MS4 Annual Report Cover Page

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

This cover page must be completed by the report preparer. Joint reports require only one cover page.

SPE	DES	ID						
N	Y	R	2	0	Α	2	1	9

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

V i l l a g e o f H a s t i n g s - o n - H u d s o

OR

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

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

N	lan	nec	of Si	ngl	itity												
Γ																	
				1													

OR

\bigcirc 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.

Name of Coalition

SPI	DES	ID				 	
N	Y	R	2	0	Α		
SPI	DES	ID				 	
N	Y	R	2	0	Α		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID		107 			
N	Y	R	2	0	Α		
SPI	DES	ID					
N	Y	R	2	0	Α		
SPI	DES	ID					
N	Y	R	2	0	A		

SPE	DES	ID					
N	Y	R	2	0	A		
SPL	DES	ID					
N	Y	R	2	0	Α		
SPL	DES	ID					
N	Ŷ	R	2	0	Α		
SPE	DES	ID					_
N	Y	R	2	0	A		
SPE	DES	ID				 	
N	Y	R	2	0	А		
SPE	DES	ID					
N	Y	R	2	0	Α		

SPE	DES	ID				
N	Y	R	2	0	A	
SPE	DES	ID				
N	Y	R	2	0	A	
SPE	DES	ID				
N	Y	R	2	0	A	
SPE	DES	ID				
Ν	Y	R	2	0	A	
SPE	DES	ID				
Ν	Y	R	2	0	A	
SPE	DES	ID				
N	Y	R	2	0	A	

Cover Page 1 of 2

MS4 Annual Report Cover Page

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

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

SPI	DES	5 ID						
N	Y	R	2	0	A			
SPI	DES	ID			-	+		
N	Y	R	2	0	A			
SPI	DES	5 ID						_
N	Y	R	2	0	A			
SPI	DES	ID						
N	Y	R	2	0	A			
SPI	PES	ID		-				_
N	Y	R	2	0	Α			
SPI	PES	ID				_		
N	Y	R	2	0	A	ľ		
SPI	DES	ID			_			_
N	Y	R	2	0	A			
SPI	PES	ID					_	
N	Y	R	2	0	Α			
SPI	DES	ID				-		_
N	Y	R	2	0	A			
SPI	DES	ID						
N	Y	R	2	0	A			
SPI	DES	ID						
N	Y	R	2	0	Α			
SPI	DES	ID						
N	Y	R	2	0	Α			
SPI	DES	ID		2 - 71				
N	Y	R	2	0	Α			
SPI	DES	ID						
Ν	Y	R	2	0	Α			
SPL	DES	ID		\underline{U}				
N	Y	R	2	0	А			
SPE	DES	ID						
N	Y	R	2	0	A			
SPL	DES	ID		5				
N	Y	R	2	0	А			
SPE	DES	ID						
N	Y	R	2	0	Α			

							-
SPI	DES	ID	-	-	_	,	
N	Y	R	2	0	A		
SPI	DES	5 ID			_		
N	Y	R	2	0	A		
SPI	DES	5 ID		_			
N	Y	R	2	0	A		
SPI	DES	ID	-				
N	Y	R	2	0	A		
SPI	DES	ID	-		-		
N	Y	R	2	0	A		
SPI	DES	ID		_	-		
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID		- -			
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	Α		
SPL	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPE	DES	ID					
N	Y	R	2	0	A		
SPL	DES	ID					
N	Y	R	2	0	Α		
SPL	DES	ID					
N	Y	R	2	0	A		
SPE	DES	ID					
N	Y	R	2	0	Α		
SPE	DES	ID					
N	Y	R	2	0	A		
SPE	DES	ID					
N	Y	R	2	0	А		
SPE	DES	ID					
N	Y	R	2	0	Α		
<u> </u>		-		_	-		

SPDES ID N Y R 2 0 A	SP	DES	: ID							
SPDES ID N Y R 2 0 A		T	T	1	0	A	Τ	Т	T	٦
N Y R 2 0 A			_			1	_			
SPDES ID N Y R 2 0 A		T	1	T	0	A	T	Τ	Τ	
N Y R 2 0 A	SP			1	4	1	1			
N Y R 2 0 A		T	Т	2	0	A				
SPDES ID N Y R 2 0 A	SP	DES	ID	I		_				_
N Y R 2 0 A	N	Y	R	2	0	A				
SPDES ID N Y R 2 0 A	SP	DES	ID							
N Y R 2 0 A	N	Y	R	2	0	A				
SPDES ID N Y R 2 0 A	SP	DES	ID					_		_
N Y R 2 0 A	N	Y	R	2	0	A				
SPDES ID N Y R 2 0 A SPDES ID ID ID ID ID N Y R 2 0 A	SP	DES	ID							
N Y R 2 0 A	N	Y	R	2	0	A				
SPDES ID N Y R 2 0 A SPDES ID ID ID ID ID N Y R 2 0 A ID SPDES ID ID ID ID ID ID ID N Y R 2 0 A ID ID SPDES ID ID ID ID ID ID ID ID	SPI	DES	ID							
N Y R 2 0 A	N	Y	R	2	0	A				
SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A	SP	DES	ID			-	-	-		_
N Y R 2 0 A	N	Y	R	2	0	A				
SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A	SPI	DES	ID		_	-	- -	-	-	_
N Y R 2 0 A	N	Y	R	2	0	A				
SPDES ID N Y R 2 0 A SPDES ID ID ID ID ID N Y R 2 0 A ID SPDES ID ID ID ID ID ID ID	SPI	DES	ID			_		_		_
N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A Image: SPDES ID N Y R 2 0 A Image: SPDES ID N Y R 2 0 A Image: SPDES ID N Y R 2 0 A Image: SPDES ID SPDES ID ID Image: SPDES ID Image: SPDES ID Image: SPDES ID N Y R 2 0 A Image: SPDES ID SPDES ID Image: SPDES ID Image: SPDES ID Image: SPDES ID Image: SPDES ID SPDES ID Image: SPDES ID Image: SPDES ID Image: SPDES ID Image: SPDES ID	N	Y	R	2	0	A				
SPDES ID N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A SPDES ID SPDES ID SPDES ID	SPI	DES	ID							_
N Y R 2 0 A SPDES ID ID ID ID N Y R 2 0 A SPDES ID ID ID ID ID N Y R 2 0 A ID SPDES ID ID ID ID ID ID N Y R 2 0 A ID SPDES ID ID ID ID ID ID SPDES ID ID ID ID ID ID SPDES ID ID ID ID ID ID	N	Y	R	2	0	А				
SPDES ID N Y R 2 0 A SPDES ID SPDES ID ID ID N Y R 2 0 A	SPI	DES	ID						_	_
N Y R 2 0 A SPDES ID ID ID ID N Y R 2 0 A ID SPDES ID ID ID ID ID ID N Y R 2 0 A ID SPDES ID ID ID ID ID ID SPDES ID ID ID ID ID ID SPDES ID ID ID ID ID ID	N	Y	R	2	0	A				
SPDES ID N Y R 2 0 A SPDES ID SPDES ID I I I	SPI	DES	ID					_		_
N Y R 2 0 A SPDES ID ID ID ID N Y R 2 0 A SPDES ID ID ID ID ID N Y R 2 0 A ID SPDES ID ID ID ID ID ID	N	Y	R	2	0	A				
SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID SPDES ID	SPI	DES	ID							_
N Y R 2 0 A SPDES ID ID ID ID SPDES ID ID ID ID	N	Y	R	2	0	Α				
SPDES ID N Y R 2 0 A SPDES ID	SPI	DES	ID					-	-	_
N Y R 2 0 A SPDES ID	N	Y	R	2	0	Α				
SPDES ID	SPI	DES	ID					-	-	_
	N	Y	R	2	0	Α				
N Y R 2 0 A	SPL	DES	ID						_	_
	Ν	Y	R	2	0	A				

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

Name	of MS4	Village of Hastings-on-Hudson
Name	01 101.54	· mage of mastings on madoon

 SPDES ID

 N
 Y
 R
 2
 0
 A
 2
 1
 9

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)

○ A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

					T		ĪĪ		T	Ì
	T T			İΤ	Ť			ŤŤ		-

2 3 SPDES ID

Y R 2

0 A

2 1

9

Ν

MCC form for period ending March 9, 2 0 2

Name of MS4 Village of Hastings-on-Hudson

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
- Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

Firs	t Na	ame		_												MI		Las	t Na	ıme											
М	a	r	У		в	e	t	h							- 53]	М	u	r	p	h	Y								
Titl	е								_																						
v	i	1	1	а	g	е		М	а	n	a	g	е	r																	
Add	Ires	s																													
7		М	а	p	1	е		A	v	e	n	u	e																		
City	/						_													S	tate		Zip)							
H	a	s	t	i	n	g	s	-	0	n	-	н	u	d	ន	0	n			1	1	Y	1	0	7	0	6] -			
eMa	ail																											-			
v	i	1	1	а	g	е	М	a	n	a	g	е	r		@	H	a	s	t	i	n	g	s	g	0	v	•	0	r	g	
Pho	ne									_								Cou	nty												
(9	1	4)	4	7	8	-	3	4	0	0						W	e	s	t	С	h	е	s	t	е	r			

MCC Page 2

SPDES ID

NYR

2

0 A

2 1

9

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

Name of MS4 Village of Hastings On Hudson

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:

O Principal Executive Officer/Chief Elected Official

- O Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

Firs	t Na	ame	r 1 e s I n s p e c 1 d i n g I n s p e c a p 1 e A v e n u e t i n g s O n H u d															Las	t Na	ame										 52
С	h	a	r	1	e	s												М	i	n	0	z	z	i						
Titl	е																													
в	u	i	1	d	i	n	g		Ι	n	ន	р	е	С	t	0	r													
Add	Ires	s																												
7		М	a	p	1	е		A	v	е	n	u	e																	
City	/																			St	tate		Zip							
H	a	S	t	i	n	g	s		0	n		н	u	d	s	0	n			N	1 7	Z	1	0	7	0	6	-		
eMa	ail																													
С	m	i	n	0	z	z	i	@	h	a	s	t	i	n	g	s	g	0	v	•	0	r	g							
Pho	ne																	Cou	nty											·
($\begin{array}{c c c c c c c c c c c c c c c c c c c $																													

2 3

Ν

SPDES ID

Y R 2

A 0

2 1

9

MCC form for period ending March 9, 2 0

Name of MS4 Village of Hastings On Hudson

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:

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

Firs	t Na	ime													_	MI		Las	t Na	ıme										
A	n	t	h	0	n	У]	0	1	i	v	e	r	i						
Titl	e	_																												
V	•	Р		,		Α	Ι		Е	n	g	i	n	е	е	r	ទ	,		I	n	с	•							
Add	Ires	s																		_										
5	7	0		т	a	x	t	e	r		R	0	a	d																
City	/																			S	tate		Zip	,						
E	1	m	s	f	0	r	d													1	1 3	Y	1	0	5	2	3] -		5
eMa	ail																													
a	n	t	h	0	n	У	@	d	r	e	p	С		С	0	m														
Pho	ne																	<u>Co</u> u	nty											
(9	1	4)	6	3	1	-	8	6	0	0						W	е	ន	t	С	h	е	s	t	е	r		

SPDES ID

NYR2

A O

2

1 9

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

Name of MS4 Village of Hastings-on-Hudson

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be 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.

Part	tner	/C0	anu	ioni	vui i																											
С	0	u	n	t	У		0	f		W	е	s	t	С	h	е	s	t	e	r												
Par	tner	/Co	aliti	ion]	Nan	ne(c	on'i	t.)																SPI	DES	Pa	rtne	r ID	- If	apr	lica	ble
I	n	f	0	r				i	0	n		Т	e	С	h	n	0	1	0	g	У]		Y		2	0				
Ado	Ires	s																														
1	4	8		М	a	r	t	i	n	е		Α	v	е	n	u	e															
City	v																			S	tate		Zip									
W	h	i	t	e		P	1	a	i	n	s									רו	NY		1	0	6	0	1] _				
eMa	ail																											1				
s	t	w	1	@	w	e	s	t	С	h	е	s	t	е	r	g	0	v		с	0	m										
												2	LI		1									1			<u> </u>	I				
Pho	ne								<u> </u>										Le	gal	ly Bi	ndi	no /	Aore	em	ent i	in a	cor	dan	ce		
Pho (1	Δ	1	a	a	5		2	0	1	7	l I																		~	
Pho (9	1	4)	9	9	5] -	3	0	4	7									GP-0								Ye		0	No
(9) rest		<u> </u>	L	j	L	L		1	 ith :	this	; pa	rtn	er (e.g	wi	th C	GP-0	-08	-002	2 Pa	rt I	V.G	.?	۲	Ye	s		
(9) resp		<u> </u>	L	j	L	L		1	 ith 1	this	s pa	rtn	er (e.g	wi	th C	GP-0	-08	-002	2 Pa	rt I	V.G	.?	۲	Ye	s		No ks)?
(9 nat	tasl) resp		<u> </u>	L	j	L	L		1	ith 1	this	s pa	rtn	er (e.g	wi	th C	GP-0	-08	-002	2 Pa	rt I	V.G	.?	۲	Ye	s		
(Wł 0 N	9 nat MM	tasl) rest		<u> </u>	L	j	L	L		1	ith	this	s pa	rtn	er (e.g	wi	th C	GP-0	-08	-002	2 Pa	rt I	V.G	.?	۲	Ye	s		
(Wł	9 nat MM	tasl) resp		<u> </u>	L	j	L	L		1	ith	this	s pa	rtn	er (e.g	wi	th C	GP-0	-08	-002	2 Pa	rt I	V.G	.?	۲	Ye	s		
(Wł 0 N	9 nat MM MM	tasl 1 [2 [) resp	bon	<u> </u>	L	j	L	L		1	ith	this	s pa		er (e.g	wi	th C	GP-0	-08	-002	2 Pa	rt I	V.G	.?	۲	Ye	s		
(WI 0 N 0 N	9 nat MM MM	tasl 1 [2 [ks/ı		bon	sib	iliti		are	L		1	ith	this	s pa			e.g	wi	th C	GP-0	-08	-002	2 Pa	rt I	V.G	.?	۲	Ye	s		
(WH O N O N	9 nat MM MM	tasl 1 [2 [3 [ks/ı		bon	sib	iliti		are	L		1	ith	this	s pa			e.g	wi	th C	GP-0	-08	-002	2 Pa	rt I	V.G	.?	۲	Ye	s		
(WI 0 N 0 N	9 mat MM MM MM	tasl 1 [2 [3 [4 [ks/ı		bon	sib	iliti		are	L		1		this	5 pa			e.g	wi	th C	GP-0	-08	-002	2 Pa	rt I	V.G	.?	۲	Ye	s		
(WH ON ON	9 mat MM MM MM	tasl 1 [2 [3 [4 [ks/ı		bon	sib	iliti		are	L		1		this	; pa			e.g	wi	th C	GP-0	-08	-002	2 Pa	rt I	V.G	.?	۲	Ye	s		
(WH O N O N O N	9 nat MM MM MM	tasl 11 [22 [33 [4 [55 [ks/ı		bon	sib	iliti		are	L		1			5 pa				wi	th C	GP-0	-08	-002	2 Pa	rt I	V.G	.?	۲	Ye	s		

Additional tasks/responsibilities

• Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

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

Name of MS4 Village of Hastings On Hudson

SPDES ID N Y R 2 0 A 2 1 9

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be 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.

Par	tner	<u>/Co</u>	aliti	ionl	Vam	le						_																				
s	a	w		М	i	1	1		R	li	v	e	r		C	0	a	1	i	t	li	0	n									\square
Par	tner	/Co	alit	ion]	Nan	ne(a	con'	t.)											-					SPI	DES	Pa	rtne	r ID) - It	fapr	olica	able
																			51					N	Y		2	0				\square
Add	ires	s													ŝ																	
2	2		М	a	li	n		S	t	е	е	t																				\square
Cit	y																			S	tate		Zip			•						
Y	0	n	k	e	r	s														1	1 2	Z	1	0	7	0	1	-				
eMa	ail																															
a	n	n	m	a	r	i	e	@	g	r	0	u	n	d	w	0	r	k	h	v		0	r	g		1						
Pho (ne 9	1	4)	3	7	5] -	2	1	5	1									y B 3P-0								dan Ye		0	No
WI	nat	tasl	ks/ı	resp	oon	sib	iliti	ies	are	sha	irec	l w	ith	this	s pa	irtn	er ((e.g	;. N	1M	1 S	cho	ol	Pro	gra	ms	or	Μι	ıltij	ole	Tas	sks)'
• 1	ИΜ	1	G	е	n	е	r	a	1		S	t	0	r	m	w	a	t	е	r		Е	d	u	С	a	t	i	0	n		
0 N	ИM	2															12 s															
O N	ИM	3																														
• N	ИM	4	L	a	n	d		U	s	е						-																
ON	ЛM	5																														
• N	ИM	6	н	a	b	i	t	a	t		R	е	s	t	0	r	a	t	i	0	n											
	2																															

Additional tasks/responsibilities

• Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

<u>MS4 Municipal Compliance Certificati</u>	ion(MCC	C) I	For	<u>m</u>				
MCC form for period ending March 9.	, 2	0 2	3						
		SP	DES	S ID					
Name of MS4 Village of Hastings-on-Hudson		N	Y	R	2	0	A 2	2 1	9

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	Last Name
Mary Beth		Murphy
Title (Clearly print title of individual signing report)		
V i l l a g e M a n a g e r		
Signature		
Man Bits Mun	h	Date
Plan Net W		

0411812023

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 2 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

Water Quality Trends

The information in this section is being reported (check one):

• On behalf of an individual MS4

• On behalf of a coalition

How many MS4s are contributed to this report?

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. ••• Yes

es 🕒 No

YR

2

0 | A

2

1 9

N

If Yes, choose one of the following

- O Report(s) attached to the annual report
- \bigcirc Web Page(s) where report(s) is/are provided below

Please provide specific address of page where report(s) can be accessed - not home page.

UR	Ļ		 	 		 		 			 		 	 			
Γ						-			ĺ						Ī		
URI	L	 		 			 	 									
												t.					
Γ																	
URI																	
																Ì	
URI																	

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

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

SPDES ID

NYR

2

0 A

2 1 9

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

Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

- On behalf of an individual MS4
- \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

1.	Targeted	Public	Education	and	Outreach	Best	Management	Practices
----	----------	--------	-----------	-----	----------	------	------------	------------------

Check all topics that were included in Education and Outreach during this reporting period:

• Construction Sites		• Pesticide and Fertilizer Application
• General Stormwater	Management Information	Pet Waste Management
• Household Hazardo	us Waste Disposal	• Recycling
Illicit Discharge De	tection and Elimination	O Riparian Corridor Protection/Restoration
• Infrastructure Main	tenance	Trash Management
• Smart Growth		• Vehicle Washing
Storm Drain Markin	ng 👘	• Water Conservation
• Green Infrastructure	e/Better Site Design/Low Impact Development	• Wetland Protection
O Other: Other 2. Specific audience	ces targeted during this reporting period:	O None
Public Employees	Contractors	
Residential	O Developers	
 Businesses 	• General Public	
Restaurants	○ Industries	
O Other:	• Agricultural	

Other

MCM 1 Page 1 of 4

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

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

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

 SPDES ID

 N
 Y
 R
 2
 0
 A
 2
 1
 9

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

$\circ c$	onst	ruct	tion	Site	e O	pera	ator	s T	rain	ed													i	# T i	rain	ed					
OD	irect	Μ	aili	ngs																			#	Ma	ilin	gs					
• K	liosk	s or	Ot	her	Dis	pla	ys																#]	Loc	atio	ns				0	3
• L	ist-S	erv	es																					#]	n L	ist		3	6	5	0
ON	lailir	ng I	List																					#1	n L	ist					
ON	lewsp	bap	er A	ds	or A	\rti	cles																#]	Day	's Ri	un					
O P	ublic	E	vent	s/Pi	ese	ntat	tions	s															# /	Atte	ende	es					
0 s	choo	l Pi	ogi	am																			# /	Atte	ende	es					
• T	V Sp	oot/	Pro	grar	n																		# I	Day	's Ri	un			3	6	5
• P	rinte																				Т	otal	# Di	istri	ibut	ed		4	0	0	0
		T	T				tow	n ofi											Т												
	V	i	11	1	a	g	е		н	a	1	1							_												
	L	li	b	r	a	r	У			_																					
	С	0	m	m	u	n	i	t	У		С	e	n	t	е	r															
	C	1	e	a	n		U	p		E	v	e	n	t	s																
00	ther:	-																													
_									_	- 22							-	_													
• W	/eb F	Page	e:				peci	ific	we	b ac	ldre	esse	s -	not	hor	ne	page	e. (Con	tinu	e o	n ne	ext p	pag	e if	ado	ditic	onal	spa	ace	is
Ľ	IRL	-	-	ne	edeo	1.														_	- 72										
	h t	t	p	:	1	1	w	w	w		h	a	s	t	i	n	g	s	g	0	v	•	0	r	g	1	s	t	0	r	m
- [·	wa	1+	F	r	_	m	a	n	a	a	6	m		n	+													Ī	T		

URL																															
h	t	t	p	s	:	/	/	p	1	a	n	n	i	n	g	•	w	е	s	t	С	h	е	ន	t	e	r	g	0	v	•
С	0	m	/	е	n	v	i	r	0	n	m	e	n	t	/	ន	t	0	r	m	w	a	t	е	r	-	m	a	n	a	g
e	m	е	n	t																											

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

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

					-															_			SPI	DES	ID						
Name	ofN	/IS4	/Coa	litio	on	/illa	ge of	Has	tings	-on-H	luds	on											N	Y	R	2	0	A	2	1	9
3. V		Pa	ge o	con	't.:		Pro	ovi	de s	spe	cifi	c w	/eb	ado	dres	ses	s - r	not .	hor	ne	pag	e.									
h		t	p	:	1	1	w	w	w	.	s	a	w	m	li	1	1	r	i	v	е	r	с	0	a	1	i	t	i	0	n
Ŀ	0	r	a																												
UF h		t	p	:	1	1	w	w	w		d	e	с		n	У		g	0	v	/	С	h	e	m	i	С	a	1	/	8
4	+	+	+	h	t		1	<u> </u>																							
		Ī	Ī																												
UR	1	1.	T																												
h	t	t	p	:	/	/	W	W	W	•	С	W	p	•	0	r	g														
Ļ	+	+	\vdash			 						-															_				
	RL																														
W	T	w	•	е	p	a		g	0	v	/	n	p	d	е	s															
		Γ																										T			
	+	$\frac{1}{1}$									-											_								1	
		<u>† </u>																											=		
UR	Ļ	-																													
_																															_
_	+																													_	_
UR	L ·	Γ																									-				
	1																													+	
	t	t	H	_						-	-		-	-		-	-	-	-	-	-+	-+		- 1	-+	+	-	=+	=+	=+	=

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

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

Name of MS4/Coalition Village of Hasti

illage o	of Hastin	igs-on-Hud	son
----------	-----------	------------	-----

SPDES ID NYR 2 0 A 2 9 1

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.

Continuing to advance the public's understanding of stormwater management program through literature, use of media including the village website and cable television and village meetings.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Public Service Cable Television Spots run with periodic stormwater information. Signage in parks encourages cleanup after pets. Village calendars are mailed to 3567 households and include stormwater management information and recycling inserts. Conservation Committee provides virtual programs on cable TV which include stormwater information.

C. How many times was this observation measured or evaluated in this reporting period?

					1	
(ex.:	samo	les	pari	ici	pant	s/events

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 during the next reporting cycle (including an implementation schedule).

Continue with cable TV spots and literature distribution. Continue displays in Village Hall and other sites. Invite public participation as well as participation in outside activities such as Saw Mill River Coalition Cleanup and River Keeper activities.

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

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

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

Minimum Control Measure 2. Public Involvement/Participation

SPDES ID

N Y R 2 0 A

2 1 9

The information in this section is being reported (check one):

- On behalf of an individual MS4
- \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

• Cleanup Events		# Events					1
O Comments on SWMP Received		# Comments					
• Community Hotlines	Phone #	(914)478] -	3	4	0	0
Phone # ()	Phone#	(] -				
Phone # ()	Phone#	(] -				
Phone # ()	Phone #		-				
Phone # () –	Phone #		-				
Phone # ()	Phone #	(-				
○ Community Meetings		# Attendees					
Plantings		Sq. Ft.		2	0	0	0
O Storm Drain Markings		# Drains					
O Stakeholder Meetings		# Attendees					
O Volunteer Monitoring		# Events					
O Other:							

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? • Yes

Program (SWMP) Plan provided?		• }	es	0	No
• List-Serve	3	6	5	0	
O Newspaper Advertising	# Days Run				
• TV/Radio Notices	# Days Run				5
O Other:					

• Web Page URL: Enter URL(s) on the following two pages.

MCM 2 Page 1 of 6

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

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

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

SPE	DES	ID				_		
N	Y	R	2	0	Α	2	1	9

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URI	-																		_												
h	t	t	p	:	1	1	w	w	w	.	h	a	s	t	i	n	g	s	g	0	v		0	r	g	1	n	0	d	e	/
4	6	1	a	g	e	n	d	a	1	2	0	2	2				Γ														
						T	Ē			T	T		Ť	T			Ē										F				
IDI					<u> </u>					1	-	L					L														
URI	Í																														
						 				\vdash	 			┢					 								\square				
						\vdash							\vdash	\vdash																	
_					Ļ							· .																			
JRL	í					1	r						-	I			1										<u> </u>				_
						ļ								<u> </u>																	
JRL						0	11.1 - 112 1																								
																							_							╡	_
									_																	_	-		\dashv	=	-
																										_	_				
JRL	Í																						-			-				_	_
_																									_					\dashv	_
_		_																										_			
JRL																								_	-						
																			_												
																													T		
JRL																1							- 1								
		-																													
																					Ť	Ť	T				1		Ť	Ť	-
	1				_									_							-	\dashv					╡	-	+	\dashv	
															1																

This report is being submitted for the re	porting period ending March 9, 2	0	2	3
---	----------------------------------	---	---	---

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

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

SPI	DES	ID						
N	Y	R	2	0	Α	2	1	9

2. URL(s) con't.:

Please provide specific address(es) where notices can be accessed - not home page.

UR	Ļ	_		-																							-				
								Γ										Γ			Γ						Ī		Í		\square
Ē		Ī	Î	Ĺ	Ī		Ť.	Ť	1	T	Ť		Ī	T	Ē	Ī	T	Ť		t	1	t		 	T	T	Ī	1	1	\square	\square
	-l [1		-	-		1	<u> </u>	1	1	1	L		-		1		1	1					<u> </u>				1	1		
	Ĩ						Γ											Γ													\square
F	T	t	t	1	1	İ	T			t	-						\vdash	t	<u> </u>	İ.											\square
F	┢	╞	Ť	<u> </u>	İ.		\vdash	$\frac{1}{1}$		1							<u> </u>	<u> </u>				\vdash									\square
	<u> </u>					I				1				<u> </u>				<u> </u>		L		L									
URI	Ī	1	1		1	<u> </u>					1						<u> </u>	T										ŀ			
-	╞	╞	+	<u> </u>	-		<u> </u>			+	<u> </u>							<u> </u>				┝						-	<u> </u>		
Ļ	╞		+	<u> </u>				<u> </u>	<u> </u>	<u> </u>				Ļ														Ļ			
URI		T	1	1	I	r	1	-	-	T	1		_	1			T	-					_								
L		Ļ	Ļ		L																										
L																															
URI																															
\square	1																														Π
URI										L																					
																														1	۲
-			\vdash		-															_							1				۲
	1									-																			2]	
URI	Í																													Т	
															-	-			+	-			-			-	_			+	\dashv
												-							_	_		_	_				_			-	\square
																												Í			

This report is being submitted for the reporting period ending March 9, 2 0 2 3 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. Name of MS4/Coalition Village of Hasing=on-Hiadsm Name of MS4/Coalition Office Annual Report SWMP Plan Comments Department B u i l d i n g D e p a r t m e n t Address Address (g) 1 4) 4 7 8 - 3 4 0 2 Library Annual Report SWMP Plan Comments Address Annual Report SWMP Plan Comments Address Annual Report SWMP Plan Comments Phone	MS4 Annual Report Form	
SPDES ID Name of MS4/Coalition N Y R 2 0 A 2 1 9 3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents? Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed. • MS4/Coalition Office • Annual Report • SWMP Plan • Comments Department B u i 1 d i n g D e p a r t m e n t · · · · · · · · · · · · · · · · · · ·		
Name of MS4/Coalition N Y R 2 0 A 2 1 9 3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents? Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed. MS4/Coalition Office • Annual Report • SWMP Plan B u i 1 d i n g D e p a r t m e n t ·		
Program SWMP) Plan and submit comments on those documents? Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed. •MS4/Coalition Office •Annual Report •SWMP Plan •Comments Department •Annual Report •SWMP Plan •Comments Address 7 M a p 1 e A v e n u e		L 9
<pre>whether comments may be submitted at that location. Submit additional pages as needed.</pre> <pre>MS4/Coalition Office</pre>		
 MS4/Coalition Office Department B u i l d i n g D e p a r t m e n t Address 7 M a p l e A v e n u e City H a s t i n g s O n H u d s o n N Y I 0 7 0 6 - Phone (9 1 4) 4 7 8 - 3 4 0 2 Elbrary Address Address O n H u d s o n N Y I 0 7 0 6 - I 1 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 0 7 0 6 - I 1 0 7 0 6 - I 1 0 7 0 6 - I 1 0 7 0 6 - I 1 0 7 0 6 - I 1 0 7 0 6 - I 1 1 0 7 0 6 - I 1 0 7 0 6 - I 1 1 1 0 9 6 C 1 e r k 's 0 f f i c e I 1 1 1 0 9 6 C 1 e r k 's 0 f f i c e I 1 1 1 0 9 6 C 1 e r k 's 0 f f i c e I 1 0 7 0 6 - <li< td=""><td>Enter address/contact info and select radio button to indicate which document is available and</td><td></td></li<>	Enter address/contact info and select radio button to indicate which document is available and	
DepartmentBuildingDepartmentAddress7MaplAvenuenzipHastngonHuenzipHastngonNY1076-Phone(91478-3402CityAddressAnnual ReportSWMP PlanO commentsTMatiny1076Phone(91478-3071076Phone(91478-3071076Phone(91478-3071076Phone(91478-3071076Phone(9478-34000<		
Address 7 M a p 1 e A v e n u e Zip H a s t i n g s 0 n H u d s o n N Y 1 0 7 0 6 - Image: Structure Phone (914) 4 7 8 - 3 4 0 2 Annual Report SWMP Plan Comments Address Address Annual Report SWMP Plan Comments 7 M a p 1 e A v e n u e Image: SWMP Plan Comments 7 M a p 1 e A v e n u e Image: SWMP Plan Comments 7 M a p 1 e A v e n u e Image: SWMP Plan Comments 6(1914) 4 7 8 - 3 3 0 7 Image: SWMP Plan Comments Comments Address Image: SWMP Plan Comments Comments Address Image: SWMP Plan Comments SWMP Plan Comments Address Image: SWMP Plan Comments SWMP Plan Comments Address Image: SWMP Plan Image: SWMP Plan Comments N t t p : / / w w w h a s t i n g s g o v o r g / s t o r Image: SWMP Plan Comments N t t p : / / w w w h a s t i n g s g o v o r g / s t o r Image: SWMP Plan Image: SWMP Plan Comments <t< td=""><td></td><td>nents</td></t<>		nents
City H a s t i n g s O n H u d s o n N Y 1 0 7 0 6 - Phone (914) 4 7 8 - 3 4 0 2 • Library Address 7 M a p 1 e A v e n u e City H a s t i n g s O n H u d s o n N Y 1 0 7 0 6 - Phone (914) 4 7 8 - 3 3 0 7 • Other Address V i 1 1 a g e C 1 e r k 's O f f i C e City Phone (914) 4 7 8 - 3 4 0 0 • Web Page URL: Phone (914) 4 7 8 - 3 4 0 0 • Web Page URL: Annual Report Annual Report Annual Report Annual Report SWMP Plan Comments City City City City City City City City City Phone (914) 4 7 8 - 3 4 0 0 • Web Page URL: Annual Report SWMP Plan Comments Address V i 1 1 a g e C 1 e r k 's O f f i C e City C		
Hating0nHudsnNY10706-Phone(91478-3402Library AddressAnnual ReportSWMP PlanComments7MAp1eAveue22Hasting0nNY107067MAp1eAveue222Hasting0nNY10706-1Phone(91478-307710706Phone(91478-3077100		
Phone (9 1 4) 4 7 8 - 3 4 0 2 • Library Address 7 M a p 1 e A v e n u e City H a s t i n g s 0 n H u d s o n N Y H a s t i n g s 0 n H u d s o n N Y H a s t i n g s 0 n H u d s o n N Y H a s t i n g s 0 n H u d s o n N Y 1 0 7 0 6 - Phone (9 1 4) 4 7 8 - 3 3 0 7 • Other Address V i 1 1 a g e C 1 e r k ' s 0 f f i c e City D i 1 1 a g e C 1 e r k ' s 0 f f i c e D i 1 -		
• Library • Address 7 M a p l e A v e n u e City H a s t i n g s 0 n H u d s o n N Y 1 0 7 0 6 - Phone (9 1 4) 4 7 8 - 3 3 0 7 • Other Address V i l l a g e C l e r k ' s 0 f f i c e City Phone (9 1 4) 4 7 8 - 3 4 0 0 • Web Page URL: N Web Page URL: N Web Page URL: Address Address Address Address Address Address V i l a g e C l e r k ' s 0 f f i c e City		
7MapleAvenueCityPhone(91478-307OtherAddressVi11agc1easticcMadress00000000000OtherAddressAddress0ffice11agcCommentsMAgc1ek's0ffic0Phone(91478-3400Web Page URL:00000000000Web Page URL:000000000000Web Page URL:00000000000000Matermaagmmna1-0000000000000000000000000000 <t< td=""><td>(9 1 4) 4 7 8 - 3 4 0 2</td><td></td></t<>	(9 1 4) 4 7 8 - 3 4 0 2	
ZipHastingsonHudsnNY10706-Phone(91478-3307OtherAnnual Report \bullet SWMP Plan \circ CommentsAddressZipVi11ageC1eiCityZipPhone(91478-340Web Page URL:Annual ReportSWMP PlanCommentshttp: //wwhastinggornua1-Phone(91478-3400Web Page URL:Annual Report \bullet SWMP Plan \bullet CommentsMtttp:::··<	Library Address Address Address	nents
HastingsnHudsnNY10706-Phone(91478-307OtherOneOtherOneOffiC1eNY10706Mi11agc1eiii </td <td></td> <td></td>		
Phone (914)478-3307 • Other Address V i 1 1 a g e C 1 e r k ' s 0 f f i c e C 1 e r k ' s 0 f f f i c e C 1 e r k ' s 0 f f i c e C 1 e r k ' s 0 f f f i c e C 1 e r k ' s 0 f f f i c e C 1 e r k ' s 0 f f f i c e C 1 e r k ' s 0 f f f i c e C 1 e r k ' s 0 f f f i c e C 1 e r k ' s 0 f f f i c e C 1 e r k ' s 0 f f f i c e C 1 e r k ' s 0 f f f i c e C 1 e r k ' s 0 f f f i c e C 1 e r k ' s 0 f f f i c e C 1 e r k ' s 0 f f f		
• Other Address V i 1 1 a g e C 1 e r k ' s 0 f f i c e C C Comments $V i 1 1 a g e C 1 e r k ' s 0 f f i c e C C C C C C C C C C C C C C C C C C$		
Address V i 1 1 a g e C 1 e r k ' s 0 f f i c e Zip Zip $V i 1 1 a g e C 1 e r k ' s 0 f f i c e$ Zip $V i 1 1 a g e C 1 e r k ' s 0 f f i c e$ Zip $V i 1 1 a g e C 1 e r k ' s 0 f f i c e$ Zip $V i 1 1 a g e R - 1 f i c e$ Zip $V i 1 1 a g e R - 1 f i c e$ Zip $V i 1 a g e R - 1 f i c e$ $R - 1 f i$	(9 1 4) 4 7 8 - 3 3 0 7	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		nents
Phone (914)478-3400 • Web Page URL: h t t p : / / w w w . h a s t i n g s g o v . o r g / s t o r m w a t e r - m a n a g e m e n t / p a g e s / a n n u a 1 - r e p o r t s u u u u u u u u u u u u u u u u u u		
$ \begin{pmatrix} 9 & 1 & 4 \end{pmatrix} 4 & 7 & 8 & - & 3 & 4 & 0 & 0 \\ \hline \begin{tabular}{lllllllllllllllllllllllllllllllllll$	City Zip	
$ \begin{pmatrix} 9 & 1 & 4 \end{pmatrix} 4 & 7 & 8 & - & 3 & 4 & 0 & 0 \\ \hline \begin{tabular}{lllllllllllllllllllllllllllllllllll$	Phone	
h t p $:$ $/$ w w w h a s t i n g g o v $.$ o r g $/$ s t o r m w a t e n a g e m e n t $/$ p a g e s t o r g $/$ s t o r g $/$ s t o r g s t o r g s t o r g s t o r g s t o r g s t o r g s t o r g s t o r g s t o r g s t o r g s t o r g s t o r g s t o r s s t o r s <		
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	Web Page URL: Annual Report SWMP Plan Comm	ients
$r \in p \circ r t s$ Please provide specific address of page where report can be accessed - not home page.	h t t p : / / w w w . h a s t i n g s g o v . o r g / s t o	r
Please provide specific address of page where report can be accessed - not home page.	m w a t e r - m a n a g e m e n t / p a g e s / a n n u a 1	-
Comments Comments		
	O Comm	ients

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

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

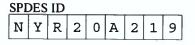
	SPD	ES ID					
Name of MS4/Coalition Village of Hastings-on-Hudson	N	YR	2	0 A	2	1	9
4.a. If this report was made available on the internet, what date was	it po	sted?					
Leave blank if this report was not posted on the internet.) 4	/ 0	5	/ 2	0	2	2
4.b. For how many days was/will this report be posted?					3	6	5
If submitting a report for single MS4, answer 5.a If submitting a jo	int re	port,	ansv	ver 5.	b		
5.a. Was an Annual Report public meeting held in this reporting per	iod?			• Ye	es	01	No
If Yes, what was the date of the meeting?) 4	/ 0	5	/ 2	0		2
If No, is one planned?				⊖ Ye	es	01	No
5.b. Was an Annual Report public meeting held for all MS4s contrib	uting	g to tl	nis r	eport	t du	rin	g
this reporting period?				• Ye	es	01	No
If No, is one planned for each?				ΟY€	es	01	No
6. Were comments received during this reporting period?				⊖ Ye	s	• 1	No
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.							

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

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

Name of MS4/Coalition Village of

Village of Hastings-on-Hudson



7. Evaluating Progress Toward Measurable Goals MCM 2

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.

Residents are encouraged to participate in village wide cleanups removing waste from public spaces and assisting with providing plantings in public areas. Residents invited to participate in annual Saw Mill River Coalition / Riverkeeper Cleanups. Village Spring cleanup and Earth Day held annually.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

One Cleanup held in Spring 2022. Residents continue to participate in cleanup efforts typically over a several day period as well as individual neighborhood activities.

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 O No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

• Yes O 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 community outreach and participation. Continue cleanups. Continue to invite participation in annual Saw Mill River Coalition / Riverkeeper Cleanups / Earth Day activities.

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

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

SPDES ID Υ R

> 1 7 #

2

0 A

2

1 9

0 %

7

0 1

Ν

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

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
- \odot On behalf of a coalition

How many MS4s contributed to this report?

- 1. Enter the number and approx. percent of outfalls mapped:
- 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 1
- 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?
- O Auto Recyclers ○ Landscaping (Irrigation) Building Maintenance O Marinas ○ Churches O Metal Plateing Operations ○ Commercial Carwashes ○ Outdoor Fluid Storage O Commercial Laundry/Dry Cleaners Parking Lot Maintenance ○ Construction Vehicle Washouts \bigcirc Printing ○ Cross-Connections ○ Residential Carwashing ○ Distribution Centers Restaurants ○ Food Processing Facilities ○ Schools and Universities ○ Garbage Truck Washouts Septic Maintenance \odot Hospitals ○ Swimming Pools ○ Improper RV Waste Disposal Vehicle Fueling ○ Industrial Process Water Vehicle Maint./Repair Shops • Other: O None ○ Sewersheds:

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

3.b.What types of illicit	discharges have	heen found	during this repor	ting period?
J.D. What types of mich	uischarges have	Deen Iounu	uuring uns repor	ung periou:

O Broken Lines From Sanitary Sewer	\bigcirc Industrial Connections
○ Cross Connections	\bigcirc Inflow/Infiltration
○ Failing Septic Systems	\bigcirc Pump Station Failure

 \odot Floor Drains Connected To Storm Sewers \odot Sanitary Sewer Overflows

○ Illegal Dumping	○ Straight Pipe Sewer Discharges

○ <u>Othe</u>	r:								No	ne								
											_							
		 	<u> </u>	1				L							 [<u> </u>

- 4. How many illicit discharges/potential illegal connections have been detected during this reporting period?
- 5. How many illicit discharges have been confirmed during this reporting period?
- 6. How many illicit discharges/illegal connections have been eliminated during this reporting period?
- 7. Has the storm sewershed mapping been completed in this reporting period? If No, approximately what percent was completed in this reporting period?
- Yes O No
 Yes Q
 Yes O No

No

O Yes

1

1

0 A 2 1 9

8. Is the above information available in GIS? Is this information available on the web? If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL		 		-		 		 	_		_						
URL		 					 	 	 			 					
						-											
	1	Ť	T			-											-

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

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

	Village of Hastings-on-Hudson	
Name of MSA/Coalition	vinage of mastings-on-muuson	1
Name of MISH Coantion		

SPE	DES	ID							
N	Y	R	2	0	A	2	1	9	

1 0 0 8

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

UR	Ļ	-	-	-	 		 		 	_	 	 	 		 						
UR	L																				
Γ		Γ	Γ																		٦
UR	L										<u>.</u>										
																				T	٦
Γ																				Ť	٦
UR	Ĺ		_																		
																				Τ	
																	Ī			Ť	
URI										-				1					1		
																		Ì		Ť	٦
	-	•		· · ·		 		 	 		 	 	 	-	 	 					

- 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? Yes O No
- 10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? • Yes ONO ONT
- 11. What percent of staff in relevant positions and departments has received IDDE training?

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

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

SPDES ID

2

0 A

2 1

9

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

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

Identify and eliminate any sources of illicit discharges

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1 illicit discharge found. The Village has maps of all stormwater drainage infrastructure. This will assist in the rapid location of any illicit discharges reported or detected during inspections.

C. How many times was this observation measured or evaluated in this reporting period?

D. Has your MS4 made progress toward this measurable goal during this reporting period?

• Yes O No

(ex.: samples/participants/events)

1

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

• Yes O 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 annual outfall inspections and respond immediately to reports of illicit discharges, mitigate and document.

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

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

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

SPL	DES	ID						
Ν	Y	R	2	0	Α	2	1	9

0

0

<u>Minimum Control Measures 4 and 5.</u> <u>Construction Site and Post-Construction Control</u>

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?

1a. Has each MS4 contributing to this report adopted a law, ordinance or ot	ther regulatory	
mechanism that provides equivalent protection to the NYS SPDES Gene	ral Permit for	
Stormwater Discharges from Construction Activities?	• Yes	O No

1b. Has each Town, City and/or Village contributing to this report doc	umented that	at the la	w is
equivalent to a NYSDEC Sample Local Law for Stormwater Mana	gement and	Erosion	1 and
Sediment Control through either an attorney cerfification or using	the NYSDE	C Gap	
Analysis Workbook?	Yes	O No	ONT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

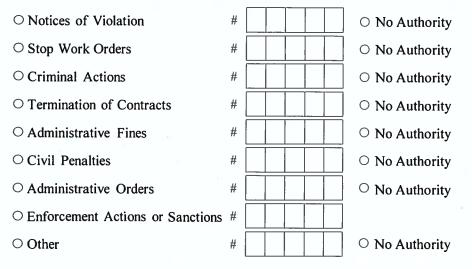
			0.09/2004	03/2006	UNI

- **2.** Does your MS4/Coalition have a SWPPP review procedure in place? Yes No
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? Yes No NT

If Yes, how many public comments were received during this reporting period?

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? • Ves • 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:



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

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

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

SPE	DES	ID						
N	Y	R	2	0	Α	2	1	9

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

Th	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?		
1.	How many construction projects have been authorized for disturbances of one a during this reporting period?	acre or i	nore
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	r jurisd	iction 0
3.	What percent of active construction sites were inspected during this reporting p	period?	0 NT
4.	What percent of active construction sites were inspected more than once?	1 0	0 NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual? • Yes	the NYS	
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Preven (SWPPPs) of construction projects that are subject to MS4 review and approva		
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made ava public review?	ailable fo	

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,	2	0	2	3
---	---	---	---	---

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

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

SPDES ID N Y R 2 0 A 2 1 9

6. con't.:

Ο

Ο

Submit additional pages as needed.

• MS4/Coalition Office

Dep	bartı	nen	t																											
в	u	i	1	d	i	n	g		D	e	p	a	r	t	m	e	n	t												
Ado	lres	s									1		_						-1								1			
7		М	a	p	1	e		A	v	e	n	u	e																	
City	/				1							,		·		1	_	<u> </u>	<u> </u>		Zip)							_	
H	а	s	t	i	n	g	s	0	n	H	u	d	s	0	n	ļ	N	1 2	Z		1	0	7	0	6	-				
Pho	ne)													-				
(9	1	4)	4	7	8	-	3	4	0	2																		
ibrary	,																													
Add	ires	S				1													T						- <u></u>					
City	/									;				-	1	I	r		_		Zip)	_			7	_			
																										-				
Pho	ne																													
()				-																						
ther																														
Ado	lres	\$																												
	103	3																						1		Τ	Γ	7	Τ	
L City	,				L														_	L	Zip									
				÷.																			-]_			Τ	
Pho	ne								l						I				_				<u> </u>	<u> </u>	<u> </u>		L	_		
()				_																						
N I				/ [
/eb Pa	age	UR	L(s):	Р	leas	e p	rov	ide	spe	cifi	c a	ddre	ess	whe	ere S	SW	PPI	Ps o	can	be	acc	esse	ed -	not	t ho	me	pag	ze.	
URL																											1	1	—	
								-					_						2		1							Ť	Ē	
								_								1														
URL			- 1								- 1										T			_		_			1	
		1			-															- 	1							T	<u>†</u>	
																							L_							
											ľ	MC	M	4 P	age	20	of 3	3												

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

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

Name of MS4/Coalition Village of

'illage	of	Hastings-on-Hudsor

SPDES ID NYR2 0 A | 2 1 9

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.

0 projects over 1 acre active this reporting period.

C. How many times was this observation measured or evaluated in this reporting period?

		1	
--	--	---	--

(ex.: samples/participants/events)

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 O 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. Continue to maintain inspection records.

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

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

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

SPE	DES	ID						
N	Y	R	2	0	Α	2	1	9

Minimum Control Measure 5. Post-Construction Stormwater Management

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 and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
O Alternative Practices			
○ Filter Systems			
O Infiltration Basins			
• Open Channels		11	
• Ponds		4	
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction **BMPs**, inspections and maintanance? Yes O No

- 3. What types of non-structural practices have been used to implement Low Impact **Development/Better Site Design/Green Infrastructure principles?**
- Building Codes Municipal Comprehensive Plans

• Overlay Districts Open Space Preservation Program

- Zoning Local Law or Ordinance
- O None Land Use Regulation/Zoning
- Watershed Plans • Other Comprehensive Plan
- O Other:

This report is being submitted for the reporting period ending March 9, 2 0 2 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
4a. Are the MS4s contributing to this report involved in a regional/wate	ershed wide planning effort?
	○ Yes ● No
4b. Does the MS4 have a banking and credit system for stormwater man	nagement practices?
	○ Yes ● No
4c. Do the SWMP Plans for each MS4 contributing to this report include and approval of banking and credit of alternative siting of a stormw	
4d. How many stormwater management practices have been implement reporting period?	red as part of this system in this
5. What percent of municipal officials/MS4 staff responsible for prograting on Low Impace Development (LID). Better Site Design (DS)	-

training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

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

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

Name of MS4/Coalition Village of Ha

Village of Hastings-on-Hudson

SPDES ID NYR 2 A 0 2 1 9

6. Evaluating Progress Toward Measurable Goals MCM 5

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 Best Management Practices Inventoried this reporting period.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No new BMP's came on line this reporting period. Building Department staff attended training on Green Infrastructure and 1 staff person attended 4 hr. E & SC training.

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 O No

1

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

• Yes O 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 Inventory and Monitor Best Management Practices as they come on line. Continue to monitor for compliance with SWPPP's all BMP's inventoried and document inspection and maintenance reports. Continue attending training sessions when available.

MCM 5 Page 3 of 3

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

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

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

		1	1.00			DES	SLI
N Y R 2 0 A 2	19	1	0	2	R	Y	N

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
- \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

t?

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-Assess	<u>sment</u>
			Operation/Activ	<u>ity/Facility</u>
•			performed withi	n the past 3
Operation/Activity/Facility	Addressed i	n SWMP?	<u>years</u>	<u>?</u>
Street Maintenance	• Yes	0 No	• Yes	\odot No
Bridge Maintenance	• Yes	0 No	• Yes	○ No
Winter Road Maintenance	• Yes	O No	• Yes	\bigcirc No
Salt Storage	• Yes	○ No	• Yes	\bigcirc No
Solid Waste Management	• Yes	O No	• Yes	○ No
New Municipal Construction and Land Disturba	nce 🛡 Yes	○ No	• Yes	\bigcirc No
Right of Way Maintenance	• Yes	○ No	Service Yes	\bigcirc No
Marine Operations	····· O Yes	• No	○ Yes	No
Hydrologic Habitat Modification	• Yes	○ No	• Yes	\odot No
Parks and Open Space	• Yes	○ No	• Yes	\odot No
Municipal Building	• Yes	○ No	• Yes	\odot No
Stormwater System Maintenance	• Yes	○ No	• Yes	\odot No
Vehicle and Fleet Maintenance	• Yes	○ No	• Yes	\bigcirc No
Other	○ Yes	• No	○ Yes	No

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

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

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

SPDES ID										
N	Y	R	2	0	Α	2	1	9		

2. Provide the following information about municipal operations good housekeeping programs:

• Parking Lots Swept (Number of acres X Number of times swept)	# Acres		1 2	0
• Streets Swept (Number of miles X Number of times swept)	# Miles		1 6	8
Catch Basins Inspected and Cleaned Where Necessary	#		2 7	5
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#			
O Phosphorus Applied In Chemical Fertilizer	# Lbs.			
O Nitrogen Applied In Chemical Fertilizer	# Lbs.		Ť	\square
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 	# Acres			
3. How many stormwater management trainings have been provided to during this reporting period?	municipa	l emplo	yees	0
4. What was the date of the last training?	/ 2 0	/ 2 0) 2	0
5. How many municipal employees have been trained in this reporting	period?			

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

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

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

Name of MS4/Coalition Village of Ha

Village of Hastings-on-Hudson	n
-------------------------------	---

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 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 Catch Basins Inspected and Cleaned as needed.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

275 Catch Basins Inspected and Cleaned as necessary this reporting period. The Village has maps of all stormwater drainage infrastructure. This will assist in the rapid location of any illicit discharges detected. Building Department staff received training in Green Infrastructure and 4 hr. E & SC.

C. How many times was this observation measured or evaluated in this reporting period?

	1	

(ex.: samples/participants/events)

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 O 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 catch basin cleaning, sweeping and other infrastructure maintenance activities per Village's Stormwater Management Plan.

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

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

Name of MS4/Coalition

SPI	DES	S ID			 	
N	Y	R	2	0		

Additional Watershed Improvement Strategy Best Management Practices

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 rep

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	- ,	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed		-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	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
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	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
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1.2.3.4.7a-d.9	5.6.8a.8b.10.11.12	Pathogens

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? O Yes ONO ON/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?

 \bigcirc No \bigcirc N/A

O Yes

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

Estimate what percentage was mapped in this reporting period.

% %

Additional BMPs Page 1 of 3

This report is being submitted for the reporting period ending March 9, 2 0 2 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	N Y R 2 0	

- 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? O Yes O No O 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? O Yes O No O 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 erosic	on or		
phosphorus/nitrogen/pathogen loading?	O Yes	O No	O N/A

- 7b. How many projects have been sited in this reporting period?
- 7c. 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?

		A	
\frown	Mo	Drojoata	Planned
\sim	INU	FIDIECIS	Flaimeu

%

%

- 8b.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 O No O N/A

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

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

_	 <u>SP</u>	SPDES ID						
Name of MS4/Coalition	 N	Y	R	2	0			

- 9. Has your MS4/Coalition developed and implemented a program of native planting?
- 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?

○ Yes ○ No

O N/A

11. Does your MS4/Coalition have a pet waste bag program?	○ Yes	○ No	○ N/A
12. Does your MS4/Coalition have a program to manage goose			
populations?	O Yes	O No	O N/A