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# Letter of Transmittal

TO: PA. DEP  
400 Waterfront Drive  
Pittsburgh PA 15222-4745

**FEDERAL EXPRESS**

Date: **May 30, 2007**

Attention: Mr. Robert Scheib

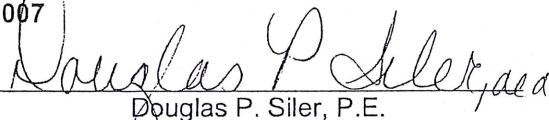
Subject: **MS 4 Annual Status  
Reports**

Copies	Description
	<p><i>Please find enclosed one copy of the following MS4 Reports:</i></p> <p><i>City of Arnold, Westmoreland County (PAG136326)</i> <i>Borough of Derry, Westmoreland County (PAG136328)</i> <i>Township of Derry, Westmoreland County (PAG136330)</i> <i>Township of Hempfield, Westmoreland County (PAG136331)</i> <i>City of Latrobe, Westmoreland County (PAG136329)</i> <i>Borough of Tarentum, Allegheny County (PAG136248)</i> <i>Township of Unity, Westmoreland County (PAG136332)</i></p>

Copy To: Permittee  
File

Remarks: We respectfully submit to you for your review, the attached MS4 Annual Status Reports for the period ending March 9, 2007

SIGNED:

  
Douglas P. Siler, P.E.

*If enclosures are not as noted, kindly notify us at once.*



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WATERSHED MANAGEMENT

## MS4 ANNUAL REPORT FORM

### FOR STORM WATER DISCHARGES FROM SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4s)

Reporting Period (Check appropriate block that you are reporting):

- ☐ March 10, 2005 through March 9, 2006 (due June 9, 2006)  
☒ March 10, 2006 through March 9, 2007 (due June 9, 2007)  
☐ March 10, 2007 through March 9, 2008 (due June 9, 2008)

#### SECTION I – SMALL MS4 OPERATOR INFORMATION

1. **Name of MS4 Permittee and NPDES Permit Number**

Name: Tarentum Borough PAG: PAG136248 PAI: \_\_\_\_\_  
Co-permittee : \_\_\_\_\_

2. **Location**

Municipality: Tarentum Borough County: Allegheny  
Watershed Name(s): \_\_\_\_\_

3. **Contact Person from the MS4**

Name: Bill Rossi Title: Borough Manager Phone: (724)-224-1818  
Fax: (724)-224-1821 Email: \_\_\_\_\_

4. **Permittee Mailing Address**

Address: 318 East Second Avenue  
City: Tarentum State: PA Zip Code: 15084

5. **MS4 Website (If applicable)**

URL: \_\_\_\_\_

6. **Permittee's Consultant/Engineer Information (If applicable)**

Company Name: Gibson-Thomas Engineering Co., Inc.  
Consultant/Engineer Name: Doug Siler Title: \_\_\_\_\_  
Phone: (724)-539-8562 Fax: (724)-539-3697 Email: \_\_\_\_\_  
Address: 1004 Ligoneer Street  
City: Latrobe State: Pa Zip Code: 15650

## SECTION II – MCM INFORMATION

7A. Have you completed all required activities for?

Year 1:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Year 2:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Year 3:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Year 4:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Year 5:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

7B. Complete the following section for each watershed-based or Act 167 Storm Water Management Plan.

Watershed Plan Name N/A

Is this an Act 167 Plan? Yes ☐ No ☐

If yes, has DEP approved the plan? Yes ☐ No ☐

If yes, give date: \_\_\_\_\_

Is the ordinance required by the plan enacted: Yes ☐ No ☐

If yes, give effective date: \_\_\_\_\_

If the ordinance is not enacted, please provide the anticipated enactment date \_\_\_\_\_  
and explain the status: \_\_\_\_\_

Watershed Plan Name \_\_\_\_\_

Is this an Act 167 Plan? Yes ☐ No ☐

If yes, has DEP approved the plan? Yes ☐ No ☐

If yes, give date: \_\_\_\_\_

Is the ordinance required by the plan enacted: Yes ☐ No ☐

If yes, give effective date: \_\_\_\_\_

If the ordinance is not enacted, please provide the anticipated enactment date \_\_\_\_\_  
and explain the status: \_\_\_\_\_

Watershed Plan Name \_\_\_\_\_

Is this an Act 167 Plan? Yes ☐ No ☐

If yes, has DEP approved the plan? Yes ☐ No ☐

If yes, give date: \_\_\_\_\_

Is the ordinance required by the plan enacted: Yes ☐ No ☐

If yes, give effective date: \_\_\_\_\_

If the ordinance is not enacted, please provide the anticipated enactment date \_\_\_\_\_  
and explain the status: \_\_\_\_\_

7C. Please provide current contact name and phone number information:

MCM #1

Public Education and Outreach on Storm Water Impacts

Name: Doug Siler

Phone: (724)-539-8562

MCM #2

Public Involvement/Participation

Name: Doug Siler

Phone: (724)-539-8562

MCM #3

Illicit Discharge Detection and Elimination (IDD&E)

Name: Matthew Sprung

Phone: (724)-539-8562

MCM #4

Construction Site Storm Water Runoff Control

Name: Doug Siler

Phone: (724)-539-8562

MCM #5

Post-Construction Storm Water Management in New Development and Redevelopment

Name: Doug Siler

Phone: (724)-539-8562

MCM #6

Pollution Prevention/Good Housekeeping for Municipal Operations

Name: Doug Siler

Phone: (724)-539-8562

**MCM#1 - PUBLIC EDUCATION AND OUTREACH ON STORM WATER IMPACTS — MINIMUM CONTROL MEASURE**

**8A. MS4s USING DEP *PROTOCOL* for this MCM**

**BMP: Update Target Audience Information** (Have you reviewed your public education plan for accuracy and content and made any relevant changes regarding your target audiences and their communication channels? If so, include/attach your revised plan.)

☒ Measurable goal for this BMP was met.

☐ Measurable goal for this BMP was not met.

Describe how goal was met; or if not met, give an explanation and proposed corrective actions:

Target audience includes all borough residents, businesses and contractors/developers.

Is this BMP appropriate to meet your identified measurable goal? ☒ Yes ☐ No. If No, please provide additional information on other BMP(s) that would meet the goal.

**8B. BMP: Continue public education and outreach.** (What was accomplished during the past permit year regarding: Developer education/outreach? Storm water ad in local newspaper? Provide posters or other information to schools and businesses? Storm drain stenciling/markings? Maintain website links and provide website educational info? Educational information in your newsletter? Any other public education/outreach?)

☐ Measurable goal for this BMP was met.

☒ Measurable goal for this BMP was not met.

Describe how goal was met; or if not met, give an explanation and proposed corrective actions:

Educational posters and pamphlets are available to Borough residents as well as contractors/developers at the Borough building. Other items are being considered.

Is this BMP appropriate to meet your identified measurable goal? ☒ Yes ☐ No. If No, please provide additional information on other BMP(s) that would meet the goal.

**MCM#1 (continued)**

**9. MS4s USING OWN PROTOCOL FOR THIS MCM**

If you are implementing your own protocol, approved by the Department, describe the current status of this Minimum Control Measure. In the boxes below list all BMPs and measurable goals you identified on your NOI or application approved by DEP. If the goals were met, describe how they were met. If they were not met, describe the current status of each and when/how they will be met.

**Goal #1**

List/Describe BMPs and measurable goal (Approved by DEP):

Describe how measurable goal was met:

If not met, describe reason(s), current status, plans and schedule for meeting the goal:

**Goal #2**

List/Describe BMPs and measurable goal (Approved by DEP):

Describe how measurable goal was met:

If not met, describe reason(s), current status, plans and schedule for meeting the goal:

**Goal #3**

List/Describe BMPs and measurable goal (Approved by DEP):

Describe how measurable goal was met:

If not met, describe reason(s), current status, plans and schedule for meeting the goal:

**MCM#2 - PUBLIC INVOLVEMENT/PARTICIPATION — MINIMUM CONTROL MEASURE**

**10A. MS4s USING DEP *PROTOCOL* for this MCM**

**BMP: Update your Public Involvement and Participation Plan (PIPP).** (Have you reviewed your PIPP for accuracy and content and made any relevant changes? If so, include/attach your revised PIPP.)

☐ Measurable goal for this BMP was met. ☒ Measurable goal for this BMP was not met.

Describe how goal was met; or if not met, give an explanation and proposed corrective actions:

A public involvement and participation plan is being developed.

Is this BMP appropriate to meet your identified measurable goal? ☒ Yes ☐ No. If No, please provide additional information on other BMP(s) that would meet the goal.

**10B. BMP: Notify and solicit public input/involvement regarding implementation of your Storm Water Management Program.** (How and when did you solicit public input/involvement? What were the results/accomplishments during the past permit year?)

☐ Measurable goal for this BMP was met. ☒ Measurable goal for this BMP was not met.

Describe how goal was met; or if not met, give an explanation and proposed corrective actions:

An initial public meeting on the MS4 program was held in 2004. However, no public meetings were held within the past year regarding public input/involvement. The scheduling of future public meetings will be discussed.

Is this BMP appropriate to meet your identified measurable goal? ☒ Yes ☐ No. If No, please provide additional information on other BMP(s) that would meet the goal.

**MCM#2 (continued)**

**11. MS4s USING OWN PROTOCOL FOR THIS MCM**

If you are implementing your own protocol, approved by the Department, describe the current status of this Minimum Control Measure. In the boxes below list all BMPs and measurable goals you identified on your NOI or application approved by DEP. If the goals were met, describe how they were met. If they were not met, describe the current status of each and when/how they will be met.

**Goal #1**

List/Describe BMPs and measurable goal (Approved by DEP):

Describe how measurable goal was met:

If not met, describe reason(s), current status, plans and schedule for meeting the goal:

**Goal #2**

List/Describe BMPs and measurable goal (Approved by DEP):

Describe how measurable goal was met:

If not met, describe reason(s), current status, plans and schedule for meeting the goal:

**Goal #3**

List/Describe BMPs and measurable goal (Approved by DEP):

Describe how measurable goal was met:

If not met, describe reason(s), current status, plans and schedule for meeting the goal:

**MCM#3 - ILLICIT DISCHARGE DETECTION AND ELIMINATION (IDD&E) — MINIMUM CONTROL MEASURE**

**12A. MS4s USING DEP *PROTOCOL* for this MCM**

**BMP: Map all outfalls and receiving water-bodies.** (Is your map up-to-date and accurate? Have you mapped additional features that can assist your outfall screening program, such as inlets, piping and outfall drainage areas? If updated, please submit)

☒ Measurable goal for this BMP was met. ☐ Measurable goal for this BMP was not met.

Describe how goal was met; or if not met, give an explanation and proposed corrective actions:

**Outfalls have been mapped using GPS equipment. This map is up-to-date and accurate.**

Is this BMP appropriate to meet your identified measurable goal? ☒ Yes ☐ No. If No, please provide additional information on other BMP(s) that would meet the goal.

**12B. BMP Implement and enforce ordinance to satisfy this Minimum Control Measure.** (How was ordinance implemented and enforced during the past permit year in order to meet the goals of this MCM?)

☐ Measurable goal for this BMP was met. ☒ Measurable goal for this BMP was not met.

Describe how goal was met; or if not met, give an explanation and proposed corrective actions:

The model ordinance is being reviewed by staff and Council.

Is this BMP appropriate to meet your identified measurable goal? ☒ Yes ☐ No. If No, please provide additional information on other BMP(s) that would meet the goal.

**12C. BMP: Distribute IDD&E specific educational material.** (What educational material was distributed to public employees, businesses and the general public concerning the hazards associated with illegal discharges and improper disposal of waste? Who received it? When?)

☐ Measurable goal for this BMP was met. ☒ Measurable goal for this BMP was not met.

Describe how goal was met; or if not met, give an explanation and proposed corrective actions:

This item cannot be completed until the ordinance is finalized. Types of IDD&E educational material are being investigated.

Is this BMP appropriate to meet your identified measurable goal? ☒ Yes ☐ No. If No, please provide additional information on other BMP(s) that would meet the goal.

**MCM#3 (continued)**

12D. **BMP: Establish priority areas, conduct screening/sampling and take appropriate actions as needed.**  
(Describe how the priority area was established and which outfalls were selected for screening during the past permit year. Summarize the results of your outfall screening/sampling. Include properly completed illicit discharge field screening form for any problem outfall. Include the illicit discharge quarterly summary report form. Describe the corrective actions taken to eliminate any illicit discharges or connections.)

# Outfalls in system: 38 #Outfalls screened during the past permit year: 38

# Outfalls with dry weather flow during the past permit year: 7

# Outfalls sampled during the past permit year: 0

# Outfalls determined to have an illicit discharge or connection during past permit year: 1

☒ Measurable goal for this BMP was met.

☐ Measurable goal for this BMP was not met.

Describe how goal was met; or if not met, give an explanation and proposed corrective actions:

Screened all outfalls using Illicit Discharge Screening Program form.

Is this BMP appropriate to meet your identified measurable goal? ☒ Yes ☐ No. If No, please provide additional information on other BMP(s) that would meet the goal.

**MCM#3 (continued)**

**13. MS4s USING OWN PROTOCOL FOR THIS MCM**

If you are implementing your own protocol, approved by the Department, describe the current status of this Minimum Control Measure. In the boxes below list all BMPs and measurable goals you identified on your NOI or application approved by DEP. If the goals were met, describe how they were met. If they were not met, describe the current status of each and when/how they will be met.

**Goal #1**

List/Describe BMPs and measurable goal (Approved by DEP):

Describe how measurable goal was met:

If not met, describe reason(s), current status, plans and schedule for meeting the goal:

**Goal #2**

List/Describe BMPs and measurable goal (Approved by DEP):

Describe how measurable goal was met:

If not met, describe reason(s), current status, plans and schedule for meeting the goal:

**Goal #3**

List/Describe BMPs and measurable goal (Approved by DEP):

Describe how measurable goal was met:

If not met, describe reason(s), current status, plans and schedule for meeting the goal:

**MCM#4 - CONSTRUCTION SITE STORM WATER RUNOFF CONTROL — MINIMUM CONTROL MEASURE**

**14A. MS4s USING DEP *PROTOCOL* for this MCM**

**BMP: Implement and enforce ordinance to satisfy this Minimum Control Measure.** (How was ordinance implemented and enforced during the past permit year in order to meet the goals of this MCM?).

☐ Measurable goal for this BMP was met. ☒ Measurable goal for this BMP was not met.

Describe how goal was met; or if not met, give an explanation and proposed corrective actions:

The ordinance is still being reviewed; however, due to Tarentum Borough's urban nature, construction sites are minimal.

Is this BMP appropriate to meet your identified measurable goal? ☒ Yes ☐ No. If No, please provide additional information on other BMP(s) that would meet the goal.

**14B. BMP: Implement procedures for the review and enforcement of Erosion and Sediment (E&S) Control Plans.** (Who reviewed E&S Control Plans during the past permit year? Did the MS4 permittee conduct any E&S site inspections? Briefly describe any enforcement activities undertaken by the MS4 permittee.)

☒ Measurable goal for this BMP was met. ☐ Measurable goal for this BMP was not met.

Describe how goal was met; or if not met, give an explanation and proposed corrective actions:

This requirement is already enforced by the Borough with the Borough Engineer reviewing E&S control plans submitted for new and redevelopments within the Borough. A memorandum of agreement is also being formulated with the Allegheny County Conservation District to review and enforce E&S plans.

Is this BMP appropriate to meet your identified measurable goal? ☒ Yes ☐ No. If No, please provide additional information on other BMP(s) that would meet the goal.

**14C. BMP: Provide education and outreach for developers and builders.** (What educational/outreach materials were distributed to developers/builders during the past permit year?)

☐ Measurable goal for this BMP was met. ☒ Measurable goal for this BMP was not met.

Describe how goal was met; or if not met, give an explanation and proposed corrective actions:

Educational material has been made available to contractors/developers at the Borough office.

Is this BMP appropriate to meet your identified measurable goal? ☒ Yes ☐ No. If No, please provide additional information on other BMP(s) that would meet the goal.

**MCM#4 (continued)**

- 14D. **BMP: Require construction site operators to control waste at the construction site.** (What was done in the past permit year to require construction site operators to control wastes such as discarded building materials, concrete truck washout, chemicals, litter, and sanitary wastes?)

☐ Measurable goal for this BMP was met. ☒ Measurable goal for this BMP was not met.

Describe how goal was met; or if not met, give an explanation and proposed corrective actions:

This item has been discussed but not finalized.

Is this BMP appropriate to meet your identified measurable goal? ☒ Yes ☐ No. If No, please provide additional information on other BMP(s) that would meet the goal.

- 14E. **BMP: Implement procedures for the receipt and consideration of information submitted by the public.** (Summarize any information or complaints received from the public during the past permit year concerning construction site storm water runoff. Briefly describe how you responded to any such information/complaints?)

☒ Measurable goal for this BMP was met. ☐ Measurable goal for this BMP was not met.

Describe how goal was met; or if not met, give an explanation and proposed corrective actions:

Information submitted by the public can be received by the Borough Manager or other Borough agent. The Borough Manager or agent can then consult with the Borough Engineer on implementing this information into the Borough's MS4 program.

Is this BMP appropriate to meet your identified measurable goal? ☒ Yes ☐ No. If No, please provide additional information on other BMP(s) that would meet the goal.

**MCM#4 (continued)**

**15. MS4s USING OWN PROTOCOL FOR THIS MCM**

If you are implementing your own protocol, approved by the Department, describe the current status of this Minimum Control Measure. In the boxes below list all BMPs and measurable goals you identified on your NOI or application approved by DEP. If the goals were met, describe how they were met. If they were not met, describe the current status of each and when/how they will be met.

**Goal #1**

List/Describe BMPs and measurable goal (Approved by DEP):

Describe how measurable goal was met:

If not met, describe reason(s), current status, plans and schedule for meeting the goal:

**Goal #2**

List/Describe BMPs and measurable goal (Approved by DEP):

Describe how measurable goal was met:

If not met, describe reason(s), current status, plans and schedule for meeting the goal:

**Goal #3**

List/Describe BMPs and measurable goal (Approved by DEP):

Describe how measurable goal was met:

If not met, describe reason(s), current status, plans and schedule for meeting the goal:

**MCM#5 - POST-CONSTRUCTION STORM WATER MANAGEMENT IN NEW DEVELOPMENT AND REDEVELOPMENT — MINIMUM CONTROL MEASURE**

**16A. MS4s USING DEP *PROTOCOL* for this MCM**

**BMP: Implement and enforce ordinance to satisfy this Minimum Control Measure.** (How was ordinance implemented and enforced during the past permit year in order to meet the goals of this MCM?)

☐ Measurable goal for this BMP was met. ☒ Measurable goal for this BMP was not met.

Describe how goal was met; or if not met, give an explanation and proposed corrective actions:

This ordinance is still in the review phase.

Is this BMP appropriate to meet your identified measurable goal? ☒ Yes ☐ No. If No, please provide additional information on other BMP(s) that would meet the goal.

**16B. BMP: Ensure that all Post-Construction Storm Water Management (PCSWM) BMPs in new or re-development areas are built as designed, and operated and maintained properly.** (Summarize how the MS4 permittee accomplished this during the past permit year. Include a list of all applicable PCSWM BMPs.)

☒ Measurable goal for this BMP was met. ☐ Measurable goal for this BMP was not met.

Describe how goal was met; or if not met, give an explanation and proposed corrective actions:

PCSWM plans received by the Borough are reviewed by the Borough Engineer. Plan implementation is enforced by the Borough.

Is this BMP appropriate to meet your identified measurable goal? ☒ Yes ☐ No. If No, please provide additional information on other BMP(s) that would meet the goal.

**MCM#5 (continued)**

**17. MS4s USING OWN PROTOCOL FOR THIS MCM**

If you are implementing your own protocol, approved by the Department, describe the current status of this Minimum Control Measure. In the boxes below list all BMPs and measurable goals you identified on your NOI or application approved by DEP. If the goals were met, describe how they were met. If they were not met, describe the current status of each and when/how they will be met.

**Goal #1**

List/Describe BMPs and measurable goal (Approved by DEP):

Describe how measurable goal was met:

If not met, describe reason(s), current status, plans and schedule for meeting the goal:

**Goal #2**

List/Describe BMPs and measurable goal (Approved by DEP):

Describe how measurable goal was met:

If not met, describe reason(s), current status, plans and schedule for meeting the goal:

**Goal #3**

List/Describe BMPs and measurable goal (Approved by DEP):

Describe how measurable goal was met:

If not met, describe reason(s), current status, plans and schedule for meeting the goal:

**MCM#6 - POLLUTION PREVENTION/GOOD HOUSEKEEPING FOR MUNICIPAL OPERATIONS —  
MINIMUM CONTROL MEASURE**

**18A. MS4s USING DEP *PROTOCOL* for this MCM**

**BMP: Implement an operation, maintenance, inspection and repair program for all municipally owned storm water facilities.** (Describe how your program was implemented during the past permit year. Include your written Operation & Maintenance (O&M) plan, if not previously submitted.)

☐ Measurable goal for this BMP was met.

☒ Measurable goal for this BMP was not met.

Describe how goal was met; or if not met, give an explanation and proposed corrective actions:

There are currently no municipally-owned stormwater facilities in the Borough.

Is this BMP appropriate to meet your identified measurable goal? ☐ Yes ☒ No. If No, please provide additional information on other BMP(s) that would meet the goal.

**18B. BMP: Implement a pollution prevention/operation and maintenance program for all municipal vehicle/equipment operation, maintenance, fueling, and washing activities.** (Describe how your program was implemented during the past permit year. Include your written pollution prevention/O&M plan, if not previously submitted.)

☒ Measurable goal for this BMP was met.

☐ Measurable goal for this BMP was not met.

Describe how goal was met; or if not met, give an explanation and proposed corrective actions:

An O&M plan is currently being formulated.

Is this BMP appropriate to meet your identified measurable goal? ☒ Yes ☐ No. If No, please provide additional information on other BMP(s) that would meet the goal.

**18C. BMP: Conduct BMP 18A and 18B training for appropriate municipal employees.** (Who was trained? When was the training conducted? What was the subject matter?)

☐ Measurable goal for this BMP was met.

☒ Measurable goal for this BMP was not met.

Describe how goal was met; or if not met, give an explanation and proposed corrective actions:

Once O&M plan is finalized training will take place.

Is this BMP appropriate to meet your identified measurable goal? ☒ Yes ☐ No. If No, please provide additional information on other BMP(s) that would meet the goal.

**MCM#6 (continued)**

19. ☐ **MS4s USING OWN PROTOCOL FOR THIS MCM**

If you are implementing your own protocol approved by the Department, describe the current status of this Minimum Control Measure. In the boxes below list all BMPs and measurable goals you identified on your NOI or application approved by DEP. If the goals were met, describe how they were met. If they were not met, describe the current status of each and when/how they will be met.

**Goal #1**

List/Describe BMPs and measurable goal (Approved by DEP):

Describe how measurable goal was met:

If not met, describe reason(s), current status, plans and schedule for meeting the goal:

**Goal #2**

List/Describe BMPs and measurable goal (Approved by DEP):

Describe how measurable goal was met:

If not met, describe reason(s), current status, plans and schedule for meeting the goal:

**Goal #3**

List/Describe BMPs and measurable goal (Approved by DEP):

Describe how measurable goal was met:

If not met, describe reason(s), current status, plans and schedule for meeting the goal:

## SECTION III – CERTIFICATION

### CERTIFICATION STATEMENT

I certify under penalty of law that 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.

Douglas P. Siler, P.E., Gibson-Thomas Engineering Co., Inc., Borough Engineer

Name and official title

*Douglas P. Siler*

Signature

5/30/07

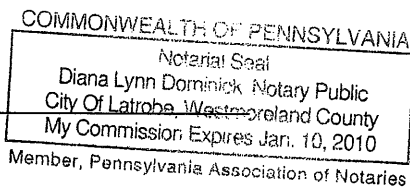
Date

Sworn and subscribed to before me, this 30<sup>th</sup> day of May, 2007

*Diana Lynn Dominick*

Notary Public

My commission expires \_\_\_\_\_



(Notary Public Seal and Stamp)

## SECTION IV – SPECIAL ADDENDUM REPORT FOR MS4S DISCHARGING INTO THE CHESAPEAKE BAY WATERSHED

**Reporting Period (Check appropriate block that you are reporting):**

- ☐ March 10, 2005 through March 9, 2006 (due June 9, 2006)  
☐ March 10, 2006 through March 9, 2007 (due June 9, 2007)  
☐ March 10, 2007 through March 9, 2008 (due June 9, 2008)

1. Name: \_\_\_\_\_ PAG: \_\_\_\_\_ PAI: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### GEOGRAPHIC LOCATION

2. **State Hydrologic Unit Code** – Provide the Hydrologic Unit Code(s) of the watershed(s) to which the MS4 discharges its storm water. This information is available at EPA's 'Surf Your Watershed' Website at <http://cfpub.epa.gov/surf/state.cfm?statepostal=PA>

List Hydrologic Unit Code(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### URBAN STORM WATER BEST MANAGEMENT PRACTICES

3. **Structural BMPs** – List the permanent structural BMPs installed in the MS4, the number of acres that drain to each BMP, the name of the water body that receives discharges from the BMP, how often each BMP is inspected or maintained (quarterly, annually, etc.), and the name of the person or organization responsible for inspection and maintenance of the BMP.

Structural BMP	Drainage Area	Name of Receiving Water Body	Inspection/ Maintenance Frequency	Name of Responsible Person or Organization