

**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:** 1072426  
**Facility Name:** LACEY TWP  
**Reporting Period:** January 1, 2019 through December 31, 2019  
**NJPDES Permit #:** NJG0148491  
**Activity ID:** DST170001

**Contacts**

**Name:** Robert Kraska  
**Title:** Stormwater Coordinator  
**Contact Type:** Stormwater Coordinator  
**Organization Name:** LACEY TWP  
**Organization Type:** Municipal  
**E-Mail:** lacey.publicworks@laceytownship.org  
**Phone:** (732) 267-5219 (Cell Phone Number)  
 (609) 693-1100 x2301 (Work Phone Number)  
 (609) 693-7108 (Fax Number)  
**Contact Address:** 818 W LACEY RD  
 Forked River, New Jersey 08731

**Uploaded Attachments**

No attachments have been uploaded for this submittal.

**Annual Report Details - Part A**

**Municipality Information**

Team member responsible for completing the report:	Robert J. Kraska
Team member email address:	lacey.publicworks@laceytownship.org

**Stormwater Pollution Prevention Plan**

1. Has the municipality revised its Stormwater Pollution Prevention Plan during the last calendar year?	No
2. Date of the last revised SPPP:	

**Public Notice**

1. Is the municipality complying with applicable State and local public notice requirements when providing for public participation in the ongoing development and implementation of the stormwater program?	Yes
--	-----

### Report Details - Part B

### Post-Construction Stormwater Management in New Development and Redevelopment

1. Is the municipality reviewing and approving major development residential projects in accordance with the Residential Site Improvement Standards (RSIS)?	Yes
2. Did the municipality adopt a municipal stormwater management plan?	Yes
3. Most recent date of adopted municipal stormwater management plan:	09/01/2007
4. Status of this plan (if not adopted):	
5. Did the municipality adopt the municipal stormwater control ordinance provided by NJDEP without change?	Yes
6. Most recent date the municipality adopted a municipal stormwater control ordinance:	12/15/2007
7. What is the current status of the ordinance?	
8. Did the municipality 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:	01/30/2007
10. If yes, did the municipality send 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:	12/15/2007
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:	12/15/2007
16. Ordinance Number(s):	06-23

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 the municipal stormwater control ordinance or the stormwater provisions of RSIS did the municipality approve?	2
20. Does the municipal stormwater management plan contain a mitigation plan?	No
21. Has the municipality granted any variances or exemptions from the design and performance standards for stormwater management measures set forth in the approved municipal stormwater management plan and stormwater control ordinance(s)?	
22. If yes, how many variances or exemptions from the design and performance standards has the municipality 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. Does the municipality's plan review evaluate storm drain inlet protection for solids and floatables in accordance with Attachment C of the permit?	Yes
25. Does the municipality require plans for long-term operation and maintenance for stormwater BMPs?	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?  <b>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.</b>	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):	Visual inspections
28. Is the municipality's stormwater management plan re-examined at each re-examination of the master plan in accordance with N.J.A.C. 7:8-4?	Yes
29. Date re-examination report was last adopted:	01/14/2013

**Report Details - Part C**

**Local Public Education Program and Outreach**

1. Has the municipality developed a Local Public Education Program?	Yes
2. Has the municipality conducted educational activities that total the minimum number of points required by the permit?	Yes

<b>Storm Drain Inlet Labeling</b>
-----------------------------------

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

<b>Community Wide Ordinances</b>
----------------------------------

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

1. Pet Waste Ordinance:	Yes
2. Date adopted:	07/22/1998
3. Litter Ordinance/State Litter Statute:	Litter Ordinance
4. Date adopted:	05/26/1996
5. Improper Disposal of Waste Ordinance:	Yes
6. Date adopted:	05/02/2005
7. Wildlife Feeding Ordinance:	Yes
8. Date adopted:	03/24/2005
9. Containerized Yard Waste Ordinance / Yard Waste Collection Program Ordinance:	Containerized Yard Waste Ordinance
10. Date adopted:	12/19/1991
11. Illicit Connection Ordinance:	Yes
12. Date adopted:	05/02/2005
13. Refuse Container/Dumpster Ordinance:	Yes
14. Date adopted:	05/27/2010
15. Private Storm Drain Inlet Retrofitting Ordinance:	Yes
16. Date adopted:	04/10/2014
17. Status of these ordinances (if not adopted):	
18. Method(s) of enforcement (e.g., summons, warnings, additional signs, etc.):	Warnings and signage
19. Are you distributing the Pet Waste Information Sheets with pet licenses?	Yes

<b>Report Details - Part D</b>
--------------------------------

<b>MS4 Outfall Pipe Mapping</b>
---------------------------------

1. Has the municipality completed the mapping of the MS4 outfall pipes?	Yes
2. Date completed:	10/05/2015
3. Number of outfall pipes that you operate in the municipality:	420
4. How many MS4 outfall pipes are mapped?	420

### Illicit Connection Elimination Program

1. Does the municipality have an ongoing program to detect and eliminate illicit connections to municipally owned or operated outfall pipes?	Yes
2. How many outfall pipes were inspected during the past calendar year?	200
3. Number of illicit connections detected during the past calendar year:	0
4. Number of illicit connections eliminated during the past calendar year:	0

### Street Sweeping Program

1. In the past calendar year, were all required streets swept?	Yes
2. What was the total number of miles swept?	160

### List the amount of materials collected for each month in 2019.

3. Units:	Cubic yards
4. January:	75
5. February:	92
6. March:	84
7. April:	126
8. May:	168
9. June:	84
10. July:	310
11. August:	294
12. September:	218
13. October:	294
14. November:	234

15. December:	121
16. Total (Note: 1.053 cubic yards = 1 ton):	1994.3
17. Explain the reason if reporting zero (0) for a month above:	

**Storm Drain Inlet Retrofitting**

1. Has the municipality completed repaving, repairing, reconstruction, or alterations on any road surfaces in direct contact with municipally owned or operated storm drain inlets?	Yes
2. Approximately what percentage of storm drains within the municipality currently meet the standard?	95

**Stormwater Facility Maintenance**

**Stormwater facilities include, but are not limited to, catch basins, extended detention basins, low flow bypasses, underground detention, dry wells, manufactured treatment devices, pervious paving buffers, infiltration basins/trenches, sand filters, constructed wetlands, wet ponds, bioretention, rooftop vegetated cover, vegetative filters, and stormwater conveyance systems. Stormwater facility inventories that indicate the type, function, and location of the facility must be kept onsite and available for inspection or upon request in a format provided by the Department. The format is available as SPPP Form 13 at: [http://www.nj.gov/dep/dwg/pdf/Tier\\_A/A%20-%20pdf%206.pdf](http://www.nj.gov/dep/dwg/pdf/Tier_A/A%20-%20pdf%206.pdf).**

1. Have you developed a Stormwater Facility Maintenance Program?	Yes
--	-----

**Other Stormwater Facilities**

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. During the past calendar year, were any stormwater facilities (excluding catch basins) cleaned?	Yes
4. Were repairs made?	Yes
5. Describe repair(s) or if repairs have not yet been made, provide a schedule for the repair(s):	Grading, mortar repairs, gabion repair, core stone added

**Catch Basins**

1. Total number of catch basins that the municipality operates:	1500
2. Total number of catch basins inspected:	300

3. Total number of catch basins cleaned:	150
4. Amount of materials removed from catch basins, in tons, during the past calendar year:	10
5. Units:	Cubic yards

**Report Details - Part E**

**Outfall Pipe Stream Scouring Remediation**

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

1. Has the municipality developed a prioritized list of outfall pipes requiring outfall pipe stream scouring remediation?	Yes
---	-----

**De-icing Material and Sand Storage**

1. Does the municipality have a permanent structure for all 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. Is the municipality implementing Best Management Practices for vehicle fueling and receiving of bulk fuel deliveries at maintenance yard operations in accordance with Attachment E of the permit?	Yes
---	-----

**Vehicle Maintenance**

1. Is the municipality implementing Best Management Practices for vehicle maintenance and repair activities at maintenance yard operations in accordance with Attachment E of the permit?	Yes
---	-----

**Good Housekeeping Practices**

1. Is the municipality implementing Good Housekeeping Practices for all materials or machinery listed in the Inventory Requirements for Municipal Maintenance Yard Operations (including maintenance	Yes
--	-----

activities and ancillary operations) in accordance with Attachment E of the permit?	
---	--

**Equipment and Vehicle Washing**

1. Has the municipality implemented measures to properly handle the discharge of equipment and vehicle wash wastewater from municipal maintenance yard operations?	Yes
2. Please indicate which option you implemented to eliminate the unpermitted discharge:	Connected to sanitary sewer
3. Date the management measure was implemented:	10/12/2007
4. What is the NJPDES permit number that authorizes the discharge of vehicle and equipment wash wastewater?	
5. Is the municipality maintaining records of vehicle and equipment washing?	

**Annual Employee Training**

1. Did the municipality conduct training for employees on stormwater related topics as required under the MS4 permit (e.g., police officers trained on ordinances)?	Yes
2. List date(s) of employee training:	10/29/2013

**Report Details - Part F**

**Sharing of Responsibilities**

Does the municipality share services with another entity to satisfy a permit requirement?	Yes
---	-----

**For each of the following, indicate if you are relying on another entity to satisfy all or part of any permit requirements. Please provide additional information for any "Yes" answers in the provided Comments field.**

1. Public notice:	No
2. Comments:	
3. Ensure compliance with RSIS for stormwater management:	No
4. Comments:	
5. Municipal stormwater management plan:	No
6. Comments:	



7. Municipal stormwater control ordinance:	No
8. Comments:	
9. Long term operation and maintenance of BMPs (post-construction):	No
10. Comments:	
11. Storm drain inlet design standard (post-construction):	No
12. Comments:	
13. Local public education program:	No
14. Comments:	
15. Storm Drain Inlet Labeling Program:	Yes
16. Comments:	Civic Organizations & Volunteers
17. Illicit connection elimination program:	Yes
18. Comments:	Lacey MUA
19. Street sweeping:	Yes
20. Comments:	Ocean County Road Dept.
21. Storm drain inlet retrofiting:	No
22. Comments:	
23. Maintenance of municipally operated stormwater facilities:	No
24. Comments:	
25. Outfall pipe stream scouring:	No
26. Comments:	
27. De-icing and sand storage:	No
28. Comments:	
29. Fueling operations:	No
30. Comments:	
31. Vehicle maintenance:	No
32. Comments:	
33. Good Housekeeping:	No
34. Comments:	
35. Vehicle and Equipment Washing:	No
36. Comments:	
37. Employee Training:	Yes
38. Comments:	JIF videos, on-line training

**Incidents of Non-compliance**

**Based on the answers you provided above, the Department has identified the following possible permit compliance issues. Please complete the Incidents of Non-compliance section and identify steps being taken to correct these deficiencies.**

- Your municipality has not revised your Stormwater Pollution Prevention Plan to incorporate changes required by the renewal permit.
- Your municipality did not inspect the minimum number of catch basins required by the permit.

1. Did your municipality have any incidents of non-compliance?	Yes
2. Identify the steps being taken to remedy the noncompliance and to prevent such incidents from recurring. <b>(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.)</b>	Catch basin inspection and labeling programs need to be improved.

**Certification**

**Certifier:** J. Casey Parker  
**Certifier ID:** LTDPW  
**Challenge/Response Question:** What is your favorite color?  
**Challenge/Response Answer:** \*\*\*\*\*  
**Certification PIN:** \*\*\*\*\*  
**Date/Time of Certification:** 05/26/2020 15:24

"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. NJG0148491 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.**

J. Casey Parker  
**General**

05/26/2020  
**Date**