MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 3

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Choose one:

This report is being submitted on behalf of an individual MS4.

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○ This report is being submitted on behalf of a Single Entity

(Per Part II.E of GP-0-10-002)

Name of Coalition

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O This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

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MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 3

Provide SPDES ID of each permitted MS4 included in this report.

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MCC form for period ending March 9, 2 0 1 3

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| Name of MS4 Village of Hastings-on-Hudson | | N | YR | 2 | 0 | A | 2 | 1 | 9 |
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| Each MS4 must submit an MCC form. | | | | | | | | | |
| Section 1 - MCC Identification Page | | | | | | | | | |
| Indicate whether this MCC form is being submitted to certify endorseme. • An Annual Report for a single MS4 | nt or ac | сер | tance | of: | | | | | |
| O A Single Entity (Per Part II.E of GP-0-10-002) | | | | | | | | | |
| O A Joint Report | | | | | | | | | |
| Joint reports may be submitted by permittees with legally l | binding | ag | reeme | ents | | | | | |
| If Joint Report, enter coalition name: | | | | | | | | | |
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MCC form for period ending March 9, 2 0 1 3

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| Name of MS4 Village of Hastings-on-Hudson | N | Y | R | 2 | 0 | Α | 2 | 1 | 9 |

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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MCC form for period ending March 9, 2 0 1 3

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| Name of MS4 Village of Hastings On Hudson | N | Y | R | 2 | 0 | А | 2 | 1 | 9 |

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- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- O Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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MCC form for period ending March 9, 2 0 1 3

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MCC form for period ending March 9, 2 0 1 3

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| Section 3 - Partner Information | |
| Did your MS4 work with partners/coalition to complete some or all permit requirements during t period? | his reporting ● Yes ○ No |
| If Yes, complete information below. | |
| Submit a separate sheet for each partner. Information provided in other formats will n | |
| accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of | the |
| coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. | |
| If No, proceed to Section 4 - Certification Statement. | |
| Partner/Coalition Name | ~ |
| C o u n t y o f W e s t c h e s t e r | |
| Partner/Coalition Name (con't.) SPDES Partner I | D - If applicable |
| I n f o r m a t i o n T e c h n o 1 o g y N Y R 2 0 | |
| Address | |
| 148 Martine Avenue | |
| City State Zip | |
| White Plains NY 10601- | |
| eMail | |
| stw1@westchestergov.com | |
| Dhono | |
| Legally Blinding Agreement in acco | ordance ● Yes O No |
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| What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or M | (ultiple Tasks)? |
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| Additional tasks/responsibilities | |
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MCC form for period ending March 9, 2 0 1 3

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MCC form for period ending March 9, 2 0 1 3

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| Name of MS4 | Village of Hastings-on-Hudson | N | Y | R | 2 | 0 | А | 2 | 1 | 9 |
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Section 4 - Certification Statement

"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, 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."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

| First Name | MI A | Last Name Frobel |
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| Francis | A | T C D E I |
| Title (Clearly print title of individual signing report) | | |
| V i l l a g e M a n a g e r | | |
| Signature | | |
| | | |
| | | Date |
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Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9, 2 0 1 3

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 | Village of Hastings-on-Hudson | N Y R 2 0 A 2 1 9

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Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$

| | SPDES ID |
|---|--|
| Name of MS4/Coalition Village of Hastings-on-Hudson | N Y R 2 0 A 2 1 9 |
| Minimum Control Measure 1. Public Ed | lucation and Outreach |
| The information in this section is being reported (check one): | |
| On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? | |
| 1. Targeted Public Education and Outreach Best Managem | ent Practices |
| Check all topics that were included in Education and Outreach of | luring this reporting period: |
| • Construction Sites | • Pesticide and Fertilizer Application |
| ● General Stormwater Management Information | Pet Waste Management |
| Household Hazardous Waste Disposal | Recycling |
| ● Illicit Discharge Detection and Elimination | O Riparian Corridor Protection/Restoration |
| ● Infrastructure Maintenance | ● Trash Management |
| • Smart Growth | ● Vehicle Washing |
| Storm Drain Marking | Water Conservation |
| • Green Infrastructure/Better Site Design/Low Impact Development | ● Wetland Protection |
| Other: Other | O None |
| 2. Specific audiences targeted during this reporting period: | |
| ● Public Employees ○ Contractors | |
| ● Residential ○ Developers | |
| ● Businesses ● General Public | |
| O Restaurants O Industries | |
| Other: O Agricultural | |
| | |

This report is being submitted for the reporting period ending March 9, 2 0 1 3 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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| O Sc | hool | Pro | gra | m | | | | | | | | | | | | | | | | | | | # <i>P</i> | Atte | nde | es | | | | | |
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This report is being submitted for the reporting period ending March 9, 2 0 1 3

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This report is being submitted for the reporting period ending March 9, 2 0 1 3

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

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| Name of MS4/Coalition Village of Hastings-on-Hudson N Y R 2 0 A 2 1 9 |
|--|
| 4. Evaluating Progress Toward Measurable Goals MCM 1 |
| Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed. |
| A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. |
| Questionnaire related to the publics understanding of the Village's Stormwater Management Program placed on website and placed hard copies in Village Clerk's Office for pickup and completion by public. |
| B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. |
| No response to questionnaires this reporting period. Public Service Cable Television Spots. Pet Waste - 623 Car Washing 212 Winter/Stormwater 58, Fertilizer 69 Getting Smart About Runoff - 122 |
| C. How many times was this observation measured or evaluated in this reporting period? |
| |
| (ex.: samples/participants/eventh). Has your MS4 made progress toward this Measurable Goal during this reporting period? |
| ● Yes ○ No |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? • Yes • No |
| F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule). |
| Evaluate questionnaire results and adjust program as needed. Continue with cable TV spots and literature distribution. Continue displays in Village Hall and other sites |

This report is being submitted for the reporting period ending March 9, 2 0 1 3

| If submitting this form as part of a joint r | eport on behalf | ot a coalition | | ve SPL DES ID | ES | טו | blai | ık. | | |
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| Name of MS4/Coalition Village of Hastings-on-Hudson | - State of the American State of the State o | | N | Y R | 2 | 0 | Α | 2 | 1 | 9 |
| Minimum Control Measure | 2 Public I | nvolveme | nt/F | artic | ing | tio | m | | | |
| The information in this section is being reported (c | | ny orv cane | AU/A | ui tic | 100 | | <u> </u> | | | |
| • On behalf of an individual MS4 | oncer one). | | | | | | | | | |
| On behalf of a coalition | | | | | | | | | | |
| How many MS4s contributed to the | nis report? | | | | | | | | | |
| 1. What opportunities were provided for podevelopment, evaluation and improvement (SWMP) Plan during this reporting periods. | ent of the Stor | mwater Ma | nag | | | | ran | 1 | | |
| ● Cleanup Events | | | | # Ever | its | | | | | 2 |
| O Comments on SWMP Received | | | # C | Commer | ıts | | | | | |
| Community Hotlines | Phone # | (914 |) | 4 7 | 8 | - | 3 | 4 | 0 | 0 |
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| O Community Meetings | | | #. | Attende | es | | | | | |
| Plantings | | | | Sq. I | Ft. | | 1 | 0 | 0 | 0 |
| O Storm Drain Markings | | | | # Drai | ns | | | | | |
| O Stakeholder Meetings | | | # . | Attende | ees | | | | | |
| O Volunteer Monitoring | | | | # Ever | ıts | | | | | |
| O Other: | | | | | | | | | | |
| 2. Was public notice of availability of this a Program (SWMP) Plan provided? | annual report | and Storm | wat | er Ma | nag | | ent Ye | | 01 | No |
| • List-Serve | | | | # In L | ist | | 2 | 0 | 0 | 0 |
| Newspaper Advertising | | | # | Days R | un | | | | | 1 |
| ● TV/Radio Notices | | | # | Days R | un | | | | | 5 |
| O Other: | | | | | | | | | | |
| • Web Page URL: Enter URL(s) on the follow | ing two pages. | | | | | | | | | |

MCM 2 Page 1 of 6

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 3$

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This report is being submitted for the reporting period ending March 9, 2 0 1 3 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 Village of Hastings-on-Hudson N Y R 2 0 A 2 1 9 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL URL URL

Name of MS4/Coalition Village of Hastings-on-Hudson

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$

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This report is being submitted for the reporting period ending March 9, 2 0 1 3

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| Name of MS4/Coalition Villag | e of Hastings-on-Hudson | | | N | YR | 2 | 0 7 | 2 | 1 | 9 |
| | nade available on the internet | • | was it | po | sted? | | | | | |
| Leave blank if this r | eport was not posted on the inte | rnet. | 0 | 4 | / 2 | 6 | 1 2 | 2 0 | 1 | 2 |
| 4.b. For how many day | s was/will this report be poste | ed? | | | | | | 3 | 6 | 5 |
| If submitting a report | t for single MS4, answer 5.a | If submitting | a join | nt re | port, | ans | wer : | 5.b | | |
| 5.a. Was an Annual Report public meeting held in this reporting period? | | | | | | | | | | No |
| | If Yes, what was the date of the meeting? | | | | / 0 | 1 | 1[| 2 0 | 1 | 2 |
| If No, is one plan | ned? | | | | | | 0 5 | /es | 0] | No |
| 5.b. Was an Annual Re | eport public meeting held for a | all MS4s con | ıtribu | tin | g to tl | his | repo | rt d | urin | g |
| this reporting peri | od? | | | | | | • \ | l'es | 0] | No |
| If No, is one plan | aned for each? | | | | | | 0 5 | l'es | 0] | No |
| If Yes, attach comme | eived during this reporting pents, responses and changes made comments to this report. | | | | | | 0 5 | es / | •] | No |

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$

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| Name of MS4/Coalition Village of Hastings-on-Hudson | N Y R 2 0 A 2 1 9 |
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| 7. Evaluating Progress Toward Measurable Goals MCM 2 | |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed. | |
| A. Briefly summarize the Measurable Goal identified in the S | WMPP in this reporting period. |
| Learning the public's understanding of the Village's Stormwater I Questionnaire available on municipal webpage and in hard copy respond to. Several questions refer to understanding of public page 1. | for residents and businesses to |
| B. Briefly summarize the observations that indicated the over Goal. | rall effectiveness of this Measurable |
| No questionnaires returned this reporting period. Local cleanup leading people participated and 30 bags of debris collected. Saw Mill Ripeople participated and 200 bags of debris collected | |
| C. How many times was this observation measured or evaluation | ted in this reporting period? |
| | 2 |
| D. Has your MS4 made progress toward this measurable goal | (ex.: samples/participants/event I during this reporting period? ● Yes ○ No |
| E. Is your MS4 on schedule to meet the deadline set forth in t | the SWMPP? • Yes • No |
| F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche | |
| Compile questionnaire data and adjust program as needed. Continuation. Continue cleanups | inue community outreach and |
| | |

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 3 & 1 \end{vmatrix}$

| Name of MS4/Coalition Village of Hastings-on-Hudson | SPDES ID N Y R 2 0 A 2 1 9 | | | | | | | | | | |
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| | | | | | | | | | | | |
| Minimum Control Measure 3. | Illicit Discharge Detection and Elimination | | | | | | | | | | |
| The information in this section is being reported | (check one): | | | | | | | | | | |
| On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to | this report? | | | | | | | | | | |
| 1. Enter the number and approx. percen | t of outfalls mapped: 17#100% | | | | | | | | | | |
| reporting period (outfall reconnaissan | screened for dry weather discharges during this ce inventory)? 1 7 heds were targeted for inspection during this | | | | | | | | | | |
| reporting period? | | | | | | | | | | | |
| O Auto Recyclers | O Landscaping (Irrigation) | | | | | | | | | | |
| O Building Maintenance | O Marinas | | | | | | | | | | |
| O 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 | O Schools and Universities | | | | | | | | | | |
| O Garbage Truck Washouts | O Septic Maintenance | | | | | | | | | | |
| O Hospitals | Swimming Pools | | | | | | | | | | |
| O Improper RV Waste Disposal | Vehicle Fueling | | | | | | | | | | |
| O Industrial Process Water | ● Vehicle Maint./Repair Shops | | | | | | | | | | |
| Other: | ○ None | | | | | | | | | | |
| | | | | | | | | | | | |
| O Sewersheds: | | | | | | | | | | | |

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 & 3 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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| Name of MS4/Coalition Village of Hastings-on-Hudson | N Y R 2 0 A 2 1 9 | | | | | | | | | | | | |
| 3.b. What types of illicit discharges have | e been found during this reporting period? | | | | | | | | | | | | |
| O Broken Lines From Sanitary Sewer | O Industrial Connections | | | | | | | | | | | | |
| O Cross Connections | O Inflow/Infiltration | | | | | | | | | | | | |
| O Failing Septic Systems | O Pump Station Failure | | | | | | | | | | | | |
| O Floor Drains Connected To Storm Sewers | O Sanitary Sewer Overflows | | | | | | | | | | | | |
| O Illegal Dumping | O Straight Pipe Sewer Discharges | | | | | | | | | | | | |
| Other: | ● None | | | | | | | | | | | | |
| 4. How many illicit discharges/potential reporting period? | al illegal connections have been detected during this | | | | | | | | | | | | |
| 5. How many illicit discharges have be | een confirmed during this reporting period? | | | | | | | | | | | | |
| period? | connections have been eliminated during this reporting | | | | | | | | | | | | |
| 7. Has the storm sewershed mapping b If No, approximately what percent was | been completed in this reporting period? Sompleted in this reporting period? Sompleted in this reporting period? | | | | | | | | | | | | |
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This report is being submitted for the reporting period ending March 9, 2 0 1 3

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SPDES ID

| Name of MS4/Coalition Village of Hastings-on-Hudson | N Y R 2 0 A 2 1 9 |
|--|---|
| 12. Evaluating Progress Toward Measurable Goals MCM 3 | |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMFIII.C.1. Submit additional pages as needed. | |
| A. Briefly summarize the Measurable Goal identified in the S | WMPP in this reporting period. |
| Number of Illicit Discharges Indentified and Eliminated | |
| | |
| B. Briefly summarize the observations that indicated the over Goal. | rall effectiveness of this Measurable |
| No illicit discharge found and corrected. 674 stormwater catch b of Sleepy Hollow Mapping Consortium Grant. | asins and manholes mapped as part |
| C. How many times was this observation measured or evaluate | |
| D. Has your MS4 made progress toward this measurable goal | <pre>(ex.: samples/participants/events) I during this reporting period?</pre> |
| 2. 11ms John 1,20 i minut progress to mass same assessment of | Yes O No |
| E. Is your MS4 on schedule to meet the deadline set forth in t | he SWMPP? ● Yes ○ No |
| F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche | |
| Continue annual outfall inspections and respond immediately to and document | reports of illicit discharges, mitigate |
| | |

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| Name of MS4/Coalition Village of Hastings-on-Hudson | N | Y | R | 2 | 0 | А | 2 | 1 | 9 |
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<u>Minimum Control Measures 4 and 5.</u> Construction Site and Post-Construction Control

| The | e information in this section is being reported (check one): | | |
|-----|---|----------------|------------|
| | On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? | | |
| 1a | . Has each MS4 contributing to this report adopted a law, ordinance or other remechanism that provides equivalent protection to the NYS SPDES General Per Stormwater Discharges from Construction Activities? | | |
| 1b | .Has each Town, City and/or Village contributing to this report documented that equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney certification or using the NYSDE Analysis Workbook? | Erosion | |
| | If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La © 09/2004 | aw. 03/2006 | O NT |
| 2. | Does your MS4/Coalition have a SWPPP review procedure in place? | • Yes | O No |
| 3. | How many Construction Stormwater Pollution Prevention Plans (SWPPPs) ha reviewed in this reporting period? | ve been | 1 |
| 4. | Does your MS4/Coalition have a mechanism for receipt and consideration of procomments related to construction SWPPPs? • Yes | ublic ○ No | O NT |
| | If Yes, how many public comments were received during this reporting period? | | 0 |
| 5. | Does your MS4/Coalition provide education and training for contractors about SWPPP process? | t the loc | al ● No |

| 6. | Identify which of the following types of enforcement actions you used during the reporting |
|----|---|
| | period for construction activities, indicate the number of actions, or note those for which you |
| | do not have authority: |

| O Notices of Violation | # | | | O No Authority |
|------------------------------------|---|--|--|----------------|
| O Stop Work Orders | # | | | O No Authority |
| O Criminal Actions | # | | | O No Authority |
| O Termination of Contracts | # | | | O No Authority |
| O Administrative Fines | # | | | O No Authority |
| O Civil Penalties | # | | | O No Authority |
| O Administrative Orders | # | | | O No Authority |
| O Enforcement Actions or Sanctions | # | | | |
| O Other | # | | | O No Authority |

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| Name of MS4/Coalition Village of Hastings-on-Hudson | N Y R 2 0 A 2 1 9 |
|---|---|
| Minimum Control Measure 4. Construction Site Ste | ormwater Runoff Control |
| The information in this section is being reported (check one): | |
| | |
| On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? | |
| 1. How many construction projects have been authorized for dis | sturbances of one acre or more |
| during this reporting period? | |
| | |
| 2. How many construction projects disturbing at least one acre during this reporting period? | were active in your jurisdiction |
| 3. What percent of active construction sites were inspected duri | ng this reporting period? ONT |
| | 1 0 0 % |
| 4. What percent of active construction sites were inspected more | e than once? ONT |
| • | 100% |
| 5. Do all inspectors working on behalf of the MS4s contributing | to this report use the NYS |
| Construction Stormwater Inspection Manual? | ● Yes ○ No ○ NT |
| 6. Does your MS4/Coalition provide public access to Stormwate (SWPPs) of construction projects that are subject to MS4 re | |
| | $ullet$ Yes \bigcirc No \bigcirc NT |
| If your MS4 is Non-Traditional, are SWPPPs of construction public review? | projects made available for O Yes O No |

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 & 3 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID Y R 2 0 A Village of Hastings-on-Hudson Name of MS4/Coalition 6. con't.: Submit additional pages as needed. MS4/Coalition Office Department i n g Bui 1 d D a r t m e n t e p Address 7 Μ 1 Α а р е v e n u е City Zip Ha i Η d s o NY 1 0 7 0 6 t u n s n g s o|n|Phone 7 8 3 4 0 0 9 1 O Library Address Zip City Phone O Other Address Zip City Phone Please provide specific address where SWPPPs can be accessed - not home page. O Web Page URL(s): URL

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 3

| Name of MS4/Coalition $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
|--|
| 7. Evaluating Progress Toward Measurable Goals MCM 4 |
| Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed. |
| A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. |
| Number of Construction Projects over 1 acre underway this reporting period |
| B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. |
| 2 project over 1 acre underway this reporting period |
| C. How many times was this observation measured or evaluated in this reporting period? |
| |
| (ex.: samples/participants/events D. Has your MS4 made progress toward this measurable goal during this reporting period? |
| ● Yes ○ No |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? • Yes • No |
| F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule). |
| Continue to administer and monitor all projects over 1 acre as per legislation and SWPPP requirements |

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| Name of MS4/Coalition | Village of Hastings-or | n-Hudson | | N | YR2 | 0 A 2 | 2 1 9 | , |
|--|------------------------|-------------------|------------------|-----------------------|-----------|--------------------|------------|---|
| Minimum | Control Mea | sure 5. Post | -Construction | n Stormwa | ater Ma | nagem | <u>ent</u> | |
| The information in th | nis section is bein | g reported (chec | ck one): | | | | | |
| ● On behalf of an ind ○ On behalf of a coa How m | | ributed to this 1 | report? | | | | | |
| 1. How many and mS4/Coalition is | | | | | | is your | | |
| | | # Inventoried | # Inspections | # Times Maintained | | | | |
| O Alternative Practic | ees | | | | | | | |
| O Filter Systems | | | | | | | | |
| O Infiltration Basins | | | | | | | | |
| Open Channels | | | | | | | | |
| O Ponds | | | | | | | | |
| O Wetlands | | | | | | | | |
| O Other | | | | | | | | |
| 2. Do you use an BMPs, inspecti | electronic tool (| | abase, spreadsh | reet) to track | k post-co | onstructi ● Yes | | 0 |
| 3. What types of Development/E | | - | | | Low Imp | act | | |
| Building Codes | O Municipal C | omprehensive P | lans | | | | | |
| O Overlay Districts | Open Space | Preservation Pro | ogram | | | | | |
| Zoning | O Local Law o | r Ordinance | | | | | | |
| O None | O Land Use Re | egulation/Zoning | 5 | | | | | |
| O Watershed Plans | Other Comp | rehensive Plan | | | | | | |
| Other: | | | | | | | | |

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 3

| | | SPL | ES | ID | | | | | | |
|-----|--|-------|------|------|------|---------|-------------|-----|-----|----|
| Nan | ne of MS4/Coalition Village of Hastings-on-Hudson | N | Y | R | 2 | 0 | A | 2 | 1 | 9 |
| 4a. | Are the MS4s contributing to this report involved in a regional/watersh | ed w | ide | e pl | ann | _ | effo Yes | | | No |
| 4b. | Does the MS4 have a banking and credit system for stormwater manag | emer | ıt p | rac | etic | es? | | | | |
| | | | | | | 0 | Yes | | | No |
| 4c. | Do the SWMP Plans for each MS4 contributing to this report include a and approval of banking and credit of alternative siting of a stormwate | _ | | | | t pr | | ce? | • | No |
| 4d. | How many stormwater management practices have been implemented | as pa | rt | of t | his | sys | tem | in | thi | S |
| | reporting period? | | | | | | | | 0 | |
| 5. | What percent of municipal officials/MS4 staff responsible for program | - | | | | | atten | ıde | d | |
| | training on Low Impace Development (LID), Better Site Design (BSD) a Infrastructure principles in this reporting period? | anu (|)tn(| er (| ∍re: | en [| T | T | 0 | % |

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 3$

| | SPDES ID |
|---|--|
| Name of MS4/Coalition Village of Hastings-on-Hudson | N Y R 2 0 A 2 1 9 |
| 6. Evaluating Progress Toward Measurable Goals MCM 5 | |
| Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed. | |
| A. Briefly summarize the Measurable Goal identified in the S | WMPP in this reporting period. |
| Number of Best Management Practices Inventoried this reporting | period |
| | |
| | |
| B. Briefly summarize the observations that indicated the over Goal. | all effectiveness of this Measurable |
| No new BMP's came on line this reporting period | |
| | |
| | |
| C. How many times was this observation measured or evaluat | ed in this reporting period? |
| | (ex.: samples/participants/events) |
| D. Has your MS4 made progress toward this measurable goal | during this reporting period? |
| To Y MCA an ark duly to ment the deadline set fouth in the | ● Yes ○ No |
| E. Is your MS4 on schedule to meet the deadline set forth in the | • Yes O No |
| F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche | et the goals of this MCM during dule). |
| Continue to Inventory and Monitor Best Management Practices as monitor for compliance with SWPPP's and all BMP's inventoried | |
| | |
| | |

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$

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

| | | | SPL | ES | ID | | | | | | |
|-----------------------|-------------------------------|---|-----|----|----|---|---|---|---|---|---|
| Name of MS4/Coalition | Village of Hastings-on-Hudson | | N | Y | R | 2 | 0 | Α | 2 | 1 | 9 |
| Name of MS4/Coalition | |] | 14 | 1 | K | | U | Α | | | ĺ |

Minimum Control Measure 6. Stormwater Management for Municipal Operations

| The information in this section is being reported (check one): | |
|---|--|
| On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? | |

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

| | | | performed Within | tne past 3 |
|---|--------------|---------|------------------|----------------------|
| Operation/Activity/Facility | Addressed in | n SWMP? | <u>years?</u> | • |
| Street Maintenance | • Yes | ○ No | • Yes | O No |
| Bridge Maintenance | ● Yes | ○ No | • Yes | O No |
| Winter Road Maintenance | • Yes | ○ No | • Yes | O No |
| Salt Storage | • Yes | ○ No | • Yes | O No |
| Solid Waste Management | | ○ No | • Yes | O No |
| New Municipal Construction and Land Disturban | nce • Yes | ○ No | • Yes | O No |
| Right of Way Maintenance | • Yes | ○ No | • Yes | O No |
| Marine Operations | O Yes | ● No | ○ Yes | No |
| Hydrologic Habitat Modification | | ○ No | • Yes | \bigcirc No |
| Parks and Open Space | A 77 | ○ No | • Yes | O No |
| Municipal Building | A 77 | ○ No | ● Yes | O No |
| Stormwater System Maintenance | | O No | • Yes | O No |
| Vehicle and Fleet Maintenance | | ○ No | ● Yes | ○ No |
| Other | O 3/ | ● No | O Yes | No |

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 & 3 \end{bmatrix}$

| | | SPDES ID | | | | | |
|---|------------|-----------|-------|--------------|-----|-----|-----|
| Name of MS4/Coalition Village of Hastings-on-Hudson | | N Y R | 2 0 | A | 2 | 1 | 9 |
| | | | | | | | |
| 2. Provide the following information about municipal operation | tions goo | d houseke | eping | g pro | ogr | am | ıs: |
| Parking Lots Swept (Number of acres X Number of times swept) | ot) | # Acre | s | | 1 | 2 | 0 |
| • Streets Swept (Number of miles X Number of times swept) | | # Mile | S | | 1 | 6 | 8 |
| Catch Basins Inspected and Cleaned Where Necessary | | ì | # | | 2 | 7 | 0 |
| Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary | | i | # | | | | |
| O Phosphorus Applied In Chemical Fertilizer | | # Lbs | i. [| | | | |
| O Nitrogen Applied In Chemical Fertilizer | | # Lbs | | | | | |
| O Pesticide/Herbicide Applied | Jumban a | # Acres | | | |].[| |
| (Number of acres to which pesticide/herbicide was applied X I times applied to the nearest tenth.) | Nulliber o | 1 | | | | | |
| 3. How many stormwater management trainings have been | nrovided | to munici | nal e | mpl | ove | ees | |
| during this reporting period? | рготиси | | | | | | 0 |
| 4 NYII 4 4 4 1 1 1 4 4 C4h a land dunining 9 | | 1 / 5 | | ا | _ | | |
| 4. What was the date of the last training? | 0 | 1 / 2 | 0]/ | 2 | 0 | 1 | 0 |
| 5. How many municipal employees have been trained in this | s reportin | g period? | | | | | 0 |
| 6. What percent of municipal employees in relevant position | s and de | partments | rece | ive | | | |
| stormwater management training? | | | | 1 | 0 | 0 | % |

This report is being submitted for the reporting period ending March 9, 2 0 1 3

| Name of MS4/Coalition Village of Hastings-on-Hudson SPDES ID N Y R 2 0 A 2 | 1 9 |
|---|--------|
| 7. Evaluating Progress Toward Measurable Goals MCM 6 | |
| Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in III.C.1. Submit additional pages as needed. | Part |
| A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting periods. | od. |
| Number of Catch Basins Inspected and Cleaned | |
| | |
| B. Briefly summarize the observations that indicated the overall effectiveness of this Measu | ırable |
| | loc . |
| 674 Catch Basins Inspected and Cleaned as necessary. 674 stormwater catch basins and manhol mapped as part of Sleepy Hollow Mapping Consortium Grant. | |
| C. How many times was this observation measured or evaluated in this reporting period? | |
| (ex.: samples/par | |
| D. Has your MS4 made progress toward this measurable goal during this reporting period | |
| Yes | O No |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? • Yes | ○ No |
| F. Briefly summarize the stormwater activities planned to meet the goals of this MCM dur the next reporting cycle (including an implementation schedule). | ing |
| Continue catch basin cleaning, sweeping and other infrastructure maintenance activities. | |
| | |
| | 2. |

| This report is being su If submitting this form a | abmitted for the re | | |
|---|--|---------------------------------|-------------------------------|
| _ | as nart of a joint reno | porting period ending | L |
| Name of MSA/Coalition | as part of a joint repo | it on behalf of a coalition | leave SPDES ID blank. |
| Name of M34/Coamion | | | SPDES ID N Y R 2 0 |
| | | | |
| Additional Watangh | ad Improvemen | t Stuatogy Dogt Ma | nagament Practices |
| Additional Watersh | ieu improvemen | it Strategy Dest Ma | magement Fractices |
| | | | |
| The information in this section is | haing vanauted (about | c analt | |
| The information in this section is | | conej. | |
| On behalf of an individual MS4 | ŀ | | |
| On behalf of a coalition | | | |
| How many MS4s of | contributed to this re | eport? | |
| | | | |
| 3. FO. 4 | | | |
| MS4s must answer the questi | ons or check NA a | s indicated in the table | below. |
| MO(D) | 4 | Charl NA | (BOC) |
| MS4 Description NYC EOH Watershed | Answer | Check NA | (POC) |
| | 1,2,3,4,5,6,7a-d,8a,8b,9 | 10,11,12 | Phosphorus |
| | 1,2,3,4,7a-d,8a,8b,9 | 5,10,11,12 | Phosphorus |
| | 1,2,77a-d,8a,8b,9 | 3,4,5,10,11,12 | Phosphorus |
| Onondaga Lake Watershed | - | - | - |
| | 1,6,7a-d,8a,9 | 2,3,4,5,8b,10,11,12 | Phosphorus |
| | 1,6,7a-d,8a,9 | 2,3,4,5,8b,10,11,12 | Phosphorus |
| Non-Traditional | 1,6,7a-d,8a,9 | 2,3,4,5,8b,10,11,12 | Phosphorus |
| Greenwood Lake Watershed | | | • |
| Traditional Land Use | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| Oyster Bay | | | - D 41 |
| | 1,4,7a-d,9,10,11,12 | 2,3,5,6,8a,8b | Pathogens |
| | 1,4,7a-d,9,10,11,12 | 2,3,5,6,8a,8b | Pathogens |
| | 1,4,7a-d,9 | 2,3,4,5,8a,8b,10,11,12 | Pathogens |
| Peconic Estuary Traditional Land Use | - 1,4,7a-d,8a,9,10,11,12 | 2,3,5,6,8b | Pathogens and Nitrogen |
| | 1,4,7a-d,8a,9,10,11,12 | 2,3,5,6,8b | Pathogens and Nitrogen |
| | 1,4,7a-d,8a,9 | 2,3,4,5,8b,10,11,12 | Pathogens and Nitrogen |
| Oscawana Lake Watershed | - | - | - |
| | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| | • | - | - |
| Non-Traditional LI 27 Embayments | | 1 6 6 0 n 0 h | |
| Non-Traditional LI 27 Embayments Traditional Land Use | 1,2,3,4,7a-d,9,10,11,12 | 5,6,8a,8b | Pathogens |
| Non-Traditional LI 27 Embayments Traditional Land Use Traditional Non-Land Use | 1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9 | 5,6,8a,8b 5,6,8a,8b,10,11,12 | Pathogens Pathogens Pathogens |

| | This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. |
|-----|---|
| | SPDES ID |
| Naı | me of MS4/Coalition N Y R 2 0 |
| 3. | Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? O Yes No N/A |
| 4. | Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? |
| 5. | Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? $\hfill \bigcirc$ Yes $\hfill \bigcirc$ No $\hfill \bigcirc$ N/A |
| 6. | Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? |
| 7a | . Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? O Yes O No O N/A |
| 7b | .How many projects have been sited in this reporting period? |
| 7e. | . What percent of the projects included in 7b have been completed in this reporting period? |
| 7d | .What percent of projects planned in previous years have been completed? % |
| | O No Projects Planned |
| 8a | .Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? O Yes O NO O N/A |
| 8b | o.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? O Yes No N/A |
| | municipally dyfied fands: |

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SPDES ID

Name of MS4/Coalition

9. Has your MS4/Coalition developed and implemented a program of native planting?

Yes ONO N/A

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?

Yes ONO N/A

11. Does your MS4/Coalition have a pet waste bag program?

Yes ONO N/A

12. Does your MS4/Coalition have a program to manage goose populations?

Yes ONO N/A