MS4 Annual Report Cover Page

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

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

○ 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 0 9

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

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MS4 Annual Report Cover Page

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

Required Forms

- > Municipal Compliance Certification
- > Water Quality Trends
- > Minimum Measure 1
- > Minimum Measure 2
- > Minimum Measure 3
- > Minimum Measure 4
- > Minimum Measure 4 and 5
- > Minimum Measure 5
- > Minimum Measure 6
- > MS4s in impaired watersheds included in GP-0-08-002 Part IX must also complete the form *Additional Watershed Improvement Strategy Best Management Practices*.

Reporting Requirements

- * Permittees submitting an annual report for an individual MS4 must complete and submit all required forms.
- * Joint reports may be submitted by permittees with legally binding agreements as follows:
 - > <u>Each</u> MS4 contributing to a joint report must submit a Municipal Compliance Certification (MCC) form with an original signature. The MCC forms must be attached to the report.
 - > A coalition may submit information on behalf of its members as follows:
 - 1. Submit one form for each of the Minimum Measures (and if required, Additional Watershed Improvement Strategy Best Management Practices) on behalf of all the MS4s in the coalition, or
 - 2. Complete some of the required forms on behalf of all the MS4's in the coalition and for other Minimum Measures, attach completed forms from each of the MS4s.

For example, a joint report for a coalition including four permitted MS4s may contain one form for *each* of the Minimum Measures 1-5, representing the combined work of all four participating MS4s, and *in addition*, include four separate Minimum Measure 6 forms and four separate *Additional Watershed Improvement Strategy Best Management Practices* forms provided by each of the participating permittees.

The Department will *not* accept a report form from a participating MS4 *in addition to* a combined report form submitted for the same Minimum Measure.

Instructions for completing forms

These forms may be completed on a computer or by hand. If completing the forms by hand, fill in circles completely and print clearly.

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

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Name of MS4	Village of Castleton-on-Hudson	N	Y	R	2	0	А	3	9	3

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
- 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 0 9

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Section 2 - Contact Information

Provide contact information for *all* of the following contacts:

- 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
- 3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 4. Report Preparer (Consultants may provide company name in the space provided).

Submit a separate sheet for each contact.

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
 - Executive Officer or Ranking 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 0 9

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Section 2 - Contact Information

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- Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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

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Section 2 - Contact Information

Provide contact information for *all* of the following contacts:

- 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
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Submit a separate sheet for each contact.

For each contact, select all that apply:

- O Signatory Authority (choose one of the following)
 - O Executive Officer or Ranking Elected Official
 - Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

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

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Section 3 - Partner Information - Submit a separate sheet	for each	partne	er.			
Did your MS4 work with partners/coalition to complete some or all perroeriod?	nit require	ements	durin	g this	repor	ting
If Yes, complete information below. If No, proceed to Section 4 - Certification Statement.				• Y	Zes	O No
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What tasks/responsibilities are shared with this partner (e.g. MM1	School I	Progra	ms or	Mult	iple T	Tasks
MM1 Multiple Tasks						
MM2 Public Outreach						
O MM3						
O MM4						
O MM5						
○ MM6						
Additional tasks/responsibilities						
Watershed Improvement Strategy Best Management Practices watersheds included in GP-0-08-002 Part IX.	required	for M	IS4s i	n imp	aired	

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

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Name of MS4 Village of Castleton-on-Hudson	N	Y	R	2	0	A	3	9	3

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 Marianne	MI	Last Name C a r n e r
Title Mayor		
Mauanne Carner		Date 0 6 / 1 9 / 2 0 0 9

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, $\begin{vmatrix} 2 & 0 \end{vmatrix} 0 \begin{vmatrix} 9 & 0 \end{vmatrix}$

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Name of MS4/Coalition Village of Castleton-on-Hudson	SPDES ID N Y R 2 0 A 3 9 3
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
 Household Hazardous Waste Disposal 	Recycling
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	■ Trash Management
○ Smart Growth	• Vehicle Washing
○ Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
2. Specific audiences targeted during this reporting period:	
○ Agricultural Contractors	
ResidentialDevelopers	
● Businesses ● General Public	
○ Restaurants ○ Industries	
Other:	

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

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

SPDES ID

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	Name	of MS4/Coalition Village of Castleton-on-Hudson																		N	Y	R	2	0	А	3	9	3				
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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 0 \end{vmatrix}$

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me of MS4/Coalition	Village of Cas	stleton-on-I	Hudson									N	Y	R	2	0	А	3	9	3
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Name of MS4/Coalition Village of Castleton-on-Hudson

Submit additional pages as needed.

4. Evaluating/Measuring Progress MCM 1

MS4 Annual Report Form

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

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

What indicators do you use to evaluate the overall effectiveness of your Education and Outreach

YR

Pro	ogram, hov	v lon	g have you been tra	acking them and a	t what frequency?
Exc	ample*:				
Ind	licator:	Pub	olic phone survey		
Beg	gan Tracki	ng:	2005 (year)	Frequency:	Annual (ex.: annual, monthly, biweekly)
#	1000		(year)		(ex.: umau, monny, breekly)
				(ex.: samples/parti	cipants/events)
Res	sults:	Incr	eased awareness of	issues related to	use of fertilizers
* T	his indicat	or is	provided as an exam	ple only.	
Ind	licator:	Pri	nted materials taken from Vil	lage Hall.	
Res	gan Tracki	ng:	2008	Frequency:	Annual
2	,		(year)		(ex.: annual, monthly, biweekly)
#	1 Sample An	nually			
				(ex.: samples/parti	cipants/events)
Res	sults:		proximately 25 copi age Hall by residen		'Pollution pamphlet were taken from the

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

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

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Name of MS4/Coalition Village of Castleton-on-Hudson					N	Y	R	2	0	A	3	9	3
Minimum Control Measure 2. I	Public I	nvo	lver	nen	t/P	ar	<u>tici</u>	<u>pa</u>	tio	<u>n</u>			
The information in this section is being reported (check	one):												
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this rep 	port?												
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	the Stor	mw	ater	Mai	nag					ram	ı		
• Cleanup Events						# E	vent	s				1	0
● Comments on SWMP Received					# C	omi	nent	s					0
O Community Hotlines	Phone #	()				- [
Phone # (Phone #	()				-				
Phone # (Phone #	()				-				
Phone # (Phone #	()				-				
Phone # (Phone #	(])				-				
Phone # (Phone #	()				-				
Community Meetings					# 4	Atte	ndee	s				1	0
○ Plantings						S	q. Ft	t.					
O Storm Drain Markings						# D	rain	s					
O Stakeholder Meetings					# 2	Atte	ndee	s					
O Volunteer Monitoring						# E	vent	s					
Other:													
2. Was public notice of availability of annual reg(SWMP) Plan provided?	port and	Sto	rmw	ateı	· M	ana	ager	nei		Pro Yes		m	No
O List-Serve						# I	n Lis	st [
Newspaper Advertising					#]	Day	s Rui	n [1
O TV/Radio Notices					#]	Day	s Rui	n					
Other:													

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

URL

MS4 Annual Report Form

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

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

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

MS4 Annual Report Form

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

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

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Please	e pro	vid	e sp	ecı	ıtıc	ad	dre	ess(es)	wh	ere	e no	otic	es	can	be	ac	ces	sec	1 - 1	not	ho	me	pa	ge.	•	
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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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• eM	ail																											• (Con	nme	nts
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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 0 \end{vmatrix}$

				5	SPDE	S ID					
Nar	me of MS4/Coalition	Village of Castleton-on-Hudson			N Y	R	2	0 A	3	9	3
4.		s received during this reporti	O 1					\circ Y			No
	If Yes, attach co this report.	mments, responses and change	s made to SWMP	o in resp	pons	e to	con	nment	s to		
	If submitting a r	eport for single MS4, answer 5	.a If submitting	g a joint	t repo	ort, a	nsv	ver 5.	b		
5.8		al Report public meeting held was the date of the meeting?	in this reporting	g perio	od? /	′		○ Y	es		No
	If No, is one	planned?						• Y	es	0	No
5.	b. Was an Annu this reporting	al Report public meeting hele period?	d for all MS4s co	ontribu	ıting	to t	his	repor			ng No
	If No, is one	e planned for each?						• Y	es	0	No

Submit additional pages as needed.

6. Evaluating/Measuring Progress MCM 2

MS4 Annual Report Form

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

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

SPDES ID

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		rs do you use to evaluate tharticipation Program, how		ectiveness of your Public ou been tracking them and at what frequency?
Exc	ample*:			
Ind	licator:	Number of attendees at public events		
Beg	gan Trackin	2005 (year)	Frequency:	Annual (ex.: annual, monthly, biweekly)
#	1000	(Jean)		(cin anna, nonni, cincent)
			(ex.: samples/part	icipants/events)
Res	sults:	Attendance at public events	s has increase	ed 200% since 2005.
* T	his indicato	r is provided as an example	only.	
Ind	licator:	Number of attendees at public meeting	g.	
Beg	gan Trackin		Frequency:	Annual
#	2008 MS4 Pub	(year) ic informational meeting.		(ex.: annual, monthly, biweekly)
#	2008 19134 1 00	ic informational needing.	(ex.: samples/part	icipants/events)
Res	sults:	Approximately 10 people i	n attendance	for this meeting.

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 6. Evaluating/Measuring Progress MCM 2 What indicators do you use to evaluate the overall effectiveness of your Public Involvement/Participation Program, how long have you been tracking them and at what frequency? Example*: Indicator: Began Tracking: Frequency: (ex.: annual, monthly, biweekly) (year) # (ex.: samples/participants/events) Results: * This indicator is provided as an example only. Indicator: Began Tracking: Frequency: (year) (ex.: annual, monthly, biweekly) (ex.: samples/participants/events) Results:

Submit additional pages as needed.

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

MS4 Annual Report Form

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

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

SPDES ID

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	Minimum Control Measure 3. 1	Illicit Discharge Detection and Elimination
Th	e information in this section is being reported (check one):
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to the	his report?
1.	Enter the number and approx. percent of	of outfalls mapped: 5 # 1 0 0 %
2.	How many of these outfalls have been so reporting period (outfall reconnaissance	creened for dry weather discharges during this e inventory)?
3.	a.What types of generating sites/sewershe reporting period?	eds 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
	Cross-Connections	O Residential Carwashing
	O Distribution Centers	○ Restaurants
	○ Food Processing Facilities	○ Schools and Universities
	○ Garbage Truck Washouts	O Septic Maintenance
	○ Hospitals	○ Swimming Pools
	O Improper RV Waste Disposal	○ Vehicle Fueling
	O Industrial Process Water	O Vehicle Maint./Repair Shops
	Other:	○ None
	O Sewersheds:	

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

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

SPDES ID

Name of MS4/Coalition Village of Castleton-on-Hudson	N Y R	2 0 A 3 9 3
3.b.What types of illicit discharges have	e been found during this reporting peri	od?
O Broken Lines From Sanitary Sewer	O Industrial Connections	
O Cross Connections	○ Inflow/Infiltration	
O Failing Septic Systems	O Pump Station Failure	
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows	
O Illegal Dumping	O Straight Pipe Sewer Discharges	
Other:	● None	
4. How many illicit discharges/potentia reporting period?	il illegal connections have been detected	
reporting period.		0
5. How many illicit discharges have be	en confirmed during this reporting per	riod?
6. How many illicit discharges/illegal coperiod?	onnections have been eliminated durin	g this reporting
7. Has the storm sewershed mapping b If No, approximately what percent has	<u>-</u>	Yes ● No0 %
8. Is the above information available in	n GIS?	○ Yes • No
Is this information available on the v	web?	○ Yes • No
If Yes, provide URL(s): Please provide specific address of page URL	where map(s) can be accessed - not home	e page.
URL		
URL		

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

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Name of MS4/Coalition

MS4 Annual Report Form

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

What indicators do you use to evaluate the overall effectiveness of your Illicit Discharge Elimination

Village of Castleton-on-Hudson

12. Evaluating/Measuring Progress MCM 3

Submit additional pages as needed.

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

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Pro	ogram, ho	w lor	ng have you been tr	acking them and a	at what frequency?
Exc	ample*:				
Ind	licator:	Nu	imber of illicit discharges ide	entified/eliminated	
Beg	gan Tracki	ng:	2005	Frequency:	Monthly inspections
#	25 illicit disc	harges	(year) identified/24 eliminated		(ex.: annual, monthly, biweekly)
•				(ex.: samples/part	icipants/events)
	sults:	trac	king system and ill rage, within a week	licit discharges that of discovery.	etions has doubled. We have developed a at have been identified are being eliminated, on
			provided as an exam		
Ind	licator:		inner or mer disentinges ide	1	
Beg	gan Tracki	ing:	(year)	Frequency:	Annual (ex.: annual, monthly, biweekly)
#	1 Illicit disch	arge el	iminated in 2007, 0 Illicit dis	scharges eliminated in 2008	8.
				(ex.: samples/part	icipants/events)
Res	sults:	Insp	pections to be increased	ased.	

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

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

	SPI	DES	ID						
Name of MS4/Coalition Village of Castleton-on-Hudson	N	Y	R	2	0	A	3	9	3

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

The	information in this section is	bein	ıg re	epor	ted	(ch	eck	one):		
	On behalf of an individual MSOn behalf of a coalition How many MS4s		ribu	ıted	l to	this	s re	port?		
	,	ism t	hat	t pr	ovi	ides	s eq	iting to this report adopted a law, ordiqual protection to the NYS SPDES Gerstruction Activities?	eral	
	If Yes, provide date of equa	ivale	nt l	NY	S S	amj	ple	Local Law. 09/2004	• 0	3/2006
2.	Does your MS4/Coalition	hav	e a	SV	VPI	PP 1	rev	iew procedure in place?	<i>Y</i> es	○ No
	How many Construction reviewed in this reporting				er I	Poll	uti	on Prevention Plans (SWPPPs) have b	een	0
	Does your MS4/Coalition comments related to cons							for receipt and consideration of public		○ No
	If Yes, how many public co	omm	ent	s w	ere	rec	eiv	ed during this reporting period?		0
	Does your MS4/Coalition SWPPP process?	pro	vid	e e	duc	catio	on :	and training for contractors about the		al O No
	•			_				rcement actions you used during the re e number of actions, or note those for	_	_
• N	lotices of Violation	#					1	O No Authority		
• S	top Work Orders	#					1	O No Authority		
\circ C	Criminal Actions	#						O No Authority		
\circ T	ermination of Contracts	#						O No Authority		
\circ A	Administrative Fines	#						O No Authority		
\circ C	Civil Penalties	#						O No Authority		
\circ A	Administrative Orders	#						O No Authority		
\circ)ther	#						O No Authority		

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

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

Name of MS4/Coalition Village of Castleton-on-Hudson	N Y R 2 0 A 3 9 3
Minimum Control Measure 4. Construction Site Stor	emwater Runoff Control
The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 	
1. How many construction projects have been authorized for distuduring this reporting period?	irbances of one acre or more
2. How many construction projects disturbing at least one acre we during this reporting period?	ere active in your jurisdiction
3. What percent of active construction sites were inspected during	g this reporting period?
4. What percent of active construction sites were inspected more to	than once?
5. Do all inspectors working on behalf of the MS4s contributing to Construction Stormwater Inspection Manual?	o this report use the NYS ● Yes ○ No
6. Does your MS4/Coalition provide public access to Stormwater (SWPPPs) of construction projects that are subject to MS4 revi	
	● Yes ○ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

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

																			,			SPE	DES	ID	1			1		
Name	of MS	4/Coa	alitio	on	Villag	ge of	Cast	letor	n-on-	Huds	son											N	Y	R	2	0	A	3	9	3
6. (on't.	:																												
	Subm		liti	ona	l pa	ige	s as	ne	ede	ed.																				
• M	● MS4/Coalition Office																													
	Depa	rtmen	ıt																											
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	Addr	ess	1	_	1					1		I	ı							1										
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Name of MS4/Coalition

MS4 Annual Report Form

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

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

Village of Castleton-on-Hudson

7. Evaluating/Measuring Progress MCM 4

Submit additional pages as needed.

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			•		ng them and at what frequency?					
Ex	ample*:									
Ind	Indicator: Percent SWPPPs reviewed									
Beg	gan Tracki	ng:	2005	Frequency:	Upon submission					
#	50 SWPPPs		(year)		(ex.: annual, monthly, biweekly)					
"	30 3 11113			(ex.: samples/parts	icipants/events)					
Res	Results: 100% of SWPPPs were reviewed. 50% of the SWPPPs reviewed were returned with comments. All of these were returned with modifications reflecting NYS Standards.									
* 7	This indicat	or is	provided as an exan	nple only.						
Ind	licator:	Nu	mber of Violations/Enforcer	ment						
Be	gan Tracki	ng:	2008	Frequency:	As necessary/annual					
ш	131.0		(year)		(ex.: annual, monthly, biweekly)					
#	1 Notice of V	101atior	was issued, resulting in a si	(ex.: samples/parti	icipants/events)					
Res	sults:	The	need for enforcem		lined since the last reporting period.					

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

			SPDES	ID	
Name of MS4/Coalition Village of Castleton-o	on-Hudson		N Y	R 2 0 A	3 9 3
Minimum Control Mea	sure 5. Post	-Constructio	on Stormwate	r Managei	<u>ment</u>
The information in this section is bein	g reported (che	ck one):			
On behalf of an individual MS4					
On behalf of a coalition How many MS4s conti	ributed to this	report?			
210 W 211411y 2122 18 3 0114		report.			
1. How many and what type of pos MS4/Coalition inventoried, insp				•	
1v154/Coantion inventorieu, insp	ecteu anu man	ntameu m tins i	eporting period:		
	#	#	# Times		
	Inventoried	Inspections	Maintained		
O Alternative Practices					
O Filter Systems					
O Infiltration Basins					
Open Channels					
○ Ponds					
○ Wetlands					
Other					
2. Do you use an electronic tool	(e.g. GIS, data	abase, spreads	heet) to track po	ost-construc	tion
BMPs, inspections and mainta	anance?			• Ye	es O No
3. What types of non-structural	-		-	v Impact	
Development/Better Site Designation	gn/Green Infr	rastructure pri	nciples?		
Building Codes					
● Comprehensive Planning					
Overlay Districts					
Zoning					
○ None					
Othors					

Name of MS4/Coalition

MS4 Annual Report Form

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

Village of Castleton-on-Hudson

4. Evaluating/Measuring Progress MCM 5

Submit additional pages as needed.

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

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			•		ctiveness of your Post-Construction Stormwater ng them and at what frequency?				
Exa	ample*:								
Ind	Indicator: Number of reports of flooding during storm events from business district								
Beg	gan Tracki	ng:	2005	Frequency:	Annual Summary (ex.: annual, monthly, biweekly)				
#	18		(year)		(ех.: аппиан, топту, онческу)				
π	10			(ex.: samples/parti	cipants/events)				
Res	During this reporting period, we experienced average rainfall, but DPW records show that the number of incidences of flooding in the business district fell 25%. This is attributable to increased inspection and maintenance of post construction BMPs.								
* T	his indicat	or is	provided as an exan	nple only.					
Ind	licator:	Nu	mber of developments/sites	incorporating post-construc	ction practices.				
Bes	gan Tracki	ng:	2008	Frequency:	Annual Summary				
	,		(year)		(ex.: annual, monthly, biweekly)				
#	1 Developme	nt this	year	(ex.: samples/parti	icinants/avante)				
_	.			(ел затрием рана	сфинь/стень)				
Res	sults:	Developments/sites were under 1 acre disturbance and did not require stormwater items only erosion control plans.							

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

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Name of MS4/Coalition Village of Castleton-on-Hudson	N	Y	R	2	0	A	3	9	3

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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 **Operation/Activity/Facility** Addressed in SWMP? Street Maintenance.....

Yes ○ No ○ Yes No ● No ○ Yes Bridge Maintenance.... O Yes No ○ No ○ Yes Winter Road Maintenance.... • Yes No Salt Storage..... 9 Yes \bigcirc No \bigcirc Yes No Solid Waste Management..... • Yes ○ No ○ Yes No ● No ○ Yes New Municipal Construction and Land Disturbance.. O Yes No Winter Road Maintenance....

Yes ○ No ○ Yes No ○ No ○ Yes No Right of Way Maintenance..... • Yes Marine Operations..... O Yes ● No ○ Yes No ● No ○ Yes No Hydrologic Habitat Modification..... O Yes ○ No ○ Yes No Parks and Open Space.... • Yes ○ No ○ Yes No Municipal Building..... • Yes ○ No ○ Yes No Stormwater System Maintenance....

Yes No Vehicle and Fleet Maintenance.

■ Yes ● No ○ Yes No

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

	SI	PDES ID)							
Name of MS4/Coalition Village of Castleton-on-Hudson	N	I Y R	2	0	А	3	9	3		
2. Provide the following information about municipal operations good housekeeping programs:										
O Parking Lots Swept		# Acı	res [
• Streets Swept		# Mi	les			1	3	5		
 Catch Basins Inspected and Cleaned Where Necessary 			# [7	5		
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #										
O Phosphorus Applied In Chemical Fertilizer # Lbs.										
O Nitrogen Applied In Chemical Fertilizer #Lbs.										
O Pesticide/Herbicide Applied As Pure Product		# Ll	os.							
3. How many stormwater management trainings have been prov during this reporting period?	r ided t o	muni	cipa [l er	npl	loy	ees	5		
and the same of th			Ĺ							
4. What was the date of the last training?	0 2	2 / 2	8	/	2	0	0	9		
5. How many municipal employees have been trained in this rep	orting	period	?					2		
6. What percent of municipal employees in relevant positions and departments receive stormwater management training?										

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

MS4 Annual Report Form

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

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

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7.	Evaluatii	ng/N	Ieasuring Progress	MCM 6						
Ma	What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?									
Exc	Example*:									
Ind	Indicator: Catch basins inspected and cleaned									
Beg	gan Tracki	ng:	2005 (year)	Frequency:	monthly (ex.: annual, monthly, biweekly)					
#	40 catch basi	ns clea	nned							
				(ex.: samples/parti	cipants/events)					
* T	In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance. * This indicator is provided as an example only.									
Ind	licator:	St	reet Sweeping and Catch basin	is inspected and cleaned.						
Beg	gan Tracki	ng:	2008	Frequency:	Annual					
,,			(year)		(ex.: annual, monthly, biweekly)					
#	An estimated	135 n	niles of street sweeping and an	(ex.: samples/parti	•					
Res	sults:		eet sweeping occurs pected twice per year	every Friday dur	ing good weather and catch basins cleaned and					
Sul	bmit addit	iona	l pages as needed.							