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

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

Name of Coalition

This report is being submitted on behalf of a Single Entity (Per Part II.E of GP-0-10-002) Name of Single Entity 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. NYR 2 0 A NYR 2 0 A NYR 2 0 A NYR 2 0 A NYR 2 0 A NYR 2 0 A NYR 2 0 A SPDES ID SPDES ID NYR 2 0 A NYR 2 0 A SPDES ID SPDES ID SPDES ID	Η	u	d	S	0	n		V	а	1	1	е	У		С	0	m	m	u	n	i	t	У		С	0	1	1	е	Ç
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Provide SPDES	\this report.	
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MS4 Municipal Compliance Certification(MCC) Form

Section 2 - Contact Information	
Contact information must be provided for <u>each</u> of the following position	ons as indicated below:
For each contact, select all that apply:	
O Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	
First Name MI Last Name	
Citle	
Title Address	
Address	Zip
Address City State	Zip
Address	
Address City State	

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

MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4

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 Nam	e							
Title (Clearly print title of individual <u>signing</u> report)										
Signature				D	ate	1,		1,		
						/		/		

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

SPDES ID

O Construction Site Operators Trained
O Direct Mailings
○ Kiosks or Other Displays
O List-Serves
O Mailing List
O Newspaper Ads or Articles
O Public Events/Presentations
O School Program
○ TV Spot/Program
O Printed Materials:
Other:
0

This report is being submitted for the reporting period ending March 9,			
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.			
SPDES ID			
Name of MS4/Coalition			
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 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.			
identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part			
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.			
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?

If submitting this form as part of a joint rep	ort on behalf of a coalition leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition	
Minimum Control Measure 2	. Public Involvement/Participation
The information in this section is being reported (che	eck 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 pub- development, evaluation and improvement (SWMP) Plan during this reporting period	t of the Stormwater Management Program
O Cleanup Events	# Events
O Comments on SWMP Received	# Comments
O Community Hotlines	Phone # () -
Phone # (Phone # () -
Phone # ()	Phone # ()
Phone # ()	Phone # ()
Phone # ()	Phone # ()
Phone # (Phone # (
O Community Meetings	# Attendees
○ Plantings	Sq. Ft.
O Storm Drain Markings	# Drains
O Stakeholder Meetings	# Attendees
O Volunteer Monitoring	# Events
Ofher:	

If submittin	g this form as part of a joint report on behalf of a	coalition	leav	e S	PDI	ES	ID	blaı	ık.	
_			SPD	ES	ID					
Name of MS4/Coalition										

2. URL(s) con't.:

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

SPDE	ES ID			

SPDES ID

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

SPDES ID

Name of MS4/Coalition

5.a. Was an Annual Report public meeting held in this reporting period?

O Yes O No If Yes, what was the date of the meeting?

If No, is one planned?

This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID
Name of MS4/Coalition
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.
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?
(ex.: samples/participants/eve
D. Has your MS4 made progress toward this measurable goal during this reporting period?
\bigcirc Yes \bigcirc No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
\circ Yes \circ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

SPDES ID

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
○ Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
○ Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
○ Hospitals	O Swimming Pools
○ Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	○ None
O Sewersheds:	



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

		SPDE	S II)			
Name of MS4/Coalition							

- 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report?

 O Y269cm091
- 10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?
- 11. What percent of staff in relevant positions and departments has received IDDE training?

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

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	#			No Authority
Stop Work Orders	#		0	O No Authority
O Criminal Actions	#			No Authority
● Termination of Contracts	#		0	O No Authority
O Administrative Fines	#			No Authority
O Civil Penalties	#			No Authority
O Administrative Orders	#			No Authority
O Enforcement Actions or Sanctions	#			
Other	#			No Authority

This report is being submitted for the reporting period ending Mar	·ch 9,
If submitting this form as part of a joint report on behalf of a coalition leave	SPDES ID blank.
SPDE	ES ID
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Evaluating Progress Toward Measurable Goals MCM 4	
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This report is being submitted for the reporting period ending Marc	h 9, 2	0 1
If submitting this form as part of a joint report on behalf of a coalition leave S		
SPDES	ID	
Name of MS4/Coalition Hudson Valley Community College	NYR20) A 3
6. Evaluating Progress Toward Measurable Goals MCM 5		
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A. Briefly summarize the Measurable Goal identified in the SWMPP in this	reporting period.	
Monitoring of all post-construction controls types.		
B. Briefly summarize the observations that indicated the overall effectivene Goal.	ss of this Measurable	
Observations during major rainstorms show retention basin in volume over several days, indicating the system is functivortex separators (alternative practices) indicate silt is capta	oning correctly. Silt cleaned	out of
C. How many times was this observation measured or evaluated in this repo	orting period?	
		,
D. Has your MS4 made progress toward this measurable goal during this re	<pre>(ex.: samples/participants/events, enorting neriod?</pre>	'
2. Has your 19154 made progress toward this measurable goar during this re	○ Yes ○ No	
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?		
	\bigcirc Yes \bigcirc No	
F. Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).	this MCM during	

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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
4. Estimate the percentage of on-site wastewater treatment systand maintained or rehabilitated as necessary in this reporting	

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?

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

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SPDES ID

Name of MS4/Coalition

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

Yes No N/A

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

Yes No N/A

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

Yes No N/A

populations?

 \bigcirc Yes \bigcirc No \bigcirc N/A