

MS4 Annual Report Cover PageMCC form for period ending March 9,

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

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MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

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Name of MS4

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Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for **each** 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
- ☐ Duly Authorized Representative
- ☐ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

First Name

MI

Last Name

Title

Address

City

State

Zip

eMail

Phone

County

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4

SPDES ID

N Y R 2 0 A

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ☐ Yes ☐ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

H e m p s t e a d H a r b o r P r o t e c t i o n

Partner/Coalition Name (con't.)

C o m m i t t e e

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 5 0 M i l l e r P l a c e

City

S y o s s e t

State

N Y

Zip

1 1 7 9 1 -

eMail

e . s w e n s o n @ h e m p s t e a d h a r b o r . o r g

Phone

(5 1 6) 6 7 7 - 5 7 9 0

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.?

☐ Yes ☒ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 M u l t i p l e T a s k s

● MM2 M u l t i p l e T a s k s

● MM3 W a t e r M o n i t o r i n g , O t h e r T a s k s

● MM4 M o n i t o r f o r R u n o f f , E d u c a t i o n

● MM5 M o n i t o r f o r R u n o f f , E d u c a t i o n

● MM6 G e e s e P e a c e p r o g r a m , E d u c a t i o n

Additional tasks/responsibilities

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

(not applicable to HHPC members for 2009 - 2010 reporting period)

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

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Name of MS4

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Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

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

First Name

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Last Name

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Title (Clearly print title of individual signing report)

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Signature

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Date

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Send completed form and any attachments to the DEC Central Office at:

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

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

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Water Quality Trends

● On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s are contributed to this report?

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

If Yes, choose one of the following

☐ Report(s) attached to the annual report

● Web Page(s) where report(s) is/are provided below

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

URL

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MS4 Annual Report Form

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Name of MS4/Coalition

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Minimum Control Measure 1. Public Education 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 Management Practices

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

- | | |
|--|--|
| <input type="radio"/> Construction Sites
<input checked="" type="radio"/> General Stormwater Management Information
<input checked="" type="radio"/> Household Hazardous Waste Disposal
<input type="radio"/> Illicit Discharge Detection and Elimination
<input checked="" type="radio"/> Infrastructure Maintenance
<input type="radio"/> Smart Growth
<input type="radio"/> Storm Drain Marking
<input checked="" type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development
<input checked="" type="radio"/> Other: | <input checked="" type="radio"/> Pesticide and Fertilizer Application
<input checked="" type="radio"/> Pet Waste Management
<input checked="" type="radio"/> Recycling
<input type="radio"/> Riparian Corridor Protection/Restoration
<input checked="" type="radio"/> Trash Management
<input checked="" type="radio"/> Vehicle Washing
<input type="radio"/> Water Conservation
<input checked="" type="radio"/> Wetland Protection
<input type="radio"/> None |
|--|--|

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Other

2. Specific audiences targeted during this reporting period:

- | | |
|---|--|
| <input checked="" type="radio"/> Public Employees
<input checked="" type="radio"/> Residential
<input checked="" type="radio"/> Businesses
<input checked="" type="radio"/> Restaurants
<input checked="" type="radio"/> Other: | <input checked="" type="radio"/> Contractors
<input checked="" type="radio"/> Developers
<input checked="" type="radio"/> General Public
<input type="radio"/> Industries
<input type="radio"/> Agricultural |
|---|--|

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Other

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Name of MS4/Coalition

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

☐ Construction Site Operators Trained

Trained

☒ Direct Mailings

Mailings

				2
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☒ Kiosks or Other Displays

Locations

				6
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☐ List-Serves

In List

☒ Mailing List

In List

				9
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☒ Newspaper Ads or Articles

Days Run

				2
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☒ Public Events/Presentations

Attendees

2	7	0	0	0
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☐ School Program

Attendees

☒ TV Spot/Program

Days Run

			1	4
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☒ Printed Materials:

Total # Distributed

	1	0	0	0
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Locations (e.g. libraries, town offices, kiosks)

H	a	r	b	o	r	F	e	s	t										
S	e	a		C	l	i	f	f		M	i	n	i		M	a	r	t	
E	c	o		F	e	s	t												
S	c	h	r	e	i	b	e	r		H	S		E	n	v	F	e	s	t

☐ Other:

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

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3. Web Page con't.: Provide specific web addresses - not home page.

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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.

(this is specific to each HHPC member's SWMPP goals)

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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Minimum Control Measure 2. Public Involvement/Participation

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

- | | | | | | | | | | |
|---|--|--|--|---|---|--|--|---|---|
| <input type="radio"/> Cleanup Events | # Events | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | |
| <input type="radio"/> Comments on SWMP Received | # Comments | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | |
| <input type="radio"/> Community Hotlines | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | |
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| <input type="radio"/> Community Meetings | # Attendees | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | |
| <input type="radio"/> Plantings | Sq. Ft. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | |
| <input type="radio"/> Storm Drain Markings | # Drains | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | |
| <input checked="" type="radio"/> Stakeholder Meetings | # Attendees | <input type="text"/> | <input type="text"/> | 1 | 6 | | | | |
| <input checked="" type="radio"/> Volunteer Monitoring | # Events | <input type="text"/> | <input type="text"/> | 2 | 5 | | | | |
| <input checked="" type="radio"/> Other: | s h e l l f i s h s e e d i n g 1 . 1 m i l s e e d | | | | | | | | |

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

☐ Yes ☐ No

- ☐ List-Serve # In List
- ☐ Newspaper Advertising # Days Run
- ☐ TV/Radio Notices # Days Run
- ☐ Other:
- ☐ Web Page URL: Enter URL(s) on the following two pages.

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Name of MS4/Coalition

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

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MS4 Annual Report Form

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

2	0	1	0
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0					
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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?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☐ MS4/Coalition Office ☐ Annual Report ☐ SWMP Plan ☐ Comments

Department

Address

City

Zip

 -

Phone

(

)

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☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

City

Zip

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Phone

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 -

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

City

Zip

 -

Phone

(

)

 -

☐ Web Page URL: ☐ Annual Report ☐ SWMP Plan ☐ Comments

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

☐ eMail ☐ Comments

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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.

(this is specific to each HHPC member's SWMPP goals)

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

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(ex.: samples/participants/events)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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