MS4 Annual Report Cover Page

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

	SPI	DES	ID		72	-	 23
This cover page must be completed by the report preparer. Joint reports require only one cover page.	N	Y	R	2	0		

Choose one:

This report is	being	submi	tted	on be	half	of a	n ind	livid	ual	M	S4.			
Fill in SPDES II) in upp	er right	hand	corner										
Name of MS4												 		

OR

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				II.)-10)-00)2)																	

OR

Name of Coalition

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

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

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MS4 Annual Report Cover Page

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

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

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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	
Each MS4 must submit an MCC form.		
Section 1 - MCC Identification Page		
Indicate whether this MCC form is being submitted to certify endorsement or	or acceptance of:	
 An Annual Report for a single MS4 A Single Entity (Per Part II.E of GP-0-10-002) 		
A Joint Report		
Joint reports may be submitted by permittees with legally bind	ding agreements.	
If Joint Report, enter coalition name:		_

MS4 Municipal Compliance Certification(MCC) Form

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

	SPDES ID
Name of MS4	N Y R 2 0 A
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following po	sitions as indicated below:
1. Principal Executive Officer, Chief Elected Official or other qual GP-0-08-002 Part VI.J).	
 Duly Authorized Representative (Information for this contact m Authorized Representative is signing this form) 	ust only be submitted if a Duly
3. The Local Stormwater Public Contact (required per GP-0-08-00	2 Part VII.A.2.c & Part VIII.A.2.c).
 The Stormwater Management Program (SWMP) Coordinator (I coordination/implementation of SWMP). 	ndividual responsible for
5. Report Preparer (Consultants may provide company name in the	e space provided).
A separate sheet must be submitted for each position listed above filled by the same individual. If one individual fills multiple role once and check all positions that apply to that individual.	
If a new Duly Authorized Representative is signing this report, a provided and a signature authorization form, signed by the Prince Elected Official must be attached.	
For each contact, select all that apply:	
O Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
O Local Stormwater Public Contact	
Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	
First Name MI Last Name	
Citle	
Address	
Suit cas	
City State	e Zip
Mail	
Phone County	

MS4 Municipal Compliance Certification (MCC) Form

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

SPDES ID

Name of MS4	N Y R 2 0 A													
Section 3 - Partner Information														
Did your MS4 work with partners/coalition to complete some or all poeriod?	permit requirements during this reporting													
If Yes, complete information below.	O les O No													
Submit a separate sheet for each partner. Information provid	led in other formats will not be													
accepted. If your MS4 cooperated with a coalition, submit of														
coalition. It is not necessary to include a separate sheet for e	ach MS4 in the coalition.													
If No, proceed to Section 4 - Certification Statement.														
Partner/CoalitionName														
Hempstead Harbor Prot	t e c t i o n													
artner/Coalition Name (con't.)	SPDES Partner ID - If applicable													
C o m m i t t e e	N Y R 2 0													
ddress														
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Phone	ally Binding Agreement in accordance													
	GP-0-08-002 Part IV.G.? ○ Yes • No													
What tooks/regressibilities are shored with this portner (e.g. MA)	41 Sahaal Dragrams or Multiple Tooks													
What tasks/responsibilities are shared with this partner (e.g. MN	71 School Flograms of Multiple Tasks													
MM1 Multiple Tasks														
MM2 Multiple Tasks														
MM3 Water Monitoring,	Other Tasks													
MM4 Monitor for Runoff	f, Education													
MM5 Monitor for Runoff	E, Education													
MM6 Geesepeace program	n, Education													
Additional tasks/responsibilities														
Watershed Improvement Strategy Best Management Practic	ces required for MS4s in impaired													
watersheds included in GP-0-08-002 Part IX.	7													
not applicable to HHPC members for 2000 2010 reporting no	eriod)													
not applicable to HHPC members for 2009 - 2010 reporting pe	1100)													

Albany, New York 12233-3505

MS4 Municipal Compliance Certification(MCC) Form

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

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Name of MS4		N	Y	2	0	A		
Section 4 - Certification Statement								
"I certify under penalty of law that this document and all attachment direction or supervision in accordance with a system designed to as properly gathered and evaluated the information submitted. Based persons who manage the system, or those persons directly responsite the information submitted is, the best of my knowledge and belief, aware that there are significant penalties for submitting false information and imprisonment for knowing violations." This form must be signed by either a principal executive officer or	ssure the on my i ble for true, action, ranking	at quality	ualifuiry of herin rate, ludir	ied of the g the and ng the	persone person	rsonn ersor nform mplet ossib	nel n or nati te. I	on, I am ty of
authorized representative of that person as described in GP-0-08-00	02 Part	VI.	J.					
First Name MI Last Name								
Title (Clearly print title of individual signing report)								
Signature	Dat	te]/[]/			
Send completed form and any attachments to the DEC Central Offi	ce at:							
MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway								

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

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

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	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 W W W . h e m p s t e a d h a r b o r . o r g /																													
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	SPDES ID
Name of MS4/Coalition	N Y R 2 0
Minimum Control Measure 1. Public Ed	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 d	uring this reporting period:
O Construction Sites	• Pesticide and Fertilizer Application
General Stormwater Management Information	Pet Waste Management
 Household Hazardous Waste Disposal 	Recycling
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
Infrastructure Maintenance	● Trash Management
○ Smart Growth	• Vehicle Washing
O Storm Drain Marking	O Water Conservation
• Green Infrastructure/Better Site Design/Low Impact Development	• Wetland Protection
● Other: C	O None h a r g e Z o n e
2. Specific audiences targeted during this reporting period:	
Public Employees • Contractors	
ResidentialDevelopers	
● Businesses ● General Public	
● Restaurants ○ Industries	
Other: O Agricultural S t u d e n t s , b o a t e r s	
Other	

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

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

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Name of MS4/Coalition		N	Y R	2	0			
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Name of MS4/Coalition	YR	2 0		
I. Evaluating Progress Toward Measurable Goals MCM 1				
Jse this page to report on your progress and project plans toward achieving m dentified in your Stormwater Management Program Plan (SWMPP), includin II.C.1. Submit additional pages as needed.		107		art
A. Briefly summarize the Measurable Goal identified in the SWMPP in t	his rep	porting p	erio	od.
(this is specific to each HHPC member's SWMPP goals)				
3. Briefly summarize the observations that indicated the overall effective Goal.	ness o	f this M	easu	rable
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C. How many times was this observation measured or evaluated in this re	porti	ng perio	d?	
. Has your MS4 made progress toward this Measurable Goal during thi				icipants/eve
. Has your 19154 made progress toward this measurable Goar during thi	з геро			O No
. Is your MS4 on schedule to meet the deadline set forth in the SWMPP	?	\bigcirc Y	es	○ No
. Briefly summarize the stormwater activities planned to meet the goals the next reporting cycle (including an implementation schedule).	of this	s MCM	duri	ng
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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 0 \end{vmatrix}$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID N Y R 2 0 Name of MS4/Coalition 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? 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: O Cleanup Events # Events O Comments on SWMP Received #Comments O Community Hotlines Phone # Phone# Phone# O Community Meetings # Attendees Plantings Sq. Ft. O Storm Drain Markings #Drains Stakeholder Meetings # Attendees 6 1 5 Volunteer Monitoring # Events 2 Other: | s | h | e | 1 | 1 f i sh d i|n|g 1 1 m | i | 1 d s e e е 2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? O Yes O No O List-Serve # In List O Newspaper Advertising # Days Run O TV/Radio Notices # Days Run Other:

MCM 2 Page 1 of 6

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

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

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

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID N Y R 2 0 Name of MS4/Coalition 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. O MS4/Coalition Office O Annual Report O SWMP Plan O Comments Department Address City Zip Phone O Library Address O Annual Report O SWMP Plan O Comments Zip City Phone O Annual Report O SWMP Plan O Comments Other Address City Zip Phone

○ Web Page URL:	 Annual Report 	O SWMP Plan	O Comments
Please provide specific address of r	page where report can be access	sed - not home pa	nge.

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SPDES ID		
Name of MS4/Coalition N Y R	2 0	
4.a. If this report was made available on the internet, what date was it posted?		
Leave blank if this report was not posted on the internet.	/	
4.b. For how many days was/will this report be posted?		
If submitting a report for single MS4, answer 5.a If submitting a joint report, a	nswer 5.b	
5.a. Was an Annual Report public meeting held in this reporting period?	○ Yes	O No
If Yes, what was the date of the meeting?	/	
If No, is one planned?	○ Yes	○ No
5.b. Was an Annual Report public meeting held for all MS4s contributing to th	is report d	uring
this reporting period?	O Yes	O No
If No, is one planned for each?	○ Yes	○ No
6. Were comments received during this reporting period?	O Yes	O No
If Yes, attach comments, responses and changes made to		
SWMP in response to comments to this report.		

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

Name of MS4/Coalition	N Y R	2 0	
7. Evaluating Progress Toward Measurable Goals MCM 2			
Use this page to report on your progress and project plans toward achieving identified in your Stormwater Management Program Plan (SWMPP), incl. III.C.1. Submit additional pages as needed.	-		Part
A. Briefly summarize the Measurable Goal identified in the SWMPP	in this re	porting per	riod.
(this is specific to each HHPC member's SWMPP goals)			
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B. Briefly summarize the observations that indicated the overall effectional.	ctiveness o	of this Meas	surable
C. How many times was this observation measured or evaluated in the	his reporti	ng period?	
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D. Has your MS4 made progress toward this measurable goal during			
	-	O Yes	○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWN	MPP?	O V	O N-
F. Briefly summarize the stormwater activities planned to meet the g the next reporting cycle (including an implementation schedule).	goals of this	○ Yes s MCM du	
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