since the inception of the program. The list must include the outfall location, receiving water body, source of illicit connection and the date the illicit connection was eliminated. | 0 |

Street Sweeping Program

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|----------------------------------------------|---------------------------------------|
| 1. Were all required streets swept? | N/A - no streets required to be swept |
| 2. What was the total number of miles swept? | |

Please list the total amount of materials collected for each month since January 1, 2013, and indicate the unit of measurement used to report these materials.

| | |
|--------------|--|
| 3. Units: | |
| 4. January: | |
| 5. February: | |
| 6. March: | |
| 7. April: | |
| 8. May: | |
| 9. June: | |
| 10. July: | |
| 11. August: | |
| | |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 12. September: | |
| 13. October: | |
| 14. November: | |
| 15. December: | |
| 16. Total (<i>The Total will be displayed in ton units. If you have selected cubic yards as your reporting unit of measurement, be aware that the total will be converted to tons, 1.053 cubic yards = 1 ton</i>): | |
| 17. If reporting zero (0) for a month above, please explain: | |

Storm Drain Inlet Retrofitting

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| 1. Were all storm drain inlets that you operate in direct contact with repaving, repairing, reconstruction or alterations retrofitted or replaced to meet the standard? | Yes |
| 2. How many storm drain inlets were retrofitted? | 38 |

Stormwater Facility Maintenance

Stormwater facilities include, but are not limited to, catch basins, detention basins, filter strips, riparian buffers, infiltration trenches, sand filters, constructed wetlands, wet basins, bioretention systems, low flow bypasses and stormwater conveyances. Please keep an inventory of stormwater facilities indicating type, function and location in a format provided by the Department onsite and available for inspection or upon request.

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| 1. Have you developed a Stormwater Facility Maintenance Program? | Yes |
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Other Stormwater Facilities

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| 1. Were all stormwater facilities that you operate inspected? | Yes |
| 2. Were any found to be in need of cleaning or repair in order to function properly? | Yes |
| 3. Was the cleaning performed? | Yes |
| 4. Were repairs made? | N/A - no repairs needed |
| 5. Describe repair(s) or if repairs have not yet been made, provide a schedule for the repair(s): | |

Catch Basins

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|---------------------------------------------------|------|
| 1. Total number of catch basins that you operate: | 2417 |
| 2. Total number of catch basins inspected: | 2417 |
| 3. Total number of catch basins cleaned: | 2417 |
| 4. Amount of materials removed from catch basins: | 4 |

5. Units:

Tons

Report Details - Part E

Outfall Pipe Stream Scouring Remediation

For all outfall pipes undergoing remediation through this program, please attach additional page(s) as necessary indicating the location of the outfall pipe (including the alphanumeric identifier), the repair start date and the repair complete date.

1. Have you developed a prioritized list of outfall pipes requiring outfall pipe stream scouring remediation?

Yes

De-icing Material and Sand Storage

1. Do you have a permanent structure for de-icing material storage?

Yes

2. If sand is being stored outside, is it set back 50 feet from storm sewer inlets, ditches or other stormwater conveyance channels, and surface water bodies?

N/A - no sand stored outdoors

Fueling Operations

1. Are you implementing Standard Operating Procedures for vehicle fueling and receiving of bulk fuel deliveries at maintenance yard operations?

Yes

Vehicle Maintenance

1. Are you implementing Standard Operating Procedures for vehicle maintenance and repair activities at maintenance yard operations?

Yes

Good Housekeeping Practices

1. Are you implementing Good Housekeeping Practices for all materials or machinery listed in the Inventory Requirements for Municipal Maintenance Yard Operations (including maintenance activities and ancillary operations)?

Yes

Equipment and Vehicle Washing

1. Has your Municipality implemented measures to properly handle the discharge of equipment and vehicle wash wastewater from your municipal maintenance yard operations?

Yes

2. Please indicate which option you implemented to eliminate the unpermitted discharge:

Ceased the discharge (no longer wash)

| | |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------|
| | onsite) |
| 3. Date the management measure was implemented: | 05/01/2005 |
| 4. What is your NJPDES permit number that authorizes the discharge of vehicle and equipment wash wastewater? | |
| 5. Are you maintaining records of vehicle and equipment washing? | N/A - we do not wash our vehicles |

Annual Employee Training

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|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1. Did you conduct an annual employee training program for appropriate employees on appropriate topics (e.g., police officers trained on ordinances)? | Yes |
| 2. List date(s) of employee training: | 9/25/13 |

Report Details - Part F

Sharing of Responsibilities

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| Do you share services with another entity to satisfy a permit requirement? | No |
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Incidents of Non-compliance

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1. Did your Public Complex have any incidents of non-compliance? | No |
| 2. Identify the steps being taken to remedy the noncompliance and to prevent such incidents from recurring. (If the text box is not large enough to complete this section, please provide your report as an attachment and upload it on the next screen. Please reference the attachment in the textbox.) | |

Certification

"I certify under penalty of law that this Annual Report and Certification and all attached documents were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate this information. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering this information, the information in this Annual Report and Certification and all attached documents is, to the best of my knowledge and belief, true, accurate and complete.

"I certify that the municipality is in compliance with its stormwater program, Stormwater Pollution Prevention Plan (SPPP) and the NJPDES Tier A Municipal Stormwater General Permit No. NJG0150622 except for any incidents of non-compliance which are identified herein. For any incidents of non-compliance, the Annual Report identifies the steps being taken to remedy the non-compliance and to prevent such incidents from recurring.

"I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for purposely, knowingly, recklessly, or negligently submitting false information."

**Please note, no changes will be allowed to be made to this report upon its certification.
If you need to correct or modify the report after certification, please contact your case manager at (609) 633-7021 so they may enable that function.**

Certifier: Paul
Pogorzelski (General)

Certifier
ID: PAULPOGO

Date: 05/05/2014