

## **MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2 0 1 8

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

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#### **Choose one:**

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

Fill in SPDES ID in upper right hand corner.

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#### **OR**

## O This report is being submitted on behalf of a Single Entity

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

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#### OR

# ○ 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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Cover Page 1 of 2



## **MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2 0 1 8

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 8

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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 endorsement or acceptance of:

- An Annual Report for a single MS4
- 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 binding agreements.

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MCC form for period ending March 9, 2 0 1 8

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| Name of MS4 Village of Croton-on-Hudson | N   | Y   | R  | 2 | 0 | А | 0 | 4 | 6 |

#### **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 8

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MCC form for period ending March 9,  $2 \mid 0 \mid 1 \mid 8$ 

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| Name of MS4 Village of Croton-on-Hudson | N   | Y   | R  | 2 | 0 | А | 0 | 4 | 6 |
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- Report Preparer

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MCC form for period ending March 9, 2 0 1 8

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|                    |            |       |          |        | 1101.    | 1 7  | - C   | CIti  | 1100        | atic      | n s  | ıaı  | CIII | CIII. |      |      |       |      |      |     |       |          |       |      |      |       |       |             |      |               |
| Partner/Co         | alıtı      |       | lam<br>h | e<br>e | s        | t    | е     | r     |             | С         | 0    | 11   | n    | t     | 7.7  |      |       |      |      |     |       |          |       |      |      |       |       |             |      |               |
| Partner/Co         |            |       |          |        |          |      |       |       |             |           |      | u    | 11   |       | У    |      |       |      |      |     |       | CDL      | )FC   | Dar  | tnei | · ID  | I     | app         | lica | ble           |
|                    | Jaiit      | 10111 | Vall     | 10 (0  | OII t    | .)   |       |       |             |           |      |      |      |       |      |      |       |      |      |     |       | N        | Y     | R    | 2    | 0     | A     | 1           | 2    | 8             |
| Address            |            |       |          |        |          |      |       |       |             |           |      |      |      |       |      |      |       |      |      |     |       |          |       |      |      |       |       |             |      |               |
| 1 4 8              |            | M     | a        | r      | t        | i    | n     | е     |             | А         | v    | е    | n    | u     | е    | ,    |       | R    | 0    | 0   | m     |          | 4     | 3    | 2    |       |       |             |      |               |
| City               |            |       |          |        |          |      |       |       |             |           |      |      |      |       |      | _    |       | Sı   | ate  | _   | Zip   |          |       |      |      |       |       | _           |      | _             |
| Whi                | t          | е     |          | Р      | 1        | а    | i     | n     | s           |           |      |      |      |       |      |      |       | l    | 1 7  | _   | 1     | 0        | 6     | 0    | 1    | -     | 4     | 7           | 0    | 4             |
| eMail              |            |       |          |        |          |      |       |       |             |           |      |      |      |       |      |      |       |      |      |     |       |          |       |      |      |       |       |             |      | _             |
| d s k              | 2          | @     | W        | е      | S        | t    | С     | h     | е           | S         | t    | е    | r    | g     | 0    | V    | •     | С    | 0    | m   |       |          |       |      |      |       |       |             |      |               |
| Phone              | 1          | ١,    |          |        | _        | ]    |       |       |             |           | 1    |      |      |       |      |      |       |      |      |     | ng A  |          |       |      |      |       |       |             |      |               |
| ( 9 1              | 4          | )     | 9        | 9      | 5        | _    | 2     | 0     | 8           | 9         |      |      |      |       |      |      | wi    | th C | iP-0 | -08 | -002  | 2 Pa     | rt IV | √.G. | ?    |       | Ye    | èS          | 0    | No            |
| What tas           | ks/        | resp  | on       | sib    | iliti    | es   | are   | sha   | arec        | l w       | ith  | thi  | s pa | artn  | er ( | (e.g | g. M  | ſМ   | 1 S  | chc | ool ] | Pro      | gra   | ms   | or   | Mι    | ıltip | ole '       | Tas  | ks)'          |
| • MM1              | М          | u     | 1        | t      | i        | р    | 1     | е     |             | Т         | a    | s    | k    | s     |      |      |       |      |      |     |       |          |       |      |      |       |       |             |      |               |
| • 10.00            |            |       | _        |        | <u>.</u> |      |       |       |             |           |      |      | 1_   | _     |      |      |       |      |      |     |       |          |       |      |      |       |       |             |      | _             |
| • MM2              | M          | u     | 1        | t      | i        | р    | 1     | е     |             | Т         | а    | s    | k    | s     |      |      |       |      |      |     |       |          |       |      |      |       |       | $\bigsqcup$ |      | _             |
| O MM3              |            |       |          |        |          |      |       |       |             |           |      |      |      |       |      |      |       |      |      |     |       |          |       |      |      |       |       |             |      |               |
| O MM4              |            |       |          |        |          |      |       |       |             |           |      |      |      |       |      |      |       |      |      |     |       |          |       |      |      |       |       |             |      |               |
| O MM5              |            |       |          |        |          |      |       |       |             |           |      |      |      |       |      |      |       |      |      |     |       |          |       |      |      |       |       |             |      | $\overline{}$ |
| ∩ MM6              |            |       |          |        |          |      |       |       |             |           |      |      |      |       |      |      |       |      |      |     |       |          |       |      |      |       |       | $\Box$      |      | =             |
| O MM6              |            |       |          |        |          |      |       |       |             |           |      |      |      |       |      |      |       |      |      |     |       |          |       |      |      |       |       | Ш           |      |               |
| Addition           | ıal t      | ask   | s/re     | esp    | ons      | ibi  | litie | es    |             |           |      |      |      |       |      |      |       |      |      |     |       |          |       |      |      |       |       |             |      |               |
| O Wat              |            |       |          |        |          |      |       |       | 0.          |           |      |      | •    |       | ien  | t P  | raci  | tice | s re | equ | irec  | l fo     | r N   | 1S4  | s ir | in in | npa   | ire         | f    |               |
| wate               | ersh       | eds   | ıno      | cluc   | ded      | ın   | GP    | '-()- | 08-         | 002       | 2 Pa | art  | IX.  |       |      |      |       |      |      |     |       |          |       |      |      |       |       |             |      |               |
|                    |            |       |          |        |          |      |       |       |             |           |      |      |      |       |      |      |       |      |      |     |       |          |       |      |      |       |       |             |      |               |
|                    |            |       |          |        |          |      |       |       |             |           |      |      |      |       |      |      |       |      |      |     |       |          |       |      |      |       |       |             |      |               |



MCC form for period ending March 9, 2 0 1 8

|   | _                      |      |       |       |          |      |      |      |          |      |      |      |      |      |      |      |      |       |      |      | SPL           | DES  | ID    |         |      |           |         |            |        |
|---|------------------------|------|-------|-------|----------|------|------|------|----------|------|------|------|------|------|------|------|------|-------|------|------|---------------|------|-------|---------|------|-----------|---------|------------|--------|
| Name of                                 | MS4                    | Vill | age   | of (  | Crot     | on-c | on-I | Iuds | son      |      |      |      |      |      |      |      |      |       |      |      | N             | Y    | R     | 2       | 0    | А         | 0       | 4          | 6      |
| Section                                 | 3 - 1                  | Par  | tne   | er    | Inf      | for  | m    | atio | on       |      |      |      |      |      |      |      |      |       |      |      |               |      |       |         |      |           |         |            |        |
| Did your l                              |                        |      |       |       |          |      |      |      |          | to c | con  | ıple | te s | om   | e or | all  | peı  | mi    | t re | quir | eme           | ents | s du  | ring    | g th | is r      | epo     | rtin       | g      |
| period?                                 |                        |      |       | •     |          |      |      |      |          |      |      | •    |      |      |      |      | •    |       |      | •    |               |      |       |         | -    | ) Ye      | _       |            | No     |
| If Yes, co                              | -                      |      |       |       |          |      |      |      |          |      |      | C    |      |      |      |      |      |       |      |      | C             |      |       | • • • • |      | . 1       |         |            |        |
| Subm<br>accep                           |                        | -    |       |       |          |      |      | -    |          |      |      |      |      |      | -    |      |      |       |      |      |               |      |       |         |      |           | 3       |            |        |
| coalit                                  |                        | •    |       |       |          | -    |      |      |          |      |      |      |      | -    |      |      |      |       |      |      |               |      |       |         |      | IIC       |         |            |        |
| If No, pro                              | oceed                  | to S | Sect  | tion  | 1 4      | - C  | erti | fica | atio     | n S  | Stat | em   | ent. |      |      |      |      |       |      |      |               |      |       |         |      |           |         |            |        |
| Partner/Coa                             | alitionl               | Nam  | ie    |       |          |      |      |      |          |      |      |      |      |      |      |      |      |       |      |      |               |      |       |         |      |           |         |            |        |
| I n d                                   | i a                    | n    |       | В     | r        | 0    | 0    | k    | -        | С    | r    | 0    | t    | 0    | n    |      | G    | 0     | r    | g    | е             |      |       |         |      |           |         |            |        |
| Partner/Co                              | alition                | Nan  | ne (c | on't  | .)       |      |      |      |          |      |      |      |      |      |      |      |      |       |      | 1    | SPL           | ES   | Par   | tnei    | · ID | - If      | app     | lica       | ble    |
| Wat                                     | e r                    | S    | h     | е     | d        |      | С    | 0    | n        | s    | е    | r    | V    | a    | t    | i    | 0    | n     |      |      | N             | Y    | R     | 2       | 0    |           |         |            |        |
| Address                                 |                        |      |       |       |          |      |      |      |          |      |      |      |      |      |      |      |      |       |      |      |               |      |       |         |      |           |         |            | _      |
| 1 4 8                                   | M                      | a    | r     | t     | i        | n    | е    |      | А        | V    | е    | n    | u    | е    |      |      |      |       |      |      |               |      |       |         |      |           |         |            |        |
| City                                    |                        | Τ    | Б     | -     | Ι_       |      |      | _    |          |      |      | Π    |      |      |      |      | 1 [  | ate   | 7    | Zip  |               |      |       | 1       |      |           | П       |            |        |
| Whi                                     | t e                    |      | Р     | 1     | a        | i    | n    | s    |          |      |      |      |      |      |      |      | N    | 1 7   |      | 1    | 0             | 6    | 0     | 1       | -    |           |         |            |        |
| eMail                                   |                        |      |       |       |          |      |      |      |          |      |      |      |      |      |      |      |      |       |      |      |               |      |       |         |      |           |         |            |        |
| Phone                                   |                        |      |       |       |          |      |      |      |          |      |      |      |      |      |      |      |      |       |      |      |               |      |       |         |      |           |         |            |        |
| <b>(</b> 9 1                            | 4 )                    | 9    | 9     | 5     | _        | 6    | 5    | 3    | 5        |      |      |      |      |      |      |      |      |       |      |      | Agre<br>2 Pai |      |       |         |      | dan<br>Ye |         | $\bigcirc$ | No     |
|   | /                      |      |       |       | ]        | Ļ    |      |      |          |      |      |      |      |      |      | WI   | ui C | II -U | -00  | -002 | 2 1 a         | ll I | v .G. |         |      | 10        | .0      |            | 110    |
| What tasl                               | ks/res                 | pon  | sib   | iliti | es       | are  | sha  | arec | l w      | ith  | thi  | s pa | ırtn | er ( | e.g  | ;. M | IM   | 1 S   | cho  | ol   | Pro           | gra  | ms    | or      | Mι   | ıltip     | ole     | Tas        | ks)?   |
| • MM1                                   | M u                    | 1    | t     | i     | р        | 1    | е    |      | Т        | а    | s    | k    | s    |      |      |      |      |       |      |      |               |      |       |         |      |           |         |            |        |
| ·                                       |                        | <br> |       |       |          |      |      |      |          |      |      | Ι,   |      |      |      |      |      |       |      |      |               |      |       |         |      |           |         |            |        |
| • MM2                                   | Mu                     | 1    | t     | i     | р        | 1    | е    |      | Т        | а    | s    | k    | s    |      |      |      |      |       |      |      |               |      |       |         |      |           |         |            |        |
| O MM3                                   |                        |      |       |       |          |      |      |      |          |      |      |      |      |      |      |      |      |       |      |      |               |      |       |         |      |           |         |            |        |
| O MM4                                   |                        |      |       |       |          |      |      |      |          |      |      |      |      |      |      |      |      |       |      |      |               |      |       |         |      |           |         |            |        |
| ļ                                       |                        |      |       |       |          |      |      |      |          |      |      |      |      |      |      |      |      |       |      |      |               |      |       |         | _    |           | <u></u> |            | _      |
| $\bigcirc$ MM5                          |                        |      |       |       |          |      |      |      |          |      |      |      |      |      |      |      |      |       |      |      |               |      |       |         |      |           |         |            |        |
| O MM6                                   |                        |      |       |       |          |      |      |      |          |      |      |      |      |      |      |      |      |       |      |      |               |      |       |         |      |           |         |            |        |
| A 11'4'                                 | -14 1                  | /    |       |       | .:1. ::1 | 1:7: |      |      | <u> </u> |      |      |      | I    | I    |      | l    | I    | l     |      |      |               |      |       |         |      |           |         |            |        |
| Addition                                |                        |      | •     |       |          |      |      |      | D        |      | 1.7  |      |      |      | . D  |      | . •  |       |      |      | 1.0           |      | r C A |         |      |           |         | 1          |        |
|   | <i>rshed</i><br>rsheds |      |       |       |          |      |      |      |          |      |      |      |      | ien  | t Pi | raci | псе  | s re  | equ  | irec | 1 10          | r IV | 154   | S 11    | 1 1n | пра       | .ire    | 1          |        |
| *************************************** | 2011001                |      |       |       | 111      |      |      |      |          |      |      | 1.   |      |      |      |      |      |       |      |      |               |      |       |         |      |           |         |            | $\neg$ |
|   |                        |      |       |       |          |      |      |      |          |      |      |      |      |      |      |      |      |       |      |      |               |      |       |         |      |           |         |            |        |
| I                                       |                        |      |       |       |          |      |      |      |          |      |      |      |      |      |      |      |      |       |      |      |               |      |       |         |      |           |         |            |        |



MCC form for period ending March 9, 2 0

|   | SPL | )ES | עו |   |   |   |   |   |   |
|---|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 Village of Croton-on-Hudson | N   | Y   | R  | 2 | 0 | A | 0 | 4 | 6 |

#### **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 |
|--|----|-----------|
| B r i a n  |    | P u g h   |
| Title (Clearly print title of individual signing report) |    |           |
| M a y o r  |    |           |
| Signature  |    | Date      |
|  |    |           |

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,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 8 & 0 \end{vmatrix}$ 

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

SPDES ID

|                       |                             | OI L | LO | ıD |   |   |   |   |   |   |
|-----------------------|-----------------------------|------|----|----|---|---|---|---|---|---|
| Name of MS4/Coalition | Village of Croton-on-Hudson | N    | Y  | R  | 2 | 0 | А | 0 | 4 | 6 |
|                       |                             |      |    |    |   |   |   |   |   |   |

|                        |           |        |                  |       |       |      |      | 7   | Va  | ter | • 0  | ua  | lity | v T | `re  | nd  | S   |    |     |     |     |     |      |     |           |          |    |    |
|------------------------|-----------|--------|------------------|-------|-------|------|------|-----|-----|-----|------|-----|------|-----|------|-----|-----|----|-----|-----|-----|-----|------|-----|-----------|----------|----|----|
| The info               | mation    | in th  | is se            | ctio  | n is  | bei  | ng   |     |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |
| On bel                 | nalf of a | an ind | dividı<br>lition | ual l | MS4   | 4    |      | •   |     | Ì   |      |     | [    |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |
|                        | ow ma     | ·      |                  |       |       |      |      |     |     |     | -    |     | ļ    |     |      | 4.  |     | 4  |     |     | 1.4 | ,   |      | 1   |           |          |    |    |
| 1. Has<br>relat<br>One | ted to    |        |                  |       | -     |      |      |     |     |     | -    |     |      |     |      |     | _   |    |     | _   |     |     |      | eas | ur€<br>Ye |          | •  | No |
| If Yes, c              | hoose c   | ne of  | f the            | follo | owir  | ng   |      |     |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |
| O Report               | (s) atta  | ched   | to th            | e an  | nua   | l re | por  | t   |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |
| O Web P                | age(s)    | wher   | e rep            | ort(s | s) is | /are | e pr | ovi | ded | be  | low  |     |      |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |
|                        | Please    | e pro  | vide             | spe   | cifi  | c a  | ddr  | ess | of  | pag | ge v | vhe | re 1 | rep | ort( | (s) | can | be | acc | ess | sed | - n | ot l | non | ne p      | age      | €. |    |
|                        | URL       |        |                  |       |       |      |      |     |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |
|                        |           |        |                  |       |       |      |      |     |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |
|                        |           |        |                  |       |       |      |      |     |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |
|                        |           |        |                  |       |       |      |      |     |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |
|                        | URL       |        |                  |       |       |      |      |     |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     | _         |          |    | _  |
|                        |           |        |                  |       |       |      |      |     |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |
|                        |           |        |                  |       |       |      |      |     |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |
|                        |           |        |                  |       |       |      |      |     |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |
|                        | URL       |        |                  | _     |       |      |      |     |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |
|                        |           |        |                  |       |       |      |      |     |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |
|                        |           |        |                  |       |       |      |      |     |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |
|                        |           |        |                  |       |       |      |      |     |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |
|                        | URL       |        |                  |       |       |      |      |     |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |
|                        |           |        |                  | _     |       |      |      |     |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     |           | <u> </u> |    |    |
|                        |           |        |                  |       |       |      |      |     |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |
|                        |           |        |                  |       |       |      |      |     |     |     |      |     |      |     |      |     |     |    |     |     |     |     |      |     |           |          |    |    |



This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 8 & 0 \end{vmatrix}$ 

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

|   | <br>SPI | DES | ID |   |   |   |   |   |   |
|---|---------|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition Village of Croton-on-Hudson | N       | Y   | R  | 2 | 0 | А | 0 | 4 | 6 |
|   |         |     |    |   |   |   |   |   |   |

| Minimum Control Measure 1. Public Edu   | ucation 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 Manageme   | ent Practices                             |
| Check all topics that were included in Education and Outreach de  | uring this reporting period:              |
| • Construction Sites  | Pesticide and Fertilizer Application      |
| ● General Stormwater Management Information   | Pet Waste Management                      |
| <ul> <li>Household Hazardous Waste Disposal</li> </ul>  | Recycling                                 |
| ● Illicit Discharge Detection and Elimination   | Riparian Corridor Protection/Restoration  |
| ● Infrastructure Maintenance  | ● Trash Management                        |
| O Smart Growth  | • Vehicle Washing                         |
| Storm Drain Marking   | ● Water Conservation                      |
| • Green Infrastructure/Better Site Design/Low Impact Development  | • Wetland Protection                      |
| Other: W a t e r s h e d s ; L a w n C a r e ; W Other  | <pre>○ None i n t e r ; S e p t i c</pre> |
| 2. Specific audiences targeted during this reporting period:  |   |
| ● Public Employees ● Contractors  |   |
| <ul><li>Residential</li><li>Developers</li></ul>  |   |
| ● Businesses ● General Public   |   |
| ○ Restaurants ○ Industries  |   |
| ● Other: ○ Agricultural   |   |
| Teachers; Homeowners  |   |

MCM 1 Page 1 of 4

Name of MS4/Coalition  $\boxed{\text{Village of Croton-on-Hudson}}$ 



## **MS4 Annual Report Form**

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

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| đ     | е            | х    |       |      |      |       |      |     |     |      |      |      |       |     |      |      |      |      |     |      |      |      |     |       |       |     |       |      |      |     |    |
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#### 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.

The Village Public Education and Outreach program will be tailored to describe topics related to the impacts of storm water discharges on local water bodies, pollutants of concern and their sources, and the steps that can be taken to reduce pollutants in storm water runoff and non-storm water discharges.

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

The Village has chosen to evaluate the number of direct mailings as an indicator for measuring the overall effectiveness of the Village's compliance with the Public Education and Outreach program requirements. There were three storm water and/or pollution prevention direct mailings in this reporting cycle.

| C. How many times was this observation measured or evaluated in this reporting peri |
|---|
|---|

(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 ○ No

# F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Village plans to continue evaluating the number of direct mailings as an indicator for measuring the overall effectiveness of the Village's compliance with the Public Education and Outreach program requirements in the next reporting cycle. The Village will continue direct mailings related to storm water and/or pollution prevention periodically throughout the next reporting period.



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| Minimum Control Measure 2  | 2. Public Inv   | volve      | emen | t/P  | artic   | ip <i>a</i> | ıtio | <u>n</u>  |     |      |
| The information in this section is being reported (ch  | neck one):      |            |      |      |         |             |      |           |     |      |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this</li> </ul>  | is report?      |            |      |      |         |             |      |           |     |      |
| 1. What opportunities were provided for pu<br>development, evaluation and improvement<br>(SWMP) Plan during this reporting perio | nt of the Storm | wate       | r Ma | nag  |         |             |      | ran       | 1   |      |
| • Cleanup Events   |                 |            |      |      | # Even  | ts          |      |           |     | 1    |
| Comments on SWMP Received  |                 |            |      | # C  | ommen   | ts          |      |           |     | 0    |
| • Community Hotlines   | Phone #         | <b>(</b> 9 | 1 4  | )    | 2 7     | 1           | -    | 3         | 7   | 7 5  |
| Phone # (  | Phone #         | <b>(</b> 9 | 1 4  | )    | 8 1     | 3           | -    | 5         | 0   | 0 0  |
| Phone # (  | Phone #         | (          |      | )    |         |             | - [  |           |     |      |
| Phone # (  | Phone #         | (          |      | )    |         |             | -    |           |     |      |
| Phone # (  | Phone #         | (          |      | )    |         |             | -    |           |     |      |
| Phone # (  | Phone #         | (          |      | )    |         |             | -    |           |     |      |
| • Community Meetings   |                 |            |      | # 1  | Attende | es          |      |           | 2   | 0 0  |
| <ul><li>Plantings</li></ul>  |                 |            |      |      | Sq. F   | t.          |      |           | 8   | 0 0  |
| O Storm Drain Markings   |                 |            |      |      | # Drain | ıs          |      |           |     |      |
| O Stakeholder Meetings   |                 |            |      | # 1  | Attende | es          |      |           |     |      |
| O Volunteer Monitoring   |                 |            |      |      | # Even  | ts          |      |           |     |      |
| Other: Conservation  | A d v i         | s o        | ry   |      | СО      | u           | n    | С         | i : | L    |
| 2. Was public notice of availability of this an Program (SWMP) Plan provided?  | nnual report a  | nd St      | ormv | vate | er Mai  | ıag         | ,    | ent<br>Ye |     | ⊃ No |
| ○ List-Serve   |                 |            |      |      | # In Li | st          |      |           |     |      |
| O Newspaper Advertising  |                 |            |      | #]   | Days Ru | ın          |      |           |     |      |
| ○ TV/Radio Notices   |                 |            |      | #]   | Days Ru | ın          |      |           |     |      |
| • Other: Posted in Vill  | L l a g e       | Н          | a l  | 1    |         |             |      |           |     |      |
| • Web Page URL: Enter URL(s) on the following  | ng two pages.   |            |      |      |         |             |      |           |     |      |

MCM 2 Page 1 of 6

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



## **MS4 Annual Report Form**

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| RL      |          |   |   |  |  |  |  |  |  |  |   |  |  |   |  |          |  |
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Name of MS4/Coalition Village of Croton-on-Hudson



## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 8 & 0 \end{vmatrix}$ 

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|            |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   |   |
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|            |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   |   |
| RL         |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   |   |
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|            |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   | Г |
|            |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   | H |
|            |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   | L |
| RL         |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   | _ |
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|            |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   |   |
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| RL         |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  | T |  |   |          |   |  |   | _ |
|            |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   |   |
|            |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   |   |
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| RL         |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   | Т |
| _          |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   | L |
|            |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   |   |
|            |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   |   |
| RL         |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   | _ |
| KL         |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   | Γ |
|            |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   | H |
|            |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   | L |
|            |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   |   |
| RL         | - | - | -        | - | - | - | - | -        | - | -        | - |  | - | -        |  | - |  | - | -        | - |  | - | _ |
| , KL       |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   |   |
| 1          | _ |   | <u> </u> |   |   |   |   | <u> </u> |   | <u> </u> |   |  |   | <u> </u> |  |   |  |   | <u> </u> |   |  |   | H |
|            |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   | L |
| T          |   |   |          |   |   |   |   |          |   |          |   |  |   |          |  |   |  |   |          |   |  |   | Ī |

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



## **MS4 Annual Report Form**

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3. Where can the public access copies of this annual report, Stormwater Management

Program SWMP) Plan and submit comments on those documents?

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|--------|----------------|------|-----|-----|---------|-----|------|-------|-------|------|----|----------|------|------|-----|-----------|------------|-------|-------|-------------|------|-------|----------------------|-------------|-----------|------|---------------|---------------|------|----------|-----|
| • MS   | het<br>34/C    |      |     |     |         |     | nay  | be    | Sui   | om   | me | u a      | t tn | at 1 | oca |           |            |       |       | n ao<br>Rep |      |       | iai j<br>DS          | _           |           |      |               |               |      | nmen     | ıts |
|        | Dep            | artı | nen | t   |         |     |      |       |       |      |    |          |      |      |     |           |            |       |       | r           |      |       |                      |             |           |      |               |               |      |          |     |
|        | E              | n    | g   | i   | n       | е   | е    | r     | i     | n    | g  |          | D    | е    | р   | a         | r          | t     | m     | е           | n    | t     |                      |             |           |      |               |               |      |          |     |
|        | Ado            | dres |     |     |         | I   |      |       |       |      | 1  |          |      |      |     |           |            |       |       |             |      | 1     |                      |             |           |      |               |               |      |          |     |
|        | City           |      | V   | а   | n       |     | W    | У     | С     | k    |    | S        | t    | r    | е   | е         | t          |       |       |             |      | 7in   |                      |             |           |      |               |               |      |          |     |
|        | City           | r    | 0   | t   | 0       | n   | _    | 0     | n     | _    | Н  | u        | d    | s    | 0   | n         |            |       | N     | Y           |      | Zip 1 | 0                    | 5           | 2         | 0    | ]_            |               |      |          |     |
|        | Pho            |      |     |     |         | 1   |      |       |       |      |    | <u> </u> |      |      |     |           |            | Ľ     |       |             |      |       |                      |             |           |      |               |               |      |          |     |
|        | (              | 9    | 1   | 4   | )       | 2   | 7    | 1     | _     | 4    | 7  | 8        | 3    |      |     |           |            |       |       |             |      |       |                      |             |           |      |               |               |      |          |     |
| O I ib | rort           | 7    |     | -   | ,       |     |      |       | J     |      |    |          |      | ı    |     |           |            | 1212  | 1     | D on        | out  | (     | $\supset \mathbf{S}$ | <b>11/1</b> | /D        | D1a. |               | $\bigcirc$    | Cor  | nmen     | t a |
| ○ Lib  | Ado            | dres | S   |     |         |     |      | 1     |       |      |    | 1        |      |      |     |           | <i>A</i>   | IIIIU | iai . | Rep         | OII  |       | - S                  | VV 1V       | VIF       | riai | 11            | $\overline{}$ | T 01 | IIIIIeii | ns  |
|        |                |      |     |     |         |     |      |       |       |      |    |          |      |      |     |           |            |       |       |             |      |       |                      |             |           |      |               |               |      |          |     |
|        | City           | У    |     |     |         |     |      |       |       |      |    |          |      |      |     |           |            | Г     |       |             |      | Zip   |                      |             |           |      | 1             |               |      |          |     |
|        |                |      |     |     |         |     |      |       |       |      |    |          |      |      |     |           |            |       |       |             |      |       |                      |             |           |      | _             |               |      |          |     |
|        | Pho            | ne   |     |     | 1.      |     |      |       | 1     |      |    |          |      | l    |     |           |            |       |       |             |      |       |                      |             |           |      |               |               |      |          |     |
|        | (              |      |     |     | )       |     |      |       | _     |      |    |          |      |      |     |           |            |       |       |             |      |       |                      |             |           |      |               |               |      |          |     |
|        |                |      |     |     |         |     |      |       |       |      |    |          |      |      |     |           |            |       |       |             |      |       |                      |             |           |      |               |               |      |          |     |
| O Otl  | ner            |      |     |     |         |     |      |       |       |      |    |          |      |      |     | $\subset$ | ) A        | nnu   | ıal   | Rep         | ort  | (     | $\supset S$          | WN          | ЛP        | Pla  | n             | $\bigcirc$    | Coı  | nmen     | ıts |
| ○ Otl  | ner<br>Ada     | dres | S   | 1   |         |     |      |       |       |      |    | 1        |      |      | ı   |           | ) <b>A</b> | nnu   | ıal   | Rep         | ort  |       | S                    | WN          | ИΡ        | Pla  | n             | 0             | Coı  | nmen     | its |
| ○ Otl  | Ado            |      | S   |     |         |     |      |       |       |      |    |          |      |      |     |           | A          | nnu   | ıal   | Rep         | ort  |       |                      | WN          | ЛР        | Pla  | n             | 0             | Coı  | mmen     | its |
| Otl    | Add<br>City    |      | S   |     |         |     |      |       |       |      |    |          |      |      |     |           | A          | nnu   | ıal   | Rep         | ort  | Zip   |                      | WN          | ИΡ        | Pla  | n             | 0             | Coı  | mmen     | its |
| Otl    | Ado            |      | S   |     |         |     |      |       |       |      |    |          |      |      |     |           | A          | nnu   | ıal   | Rep         | ort  |       |                      | WN          | <b>МР</b> | Pla  | n<br>         |               | Coi  | mmen     | nts |
| Otl    | Ado            | y    | S   |     |         |     |      |       |       |      |    |          |      |      |     |           | A          | nnu   | ıal   | Rep         | ort  |       |                      | WN          | MP        | Pla  | n<br> <br>  - |               | Coi  | mmen     |     |
| Otl    | City           | y    | S   |     | ])      |     |      |       |       |      |    |          |      |      |     |           | ) A        | nnu   | ıal   | Rep         | oort |       |                      | WN          | MP        | Pla  | n<br> <br>  - |               | Coi  | mmen     | nts |
|        | City Pho       | one  |     |     | ])      |     |      |       |       |      |    |          |      |      |     |           |            |       |       |             |      | Zip   |                      |             |           |      | ] -           |               |      |          |     |
| Oth    | City Pho       | one  |     | L:  | ])      |     |      |       | ] -   |      |    |          |      |      |     |           |            |       |       | Rep         |      | Zip   |                      |             |           |      | ] -           |               |      | mmen     |     |
|        | City Pho       | one  |     | XL: | )       |     |      |       | ]-    |      |    |          |      |      |     |           |            |       |       |             |      | Zip   |                      |             |           |      | ] -           |               |      |          |     |
|        | City Pho       | one  |     | RL: | )       |     |      |       | ] -   |      |    |          |      |      |     |           |            |       |       |             |      | Zip   |                      |             |           |      | ] -           |               |      |          |     |
|        | City Pho       | one  |     | RL: | )       |     |      |       | ]-    |      |    |          |      |      |     |           |            |       |       |             |      | Zip   |                      |             |           |      | ] -           |               |      |          |     |
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| Name of MS4/Coalition Village of Croton-on-Hudson   |            | N    | YR       | 2   | 0   | A    | 0    | 4    | 6  |
| 4.a. If this report was made available on the internet, what da   | ite was it | po   | sted?    | •   |     |      |      |      |    |
| Leave blank if this report was not posted on the internet.  |            |      | /        |     | ] / |      |      |      |    |
| 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 submitti   | ing a join | t re | eport,   | ans | we  | er 5 | .b   |      |    |
| <b>5.a. Was an Annual Report public meeting held in this report</b> If Yes, what was the date of the meeting?   | ing perio  | d?   | ,<br>/ _ |     | []  | Y    | es   |      | No |
| If No, is one planned?  |            |      |          |     |     | Y    | es   | •    | No |
| 5.b. Was an Annual Report public meeting held for all MS4s  | contribut  | tin  | g to t   | his | rej | por  | t dı | ıriı | ng |
| this reporting period?  |            |      |          |     |     | Y    | es   | 0    | No |
| If No, is one planned for each?   |            |      |          |     |     | Y    | es   | 0    | No |
| 6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report. |            |      |          |     |     | Y    | es   |      | No |



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| Name of MS4/Coalition Village of Croton-on-Hudson | N    | Y   | R  | 2 | 0 | A | 0 | 4 | 6 |

#### 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.

The Village's Public Involvement and Participation program will incorporate stewardship activities that help to reduce pollutants of concern and encourage the general public, residents and businesses to become involved in storm water management and environmental stewardship events.

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

The Village has chosen to evaluate the number of cleanup events held in the Village as an indicator for measuring the overall effectiveness of the Village's compliance with the Public Involvement and Participation program requirements. The Village hosted and promoted one cleanup event, which was a park cleanup with local boy scouts.

| C. How many times was this observation measured or evaluated in this reporting peri |
|---|
|---|

|      |      |       |      | 1    |          |
|------|------|-------|------|------|----------|
| samp | les/ | 'part | tici | pant | s/events |

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

| <i>-</i> |          |               |
|----------|----------|---------------|
|          | $V_{ec}$ | $\bigcirc$ No |

(ex.:

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

| Yes | $\bigcirc$ No |
|-----|---------------|
|-----|---------------|

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Village plans to continue evaluating the number of cleanup events held within the Village as an indicator for measuring the overall effectiveness of the Village's compliance with the Public Involvement and Participation program requirements in the next reporting cycle. The Village will host and/or promote cleanup events related to storm water management and environmental stewardship in the next reporting cycle.

Name of MS4/Coalition



## **MS4 Annual Report Form**

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Village of Croton-on-Hudson

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| Minimum Control Measure 3. I   | llicit Discharge Detection and Elimination                |
|--|---|
| The information in this section is being reported (  | check one):   |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to the</li> </ul> | nis report?   |
| 1. Enter the number and approx. percent of   | of outfalls mapped: 1 3 8 # 1 0 0 %                       |
| 2. How many of these outfalls have been so reporting period (outfall reconnaissance  | reened for dry weather discharges during this inventory)? |
| <b>3.a.</b> What types of generating sites/sewershe reporting period?  | ds were targeted for inspection during this               |
| O Auto Recyclers   | O Landscaping (Irrigation)                                |
| O Building Maintenance   | ○ Marinas   |
| ○ Churches   | O Metal Plateing Operations                               |
| O Commercial Carwashes   | Outdoor Fluid Storage                                     |
| O Commercial Laundry/Dry Cleaners  | O Parking Lot Maintenance                                 |
| O Construction Vehicle Washouts  | ○ Printing  |
| O Cross-Connections  | O Residential Carwashing                                  |
| O Distribution Centers   | ○ Restaurants   |
| ○ Food Processing Facilities   | O Schools and Universities                                |
| ○ Garbage Truck Washouts   | O Septic Maintenance                                      |
| ○ Hospitals  | O Swimming Pools  |
| O Improper RV Waste Disposal   | O Vehicle Fueling   |
| O Industrial Process Water   | O Vehicle Maint./Repair Shops                             |
| • Other:   | ○ None  |
| FloorDrain;  | P u b l i c C o m p l a i n t s                           |
| O Sewersheds:  |   |
|  |   |



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| Name of MS4/Coalition                  | Village of C | Croton-o | n-Huds | son     |          |         |          |           |      |       |     |     | N      | Y    | R    | 2    | 0    | A    | 0    | 4   | 6  |
|--|--------------|----------|--------|---------|----------|---------|----------|-----------|------|-------|-----|-----|--------|------|------|------|------|------|------|-----|----|
| 3.b.What types of                      | illicit disc | harges   | have   | bee     | en f     | ound    | du       | ring      | g th | nis 1 | rep | or  | ting   | g po | erio | od?  |      |      |      |     |    |
| O Broken Lines From                    | Sanitary S   | Sewer    |        |         | Indı     | ıstrial | Co       | nne       | ctio | ns    |     |     |        |      |      |      |      |      |      |     |    |
| O Cross Connections                    |              |          |        | 0       | Infl     | ow/In:  | filtra   | itioi     | 1    |       |     |     |        |      |      |      |      |      |      |     |    |
| O Failing Septic Syst                  | ems          |          |        | $\circ$ | Pun      | np Sta  | tion     | Fai       | lure | e     |     |     |        |      |      |      |      |      |      |     |    |
| O Floor Drains Conne                   | ected To St  | orm Se   | wers   | $\circ$ | San      | itary S | Sew      | er C      | )ver | flo   | WS  |     |        |      |      |      |      |      |      |     |    |
| O Illegal Dumping                      |              |          |        | $\circ$ | Stra     | ight F  | Pipe     | Sev       | ver  | Dis   | cha | rge | s      |      |      |      |      |      |      |     |    |
| Other:  R e s i d e  4. How many illic |              | 1 1      | tentia | а       | Nor<br>n | k       | 1<br>nec | e<br>tion |      | k     | e b | een | de     | etec | eted | l dı |      | 1g 1 | this | S   |    |
| reporting perio                        |              |          |        |         | U        |         |          |           |      |       |     |     |        |      |      |      |      |      |      |     | 1  |
| 5 II '''                               | •4 1• 1      |          |        |         | c        | •       |          |           |      |       |     |     | ۸۰     |      |      | . 1  | 0    | ı    |      |     | 1  |
| 5. How many illic                      | it dischar   | ges na   | ve be  | en c    | OIII     | irine   | u uı     | 1111      | ıg ı | .1115 | re  | μυ  | r tiii | ıg I | Jeri | lou  | •    |      |      |     |    |
| 6. How many illic period?              | it dischar   | ges/ille | egal c | onn     | ecti     | ons h   | ave      | be        | en   | eliı  | mir | at  | ed     | duı  | ring | g th | is r | ·ep  | ort  | ing | 1  |
| 7. Has the storm s If No, approxim     |              |          | _      |         |          | -       |          |           |      | _     |     |     |        |      | od?  | •    | •    | Ye   | s    | 0   | No |
| 8. Is the above inf                    |              |          |        |         |          |         |          |           |      |       |     |     |        |      |      |      |      | Ye   |      | 0   | No |
| Is this informate If Yes, provide U    |              | ible on  | the v  | veb`    | ?        |         |          |           |      |       |     |     |        |      |      |      | 0    | Ye   | ès   | •   | No |
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#### 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.

The Village Illicit Discharge Detection and Elimination program will focus on identifying, locating, eliminating, reducing and preventing illicit discharges to the maximum extent practicable.

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

The Village has chosen to evaluate the number of illicit discharges detected as an indicator for measuring the overall effectiveness of the Village's compliance with the Illicit Discharge Detection and Elimination program requirements. There was one illicit discharges detected during this reporting period.

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

|       |      |      |       |     | 1    |          |
|-------|------|------|-------|-----|------|----------|
| (ex.: | samp | les/ | 'part | 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).

The Village will continue to follow the procedures for Illicit Discharge Detection and Elimination described in the Village Written Procedures for MCM 3: IDDE and the CWP/USEPA Illicit Discharge Detection and Elimination: A Guidance Manual for Program Development and Technical Assessment. Illicit discharges will be investigated and eliminated according to the authority provided by the Village illicit discharges local law on a case-by-case basis.



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| Minimum Control Measures 4 a  | nd 5.   |                |              |          |              |          |      |
| <b>Construction Site and Post-Construction</b>  | ion C   | <u>ontr</u>    | <u>ol</u>    |          |              |          |      |
| The information in this section is being reported (check one):  |         |                |              |          |              |          |      |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul>   |         |                |              |          |              |          |      |
| 1a. Has each MS4 contributing to this report adopted a law, ordin mechanism that provides equivalent protection to the NYS SP Stormwater Discharges from Construction Activities?                           |         |                |              | •        | _            | or       | ○ No |
| 1b. Has each Town, City and/or Village contributing to this report equivalent to a NYSDEC Sample Local Law for Stormwater I Sediment Control through either an attorney cerfification or Analysis Workbook? | Manag   | gemei<br>the N | ıt ar        | nd<br>)E | Eros<br>C Ga | ion<br>p |      |
| If Yes, Towns, Cities and Villages provide date of equivalent NY  | S Sam   | nle L          | oca1         | La       | ıw           |          |      |
| ir res, rowns, enties and vinages provide date or equivalent rvr  |         | 9/2004         |              |          | 3/200        | 16       | O NT |
| 2. Does your MS4/Coalition have a SWPPP review procedure in   | ı place | ?              |              |          | • Y          | es       | ○ No |
| 3. How many Construction Stormwater Pollution Prevention Plareviewed in this reporting period?  | ans (S  | WPP.           | Ps) l        | ha       | ve be        | en_      | 0    |
| 4. Does your MS4/Coalition have a mechanism for receipt and comments related to construction SWPPPs?  | onside  |                | n of<br>• Ye | -        | ıblic<br>○ N | <br>Го   | O NT |
| If Yes, how many public comments were received during this repo   | orting  |                |              | -        |              | _        | 0    |
| 5. Does your MS4/Coalition provide education and training for SWPPP process?  | contra  | ctors          | abo          | ut       | the l        |          | ıl   |



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 | # |  |                |
| Other                              | # |  | O No Authority |



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| Name of MS4/Coalition Village of Croton-on-Hudson | N   | Y   | R         | 2 | 0 | A | 0 | 4 | 6 |

# Minimum Control Measure 4. Construction Site Stormwater Runoff 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?   |                    |            |
| 1.  | How many construction projects have been authorized for disturbances of one a during this reporting period?   | acre or            | more 0     |
| 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?            | ONT        |
| 4.  | What percent of active construction sites were inspected more than once?  |                    | O NT       |
| 5.  | Do all inspectors working on behalf of the MS4s contributing to this report use   | the NY             | S          |
|     |   | ○ No               |            |
| 6.  | Does your MS4/Coalition provide public access to Stormwater Pollution Prever (SWPPPs) of construction projects that are subject to MS4 review and approva |                    | ans        |
|     |   | ○ No               | $\circ$ NT |
|     | If your MS4 is Non-Traditional, are SWPPPs of construction projects made avapublic review?  | ailable f<br>○ Yes | or<br>O No |
|     | If Yes, use the following page to identify location(s) where SWPPPs can be accessed   | d.                 |            |

MCM 4 Page 1 of 3



This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 8 & 0 \end{vmatrix}$ 

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| <ul><li>6. con't.:     Submit additional pages as needed.</li><li>MS4/Coalition Office</li></ul> |   |       |      |          |      |      |      |     |     |     |      |     |      |     |     |       |    |     |      |    |      |      |     |     |     |               |      |                  |               |           |
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|  | Department         E n g i n e e r i n g D e p a r t m e n t         Address         1 V a n W y c k S t r e e t         City             Zip |       |      |          |      |      |      |     |     |     |      |     |      |     |     |       |    |     |      |    |      |      |     |     |     |               |      |                  |               |           |
|  | E n g i n e e r i n g D e p a r t n         Address         1 V a n W y c k S t r e e t   |       |      |          |      |      |      |     |     |     |      |     |      |     |     | m     | е  | n   | t    |    |      |      |     |     |     |               |      |                  |               |           |
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| O Lib  | Library   |       |      |          |      |      |      |     |     |     |      |     |      |     |     |       |    |     |      |    |      |      |     |     |     |               |      |                  |               |           |
|  | Addres  | S     |      |          | I    |      | I    |     | I   |     |      |     |      |     |     |       |    |     |      |    |      |      |     |     |     |               |      |                  |               |           |
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|  | City  |       |      |          |      |      |      |     |     |     |      |     |      |     |     |       |    | T   |      |    | Zip  |      |     |     |     |               |      |                  | $\neg$        |           |
|  | MS4/Coalition Office    Department  |       |      |          |      |      |      |     |     |     |      |     |      |     |     |       |    |     |      |    |      |      |     |     |     |               |      |                  |               |           |
|  | Department  E   |       |      |          |      |      |      |     |     |     |      |     |      |     |     |       |    |     |      |    |      |      |     |     |     |               |      |                  |               |           |
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|  | City  |       |      |          |      |      |      |     |     |     |      |     |      |     |     |       |    |     |      |    | 7in  |      |     |     |     |               |      |                  |               |           |
|  | City  |       |      |          |      |      |      |     |     |     |      |     |      |     |     |       |    |     |      |    | Zip  |      |     |     |     | _ [           |      |                  |               |           |
|  | Phone   |       |      |          |      |      |      |     |     |     |      |     |      |     |     |       |    |     |      |    |      |      |     |     |     | Į             |      |                  |               |           |
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|  |   |       |      |          |      |      |      |     |     |     |      |     |      |     |     |       |    |     |      |    |      |      |     |     |     | T             |      | T                | Ħ             |           |
|  |   |       |      |          |      |      |      |     |     |     |      |     |      |     |     |       |    |     |      |    |      |      |     |     |     |               |      | $\equiv \dagger$ | $\Rightarrow$ | $\exists$ |
|  |   |       |      |          |      |      |      |     |     |     |      |     |      |     |     |       |    |     |      |    |      |      |     |     |     |               |      |                  |               |           |



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|   | SIL | JES | עני |   |   |   |   |   |   |
|---|-----|-----|-----|---|---|---|---|---|---|
| Name of MS4/Coalition Village of Croton-on-Hudson | N   | Y   | R   | 2 | 0 | A | 0 | 4 | 6 |

#### 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.

The Village's Construction Site Storm Water Runoff Control program will provide equivalent protection to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activity. This includes reviewing SWPPPs submitted to the Village for projects disturbing an acre or greater of land.

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

The threshold for a SPDES General Permit for Stormwater Discharges from Construction Activity is rarely met within the Village. The Village has chosen to evaluate the percent of SWPPPs reviewed as an indicator for measuring the overall effectiveness of the Village's compliance with the Construction Site Storm Water Runoff Control program requirements. The Village did not receive any SWPPPs in this reporting period.

| C. How many times was this ol | bservation measured of | r evaluated in this | reporting period? |
|-------------------------------|------------------------|---------------------|-------------------|
|-------------------------------|------------------------|---------------------|-------------------|

|       |      |      |      |     | 1    |          |
|-------|------|------|------|-----|------|----------|
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D. Has your MS4 made progress toward this measurable goal during this reporting period?

| Ye           | $\circ$ | No  |
|--------------|---------|-----|
| <b>●</b> 1 C | •       | INU |

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

| Yes | $\bigcirc$ No |  |
|-----|---------------|--|
|     |               |  |

# F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Village plans to continue evaluating the number of SWPPPs reviewed as an indicator for measuring the overall effectiveness of the Village's compliance with the Construction Site Storm Water Runoff Control program requirements next year. The Village will review SWPPPs as they are submitted to the Village for comment and approval. The Village will continue to follow the Village Written Procedures for MCM 4: Construction Site Storm Water Runoff Control.



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|  |  |              |        |           |            |             |      |                 | SPI       | DES ID |     |             |           |           |    |
|--|--|--------------|--------|-----------|------------|-------------|------|-----------------|-----------|--------|-----|-------------|-----------|-----------|----|
| Name of MS4/Coalition  | Village of Croton-o                      | n-Huds       | son    |           |            |             |      |                 | N         | YR     | 2   | 0 A         | 0         | 4         | 6  |
|  | Control Meas                             |              |        |           |            | <u>ucti</u> | on S | <u>stori</u>    | <u>nw</u> | ater I | Ma  | <u>nage</u> | <u>me</u> | <u>nt</u> |    |
| The information in the   | Č  | report       | ea (ci | neck one  | ):         |             |      |                 |           |        |     |             |           |           |    |
| <ul><li>On behalf of an inc</li><li>On behalf of a coa</li><li>How m</li></ul>   |  | buted        | to thi | is report | ?          |             |      |                 |           |        |     |             |           |           |    |
| 1. How many and MS4/Coalition is   | what type of post-<br>nventoried, inspec |              |        |           |            |             | _    |                 | •         |        | has | s your      |           |           |    |
|  | 1  | #<br>Invento | oried  | Insp      | #<br>oecti | ions        | N    | # Tin<br>Iainta |           |        |     |             |           |           |    |
| Alternative Practice   | ees                                      |              | 0      |           |            | 0           |      |                 | 0         |        |     |             |           |           |    |
| • Filter Systems   |  |              | 4      |           |            | 4           |      |                 | 4         |        |     |             |           |           |    |
| • Infiltration Basins  |  |              | 0      |           |            | 0           |      |                 | 0         |        |     |             |           |           |    |
| <ul><li>Open Channels</li></ul>  |  |              | 1      |           |            | 0           |      |                 | 0         |        |     |             |           |           |    |
| Ponds  |  | 1            | 0      |           |            | 0           |      |                 | 0         |        |     |             |           |           |    |
| <ul><li>Wetlands</li></ul>   |  |              | 1      |           |            | 0           |      |                 | 0         |        |     |             |           |           |    |
| Other  |  | 2            | 9      |           | 1          | 5           |      | 1               | 5         |        |     |             |           |           |    |
| <ul><li>2. Do you use an observed BMPs, inspection</li><li>3. What types of the second second</li></ul> | ons and maintar                          | nance'       | ?      |           |            |             |      |                 |           | -      |     | • Y         |           |           | No |
| V 1  | Better Site Design                       |              |        |           |            |             | -    |                 |           | LOW II | mpa | act         |           |           |    |
| O Building Codes   | O Municipal Cor                          | nprehe       | nsive  | Plans     |            |             |      |                 |           |        |     |             |           |           |    |
| Overlay Districts  | Open Space Pr                            | reserva      | tion I | Program   |            |             |      |                 |           |        |     |             |           |           |    |
| ○ Zoning   | O Local Law or                           | Ordina       | nce    |           |            |             |      |                 |           |        |     |             |           |           |    |
| None   | O Land Use Reg                           | ulation      | ı/Zon  | ing       |            |             |      |                 |           |        |     |             |           |           |    |
| O Watershed Plans  | Other Compre                             | hensive      | e Plai | n         |            |             |      |                 |           |        |     |             |           |           |    |
| Other:   |  |              |        |           |            |             |      |                 |           |        |     |             |           |           |    |



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|  |   |           | SPL  | DES I          | D      |      |             |     |     |    |
|--|---|-----------|------|----------------|--------|------|-------------|-----|-----|----|
| Name   | e of MS4/Coalition Village of Croton-on-Hudson  |           | N    | Y ]            | 2      | 0    | А           | 0   | 4   | 6  |
| <b>4a.</b> A   | Are the MS4s contributing to this report involved in a regional.  | /watershe | ed w | v <b>ide</b> j | olani  | _    | g eff<br>Ye |     |     | No |
| 4b. I  | 4b. Does the MS4 have a banking and credit system for stormwater management practices?                              |           |      |                |        |      |             |     |     |    |
|  |   |           |      |                |        | С    | Ye          | S   |     | No |
| 4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice? |   |           |      |                |        |      | •           |     |     |    |
| i  | and approvar or banking and credit or afternative siting or a sec   | niiiwatei | 1112 | mag            | iiici  |      | Ye          |     |     | No |
| 4d. I  | How many stormwater management practices have been imple  | mented a  | s pa | art o          | f this | sys  | tem         | in  | thi | S  |
| ľ  | reporting period?   |           |      |                |        |      |             |     | 0   |    |
| 5. V   | What percent of municipal officials/MS4 staff responsible for p   | rogram i  | mp]  | leme           | ntati  | on a | atte        | nde | d   |    |
|  | training on Low Impact Development (LID), Better Site Design<br>Infrastructure principles in this reporting period? | (BSD) a   | nd o | othei          | Gre    | en   |             |     | _   |    |
| 1  | init astructure principles in this reporting period?  |           |      |                |        |      |             |     | 5   | %  |



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|   | 21.1 | JES | עו |   |   |   |   |   |   |
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| Name of MS4/Coalition Village of Croton-on-Hudson | N    | Y   | R  | 2 | 0 | A | 0 | 4 | 6 |

#### 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.

The Village Post-Construction Storm Water Management program will address storm water runoff from regulated (i.e., land disturbances of an acre or greater) new development and redevelopment projects to the Village's municipal separate storm sewer system.

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

The Village has chosen to evaluate the number of Village post-construction storm water management practices (BMPs) inventoried as an indicator for measuring the overall effectiveness of the Village's compliance with the Post-Construction Storm Water Management program requirements. Forty-five BMPs have been inventoried.

| C. How many times was this observation measured or evaluated in this reporting peri |
|---|
|---|

|      |      |       |      | 1    |          |
|------|------|-------|------|------|----------|
| samp | les/ | 'part | tici | pant | s/events |

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

| _ |                |               |
|---|----------------|---------------|
|   | $V_{\Delta c}$ | $\bigcirc$ No |

(ex.:

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

| - | <b>T</b> 7 | $\sim$ 1 T |   |
|---|------------|------------|---|
| ( | Yes        | $\circ$ No | ١ |
| _ | 1 03       | $\sim$ 110 | , |

# F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Village plans to continue evaluating the number of Village post-construction BMPs inventoried as an indicator for measuring the overall effectiveness of the Village's compliance with the Post-Construction Storm Water Management program requirements in the next reporting cycle. The Village will add BMPs to the inventory as necessary. The Village will continue to follow the Village Written Procedures for MCM 5: Post-Construction Storm Water Management.



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|   | S | SPDES ID |   |   |   |   |   |   |   |
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| Name of MS4/Coalition Village of Croton-on-Hudson |   | N Y      | R | 2 | 0 | А | 0 | 4 | 6 |

#### Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

|  |             | periorin | cu within     | the past o    |
|--|-------------|----------|---------------|---------------|
| <b>Operation/Activity/Facility</b>           | Addressed i | n SWMP?  | <u>vears?</u> | ı             |
| Street Maintenance                           | • Yes       | ○ No     | • Yes         | $\bigcirc$ No |
| Bridge Maintenance                           | O Yes       | • No     | ○ Yes         | No            |
| Winter Road Maintenance                      | • Yes       | ○ No     | • Yes         | $\bigcirc$ No |
| Salt Storage                                 | • Yes       | ○ No     | Yes           | $\bigcirc$ No |
| Solid Waste Management                       | • Yes       | ○ No     | • Yes         | $\bigcirc$ No |
| New Municipal Construction and Land Disturba | nce • Yes   | ○ No     | Yes           | $\bigcirc$ No |
| Right of Way Maintenance                     | • Yes       | ○ No     | Yes           | $\bigcirc$ No |
| Marine Operations                            |             | ○ No     | • Yes         | $\bigcirc$ No |
| Hydrologic Habitat Modification              |             | ○ No     | • Yes         | $\bigcirc$ No |
| Parks and Open Space                         | • Yes       | ○ No     | Yes           | $\bigcirc$ No |
| Municipal Building                           | ● Yes       | ○ No     | • Yes         | $\bigcirc$ No |
| Stormwater System Maintenance                |             | ○ No     | • Yes         | $\bigcirc$ No |
| Vehicle and Fleet Maintenance                | • Yes       | ○ No     | • Yes         | $\bigcirc$ No |
| Other  | • Yes       | ○ No     | • Yes         | $\bigcirc$ No |



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|   | SPDES ID        |        |      |     |     |
|---|-----------------|--------|------|-----|-----|
| Name of MS4/Coalition Village of Croton-on-Hudson   | N Y R 2         | 0 A    | 0    | 4   | 6   |
| 2. Provide the following information about municipal operations   | good housekee   | ping p | rogi | ran | 18: |
| • Parking Lots Swept (Number of acres X Number of times swept)  | # Acres         |        | 2    | 3   | 1   |
| • Streets Swept (Number of miles X Number of times swept)   | # Miles         | 3      | 5    | 9   | 2   |
| • Catch Basins Inspected and Cleaned Where Necessary  | #               |        | 4    | 7   | 0   |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>                                       | #               |        |      | 1   | 9   |
| Phosphorus Applied In Chemical Fertilizer   | # Lbs.          |        |      |     | 0   |
| Nitrogen Applied In Chemical Fertilizer   | # Lbs.          |        |      |     | 0   |
| <ul> <li>Pesticide/Herbicide Applied<br/>(Number of acres to which pesticide/herbicide was applied X Numb<br/>times applied to the nearest tenth.)</li> </ul> | # Acres [       |        |      | 3]. | 0   |
| 3. How many stormwater management trainings have been providuring this reporting period?  | ded to municip  | al emp | oloy |     | 3   |
| 4. What was the date of the last training?  | 0 2 / 2 7       | / 2    | 0    | 1   | 8   |
| 5. How many municipal employees have been trained in this repo  | orting period?  |        |      | 2   | 0   |
| 6. What percent of municipal employees in relevant positions and stormwater management training?  | l departments r | eceive | 5    | 0   | %   |



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|---|---|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition Village of Croton-on-Hudson |   | N   | Y   | R  | 2 | 0 | А | 0 | 4 | 6 |

#### 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.

The Village Pollution Prevention and Good Housekeeping for Municipal Operations program will address operations that collect, store or release sediments, wastes or other potential pollutants.

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

The Village has chosen to evaluate the number of catch basins inspected and cleaned as necessary as an indicator for measuring the overall effectiveness of the Village's compliance with the Pollution Prevention and Good Housekeeping for Municipal Operations program requirements. The Village inspected and cleaned as necessary 470 catch basins in this reporting cycle.

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

|       |      |      |      |     | 1    |          |
|-------|------|------|------|-----|------|----------|
| (ex.: | samp | les/ | part | 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  | $\bigcirc$ No  |
|------|----------------|
| 1 68 | $\bigcirc$ INC |

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Village plans to continue the ongoing catch basin inspection and cleaning schedule during the next reporting cycle. The Village will continue following the Best Management Practices outlined in the Village of Croton-on-Hudson Best Management Practices for Municipal Facilities and Operations guidance document and the NYSDEC Municipal Pollution Prevention and Good Housekeeping Assistance Document as necessary.