MS4 Annual Report Cover Page

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

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

SPI	DES	ID						
N	Y	R	2	0	a	3	9	3

Choose one:

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

Fill in SPDES ID in upper right hand corner.

N	an	ne c		[S4				 																				
V	7	i	1.	1	a	g	е	0	f	С	a	ធ	t	1	е	t	0	n	-	0	n	-	Н	u	d	ន	0	n

OR

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

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

Name of Coalition

N Y R 2 0 A

1	ne c	t Si	ngle	e Er	itity																
Γ																					
- 1				1					-	i		1		[1	i l	i 1	
- 1	 			l			L	L		i	 		 			<u> </u>		 L			

OR

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.

SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID

N Y R 2 0 A

|N|Y|R|2|0|A|

MS4 Annual Report Cover Page

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

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

SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR2OA
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR2OA
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR2OA	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A

		SPD	ES II)					
Name of MS4 Village of Castleton		N	Y R	2	0	А	2	9	3
Each MS4 must submit an MCC form.									
Section 1 - MCC Identification Page									
Indicate whether this MCC form is being submitted to certify endorseme	nt or a	ccept	ance	of:					
● An Annual Report for a single MS4									
O 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	g agr	eem	ents					
If Joint Report, enter coalition name:									
	† † †		_	 			$\overline{}$	一十	⊣

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

	S	PDE	3S	ID						
Name of MS4 Village of Castleton		1 .	Y	R.	2	0	A	3	9	3

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

First Name	\mathbf{MI}	Last Name	
Joe		K e e g a n	
Title			
Mayor			
Address			
85 South Main S	t r e	e t	
City		State Zip	
	d s o	N V 1 0 0 2 2	-
C a s t l e t o n - o n - H u	d s o		-
C a s t l e t o n - o n - H u eMail	iso com		-
C a s t l e t o n - o n - H u eMail			-

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

	S	PDI	Ξ S	ID						
Name of MS4 Village of Castleton		.1	Y	R	2	0	A	3	9	3

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:

- O Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

Firs	t Na	me														MI		Las	t Na	ıme											
М	a	r	k													R		Н	е	n	d	r	i	С	k	s					
Title	9																												,		
E	n	g	i.	n	е	е	r	i	n	g		Α	i	d	е																
Add	ress	3								,					,				,												
1	1		N	е	w		Н	a	m	р	ន	h	i	r	е		Α	v	Ф												
City	,																			<u>S</u>	tate		Zip)				_			
City R	e	n	ន	s	е	1	a	е	r													Y	Zip 1	2	1	4	4] -			
	е	n	ន	s	е	1	а	е	r															1	1	4	4] -			
R	е	n r	s k	s	e	1 e	a	e	r	i	С	k	s	@	r	е	n	ន	ន					1	1 n	4 Y	4	_	0	v	
R eMa	e iil a					L		l		i	С	k	s	@	r	е	L	s Cou	L	e	1	Y	1	2	т]	0	v	

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$

SPDES ID
Name of MS4 Village of Castleton-on-Hudson N Y R 2 0 A 3 9 3
Section 3 - Partner Information
Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting
period?
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/CoalitionName
Rensselaer County
Partner/Coalition Name (con't.) SPDES Partner ID - If applicable N Y R 2 0 A 3 9 2
Address
1 6 0 0 Seventh Avenue
City State Zip
T r 0 y
eMail
l v o n e r h e i d e @ r e n s c o . c o m
Phone (5 1 8) 2 7 0 - 2 9 2 1 Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? O Yes • N
What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Task
●MM1 Multiple Tasks
O MM2
O MM3
O MM4
O MM5
● MM6 Training
Additional tasks/responsibilities
Watershed Improvement Strategy Best Management Practices required for MS4s in impaired
watersheds included in GP-0-08-002 Part IX.

		٦. ـ	Villa		 C C a s			LI.			····				og, (tor you are							SPE		T	_	^	T.,	1,	1 0	Tal
Name of	MS	84	V 1118	ge o	Cas	ilett)	n-on	-11ua	son													N	Y	R	2	0	A	3	9	3
Section	13	<u>- I</u>	ar	<u>'tn</u>	er	In	for	m	ati	<u>on</u>																				
Did your period?	MS	4 w	ork	wi	th p	arti	ners	s/co	alit	lon	to (con	ıple	te s	om	e oi	rall	pe	rmit	re	quir	eme	ents	du	ring	-	is r Ye	•		g No
If Yes, c Submaccep coalin	nit a ted tion	se . If . It	par 'you is u	ate ur N not	she MS nee	eet 4 cess	for oop sary	eac era to	h p ted ind	wi luc	th a	a co i se	oali par	tior ate	ı, s she	ubr	nit	one	e sh	eet	wi	th t	he	nan	ne (of t		Э		
Partner/Co	aliti	onl	Vam	e																										
Cap	i	t	a	1		D	i	ន	t	r	i	С	t		R	е	g	i	0	n	a	1								
Partner/Co	alit	on l	Van	ie(c	on'	į.)	·	1		·		,				1						SPL	ES	Par	tnei	· ID	- 11	ap	olica	ble
P l a	n	n	i	n	g		C	0	m	m	i	s	s	i	0	n										man barran				
Address	T -				•	Ι	I _						Т		ĭ	ı	Ι	ı	1]	I	T	
O n e		P	а	r	k		P	1	a	С	е		<u> </u>			<u> </u>	<u> </u>	<u></u>	<u></u>		ייניי						L	<u></u>	l	
City A 1 b	a	n	У										Π				T	7	tate		Zip 1	2	2	0	5	_				
eMail	1	L	1	L	L	L	L	L	I	ļ	L		1	1		L	J	1 L_			L							i	L	Ll
m d a	1	e	У	@	C	d	r	p	С		0	r	g																	
Phone	1				Г	1				1		- 1222					Le	gall	y Bi	ndi	ng A	Agre	eme	ent i	n ac	cor	dan	ce		d-record
(5 1	8)	4	5	3	-	0	8	5	0									P-0								Y		•	No
What tas	ks/ı	esp	oon	sib	iliti	es	are	sha	rec	l w	ith	this	s pa	rtn	er ((e.ϼ	, N	IM	1 S	cho	ol l	Pro	gra	ms	or	Mι	ıltij	ole	Ta	sks)?
• MMI	M	u	1	t	i	р	1	е		т	a	ន	k	s									·							
⊖ ММ2																										***				
O MM3																														
O MM4																														
O MM5																	<u> </u>											I	 	
MM6	T	r	a	i	n	i	n	g								- 10														
Addition Wate	ersk	ed	Imp	oro	ver	nen	t Si	rat						gem	eni	P)	raci	lice	s re	qu	irec	l fo	r M	1S4	s ir	ı in	npa	ire	d	
														engenegati ilga dibe	-gardy (MIII v. 1) gardy	e name term cape to a							name we have			a terminal de la companya de la comp	Warry roll-made			

							-		e juli Tyrapijan Tanan	The second second	mg Assess						************							SPI	DES	ID		·				
Na	ıme	e of	M	S4	Villa	ige o	f Ca	stleto	n-on	-Huc	ison					-								N	Y	R	2	0	A	3	9	3
S	ect	ioi	1 3	-]	Pai	rtn	er	In	for	m	ati	on																				
	yy b	our											to	con	iple	te s	om	e o	r all	pe	rmi	t re	quir	em	ents	s du	ring		is r Ye	epo es		g No
lf `	Yes	s, c	om	ple	te i	nfo	rma	atio	n b	elo	w.																	-				
					•													•	rovi											e		
		•			-				•								-		nit										he			
ic i															•			eet	for	eac	ch M	MS	4 in	th	e co	oali	tio	n.				
11 1	NO,	, pr	oce	ea	10 3	sec	uoi	14	- C	eru	HIC	alic	on s	ıaı	em	ent.	1															
	tnei	r/Cc	aliti	on l	Van	1	Γ	1	Т	Т	T		T	· · · ·	1			T	1	γ		1	1		ı	i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	Τ.	T	I	
T	0	W	n		0	f		E	a	B	t		G	r	е	е	n	b	u	s	h					.ar.a. + 173a 740y 1			L			
Par	tne	r/Co	alit	ion	Nan	ne (c	on'	t <u>.)</u>	Γ	ī	Γ	Т		Ι	1		·	T	T		Ţ		ı		1			1	T	app		
		<u>L</u>			<u> </u>	<u></u>		<u>L</u>	<u>L</u> _		Ŀ							<u></u>						N	Y	R	2	0	Α	2	0	1
Ado	1	T-	T	I _	T	T-	Ī	<u> </u>	Τ.	i .	T	Τ	1_	Ī	Ι			Τ.	7.	Γ		T	Γ		1	-		<u> </u>	<u> </u>	T	1	 }
2	2	5		C	0	1	u	m	b	i	a	<u> </u>	T	u	r	n	p	i	k	е		<u></u>						L	<u></u>	<u></u>		
Cit	1	T	1	Τ_	T_	T-	Τ	T	T	Τ	F	ī	T	Γ	1	Γ	Ι	T	T) [tate		Zip					1		T	r	
R	е	n	S	s	е	1	а	е	r	<u></u>		<u>L</u>		<u></u>		L		<u></u>	<u></u>	1	1 2		1	2	1	4	4	_			L	
eM	Г	T	T		T .	Ţ	, .	Γ.	Γ-	Γ	1	<u> </u>	Ι.		Ī			T	T.	I	I	١.	i				·	1	1	T	Γ	
a	У	а	g	е	1	S	k	i	@	е	a	s	t	g	r	е	е	n	þ	u	s	h	<u> </u>	0	r	g						
Pho		Τ_	_					1			Γ_	Τ.	1						Le	gall	y B	indi	ng A	Agre	em	ent i	n ac	cor	dan	ce		
(5	1	8)	2	7	0	-	2	9	2	1							wi	th C	iP-0	-08	-002	? Pa	rt l'	۷.G.	?	C) Ye	€S		No
W	hat	tas	ks/i	res	pon	sib	ilit	ies	are	sha	arec	d w	ith	thi	s pa	ırtn	er ((e.g	g. M	ſМ	1 S	che	oll	Pro	gra	ms	or	Mι	ıltir	ple	Tas	sks)?
				ı	٠,		· ·	Γ.	T ,		Ι				Γ.				T	l	1	Τ	Ι		- 	<u> </u>		Γ	I	Т	I	
• 1	MM	11	M	u	1	t	i	p	1	е	<u></u>	Т	a	B	k	s		<u>L</u> _	1	<u></u>	<u></u>	<u></u>						<u></u>				
01	ΜN	12																										Γ				
s						L			l	<u> </u>	<u> </u>	I	I	<u> </u>				<u>Г</u>	<u> </u>	i——		 T	I 			 		L	l	I	L	
O I	MΝ	13			<u></u>	L	L										<u> </u>			L			<u></u>					<u></u>	<u></u>			
O I	MΝ	14																														
2° 5 1	41.	* <i>~</i>			<u>—</u> Т	I	 	1		 	Γ-	<u> </u>	<u> </u>	-	<u> </u>				I	F	I		<u> </u>		L	II			I	I		
01	VIIV	15				l	L		<u></u>		<u> </u>				L			<u> </u>	L	<u> </u>	<u> </u>	<u> </u>						<u></u>		<u></u>	<u> </u>	
•	ΜM	16	T	r	a	i	n	i	n	g																						
Αc	ldit	tion	al t	ask	cs/re	espi	ons	ibi	litie	es																						
0						•					lom	, R	oct	Ma	wa	TOW	ои	ı P	ran.	tica	e re	2011	irec	l fo	o N	101	e ii	n in	nna	ire	d	
-			rsh													>~//	~ 11		uli	1100	12 14	Jyu		. 10	·4 1 V	107	J 11	. 111	rpa	,at Ci	-4	
<u> </u>																														g - Calledon - Pa		
l																																

																						SP	DES	SID						
Name o	f M	S4	Vill	age	of Ca	stlet	on-o	n-I fu	dson		*********	mamelakras.										N	Y	R	2	0	A	3	9	3
Sectio	n 3	} _	Pa	rtr	ıer	In	fo	rm	ati	on																				
Did your												con	npl	ete s	som	e o	r al	l pe	rmi	t re	qui	rem	ent	s dı	ırin	g th	nis r	epc	rtir	10
period?																					•						Ye			No No
If Yes, o												. 1.	. C																	
Subr acce	otec	a 51 1. I	f yo	ur	SII MS	34 c	101	ea oera	etec	pan I w	ine ith	г. н а с	uo: oal	rma itio	ilioi n. s	ı p ub	rov mit	on	a II e sl	1 Ol 100	ner twi	TOI th	ma the	lts \ nar	VIII ne	nc of i	ot bo	3		
coali	tion	1. I	tis	not	ne	ces	sar	y to	in	clu	de i	a se	pai	rate	sh	eet	for	ea	ch l	MS	4 ir	th	e c	oali	tio	n.	LIIC			
If No, pi	.0C6	eed	to	Sec	tio	n 4	- C	ert	ific	atio	on S	Stat	em	ent	•															
Partner/Co	_	ion	Nan	1				7	1	-	T							·	·r·	,				-	,					
Cit	<u></u>		0	f	<u>L</u>	R	е	n	s	s	е	1	a	е	r				<u></u>											
Partner/Co	oalit 	ion	Nan	ne(con'	t.)	T	Ţ	Ţ	T	T	Τ	T	Ţ		Γ	T	T	1	T	٦		1	T		1	7	app	T	1
A	<u> </u>		1_	<u></u>	1		<u></u>		<u></u>			1			_			<u> </u>				N	Y	R	2	0	A	1	2	5
Address 6 2	W	a	s	h	li	n	g	t	0	n	<u> </u>	S	t	r	е	е	lt	Ī	_	T	I	[i	Γ			1	Ī	I	П
City	1	1	.1	L	1	L	<u> </u>	L	L	J	L	1		ļ <u> </u>	L			S	late		Zip			<u> </u>			<u> </u>		L	
R e n	s	s	е	1	a	е	r	1	T								Π	1	1 7	7	1	2	1	4	4	_				
eMail					·					·	L	<u> </u>									L					i	L	اا		
m a r	k	<u> </u>	h	е	n	đ	r	i	С	k	s	@	r	е	n	s	s	е	1	a	е	r	n	У		g	0	v		
Phone	Т	1	Γ	Ţ	T	1		ī	Ι	Τ	ì						Le	gall	v B	indi	ng A	Vore	eme	ent i	n ac	cor	dan	rie.		
(5 1	8)	4	6	5	-	1	6	9	3							wi	ih G	P-0	-08	-002	Pa	rt I\	/.G.	?		Ye		•	No
What tas	ks/	res	pon	sib	iliti	es	are	sha	irec	i w	ith	this	s pa	ırtn	er (e,g	, M	M	l S	cho	ol I	Pro	gra	ms	or	Mu	ıltir	ole '	Tas	ks)?
	М	u	1	t	i	r	1	е		Т			·		·						[]				 1				1	,
• MM1		<u> </u>			L <u>-</u> _	р					a	S	k	S]						1		
○ ММ2																														
O MM3																											I			
○ MM 4															-							1	1		I					
								L																				_		
○ MM5																														
MM6	Т	r	a	i	n	i	n	g																						
Addition	al t	ask	s/re	spe	ons	ibil	itie	S									***************************************							***************************************		·	ul.			البيد
O Wate				-					eer	Be	st i	Mai	nas	rem	ent	Pr	act	ice	c re	ดม	ired	for	· M	\$4	e in	im	mai	irad	l	
wate	rsh	eds	inc	luc	led	in	GP	-0-()8 <u>-</u> 8	002	Pa	ırt I	X.	,					,	7						,,,,	ipui	100		
											m Manual w									-										
		~																												
																				-									-	1

																						SP	DES	SID)					
Name o	of N	1S4	! Vil	lage	of C	astle	ton-c	m-Hu	ıdsor	1												N	Y	R	2	0	A	3	9	3
Section	on (<u>3 -</u>	Pa	ırtı	ner	· Iı	<u>nfo</u>	rm	at	ion	1																			
Did you period?	r M	S4	woı	'k w	ith	par	tne	rs/c	oali	tior	to	cor	npl	ete :	son	ne o	r al	l pe	rmi	it re	qui	rem	ent	s dı	ırin		nis r • Ye			g No
If Yes,	con	npl	ete	info	orm	ati	on	belo	ow.																					NO
Sub	mit	a s	epa	rate	e sh	ee	t fo	r ea	ch	par	tne	r. lı	ıfo	rma	itio	n p	rογ	ide	d ir	1 0	her	for	rma	its v	will	l no	ot b	е		
acce	epte	d. I	if yo	our	M	34	000	per	ate	d w	ith	a c	oal	itio	n, s	sub	mit	on	e sl	nee	t w	ith	the	nai	ne	of	the			
coal If No, p	roc	eec	l to	Sec	tio	n 4	- (Cert	ific	atio	on S	a se Stat	epa em	rate ient	sn	eet	for	ea	ch (MS	4 11	n th	e c	oali	itio	n.				
Partner/C	'oali	tior	Nai	ne		-,	-,	- 				+			·			4		*****										
Rer	1 8	5	е	1	a	e	r		C	0	u	n	t	У		S	0	i	1		a	n	d		W	a	t	е	r	
Partner/C			1		T	ˈ <u>t.)</u>			· · · ·	7	T	1						7				SPI	DES	Pai	tne	r ID) - If	app	lica	ble
Cor	ו	3 6	r	V	a	t	i	0	n		D	i	s	t	r	i	С	t				N	Y	R	2	0	A			
Address	T.	Τ.	·	7	Т-	1	1 -	T	Т	T	1	Т	T		}	T	т	Ţ	,	·	,						,			
5 5	S	t	a	t	е		S	t	r	е	e	t					<u> </u>													
City Trc	Τ.	. T	T	7	Т	T	7	7	T	T -	T	Γ-	T	1	7	T	T		ale	_,	Zip									
	У				1	1		<u></u>	L		<u> </u>	l	<u></u>	<u></u>	<u> </u>			I	1 7	?	1	2	1	8	0	-				
eMail t o m	T	T	T.	T	f	T	Т	-		1	Ι			Ī	·	Γ				Γ	1				7					
Phone	1	s	a	n	1-	0	r	d	@	n	Y	•	u	s	d	a	•	g	0	V					\perp					
(5 1	. 8	1	2	7	1	1_	1	7	4	0							Le	gall	y Bi	ndi	ng A	Agre	eme	ent i	n ac	cor	dano	e		
\		J /	L		<u> </u>			L	L	1											-002						Ye		•]	
What ta	sks/	res	pon	sib	iliti	ies	are	sha	arec	ı w	ith	this	pa	ırtn	er (e.g	. M	M	S	cho	ol l	Prog	grai	ms	or l	Mu	ltip	le T	Γasl	ks)?
• MM1	M	T	1	t	i	p	1	е		Т	a	s		ន										Ţ					1	
○ ММ2		Π	T									1							T						T	\overline{T}			T	
O MM3		L _	<u> </u>	I	L							i										l I		<u>_</u> T		L T	l.			
○ MM 4		T .	<u> </u>					<u> </u>																	L					_
→ IATIALA		<u></u>																									\perp			
O MM5																										T		T	T	
• MM6	Т	r	a	i	n	i	n	a																		T	\exists	$\frac{1}{1}$	- L.	
Addition	nal t	ask	s/re	espo	ons	ibil	itie	s																nerous altra						
○ Wate	ersh ersh	<i>ied</i> eds	<i>Im</i>	, <i>pro</i> cluc	ven led	<i>ien</i>	i Si GP	rate -0-0	2gy)8(<i>Be</i>	st A Pa	Aar	1ag V	eme	ent	Pre	acti	ices	rec	qui	red	for	Μ	S4s	in	lm	pai	red		
										· • • • • • • • • • • • • • • • • • • •			~~.	~,	, 4											MP 47 Zine and American				7
											-Pjatinsker i je																Program is a			

	SPDES ID
Name of MS4 Village of Castleton-on-Hudson	N Y R 2 0 A 3 9 3
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all pe	rmit requirements during this reporting
period?	● Yes ○ No
If Yes, complete information below.	
Submit a separate sheet for each partner. Information provide	d in other formats will not be
accepted. If your MS4 cooperated with a coalition, submit on coalition. It is not necessary to include a separate sheet for each	
If No, proceed to Section 4 - Certification Statement.	on 19154 in the coantion.
Partner/Coalition Name	
Town of Sand lake	
Partner/Coalition Name(con't.)	SPDES Partner ID - If applicable
	N Y R 2 0 A 1 1 9
Address	
P O B O x 2 7 3	
	tate Zip
Sand Lanke	N Y 1 2 1 5 3 -
eMail	
m w a g n e r @ s a n d . 1 a k e . u s	
Phone Legali	y Binding Agreement in accordance
(5 1 8) 6 7 4 - 2 0 2 6 with C	GP-0-08-002 Part IV.G.? ○ Yes • No
What tasks/responsibilities are shared with this partner (e.g. MM	1 School Programs or Multiple Tasks)?
• MM1 Multiple Tasks	
• WINT MATE TENTE	
O MM2	
O MM3	
O MM4	
O MM5	
A NAME OF THE STATE OF THE STAT	
• MM6 Training	
Additional tasks/responsibilities	
 Watershed Improvement Strategy Best Management Practice 	s required for MS4s in impaired
watersheds included in GP-0-08-002 Part IX.	-

Na	me	of	`M	S4	Villa	ge o	i Cas	sticio	n-on	-Huc	ison													N	Y	R	2	0	A	ا د	9	3
					Par zork								to :	COIY	mle	te s	nm	e Oi	11ء -	nei	rm li	f re/	7116	'e m	enfo	s dia	rine	y th	ie r	epoi	rtin	o
per			1410	· T	OIK	. ** 1	111	Juit	ner.	3/ 00	anı	1011		COII	ipic		OIII	C OI	шп	pci	1111		4411	CIII	CIII	s uu	1111	5 ili				B No
If Y				•	te iı																											
					•													•	ovi											;		
		•			-				•								•		nit for										ne			
lf N					to S				,						•							•••				~ ~ ~ ~		•				
Part	ner	/Co	alit	ion l	Nam	ie																										
Т		w	T		0	f		S	С	h	a	g	h	t	i	С	0	k	е													
Part	ner	/Cc	alit	ion	Nan	ie(c	on'	t.)		1	·			I	ł		·							SPL	DES	Pai	tne	· ID	<u>- If</u>	app	lice	ble
	· · · · · · · · · · · · · · · · · · ·																							N	Y	R	2	0	A	1	1	6
Add	4.500	7	T	7	T	,	7	T	T			,		1		1	т	1	Γ			1										
2	9	0		N	0	r	t	h	1	i	n	е		D	r	i	v	е				<u> </u>				L						
City		,	1	Γ	Τ	T .	Τ	1	T	7	T	7	Τ	Ţ	Ţ	γ	T	T	T		ate		Zip		-	Τ_		. 1			1	7
M	е 	1	r	0	s	е	<u> </u>		<u> </u>			<u> </u>	<u> </u>		<u> </u>		<u></u>	<u> </u>		N	1 7		1	2	1	2	1	-				
eMa		_		r	v	i	ន		~	@	t			n	0	f			h			h	t	i			k					
s Pho	أعدد	Þ	е				5	0	r	(4)		0	W	n	0		ន	C	11	a	9	h			С		K.	е		0		g
(5	1	8)	7	5	3] -	6	9	1	5										indi -08-					in ac		dano Ye		•	No
Wł	ıat	tas	ks/	res	pon	sib	ilit	ies	are	sha	arec	ł w	ith	thi	s pa	ırtn	er ((e.g	, M	IM	1 Ś	cho	ol .	Pro	gra	ıms	or	Μu	ıltir	ole '	Tas	ks)7
• \	۱M	11	M	u	1	t	i	p	1	е		Т	a	s	k	s										<u> </u>						
				I	1 T	L	i	L	L	I	I——	I	L 	I	I	I	I					I		L	L	1 T						
○ /	1М	12	<u></u>	<u></u>	<u></u>						<u></u>		<u></u>		<u></u>			<u></u>]	
\circ N	4M	13																														
O N	1M	14				<u> </u>																										
O N	414	15					···	I	I		Γ	 	 	<u>Г</u>	I		I	I.				 										
	4171			<u> </u>		<u> </u>	<u> </u>	<u></u>	L	L	<u></u>	<u></u>	L		<u> </u>	L		<u></u>	L											l		
● V	1M	6	T	r	a	i	n	i	n	g																<u></u>						
Ad	dit	ion	al t	ask	s/re	esp	ons	ibi	litie	es																						
O						•					leg1) Be	2 <i>S1</i>	Ма	nas	zen	1en	t Pi	aci	ice	s re	equ	irea	l fo	r N	1S4	s ir	ı in	npa	irec	1	
					ine													·	•			1	- 1		••	- •	•••	-••	1	•		
-						nga (palamagʻ an			norman ed an			******	,						- 1.													
ALC: 100 PM					~~~																											1

Na	ıme	e of	M	S 4	Ville	ige o	f Ca	stleto	n-on	-Huo	lson													N	Y Y		2	0	Α	3	9	3
S	ect	ioi	n 3	-]	Pai	rtn	er	In	for	m	ati	on																				
	l ye	our											to	con	nple	te s	om	ie oi	r all	pe	rmi	t re	quii	em	ents	du	ring	g th	is r Ye	epo:		g No
lf '				•	te ii																											
					par						•							•												3		
		-			`yo ∶is⊣				•																				ne			
If					to S										•			•••			J., .	*10	,			<i>7</i> 4 1 1		••				
Par	tnei	r/Co	aliti	ion l	Nam	ie																										
Т	0	1	n		0	£		s	¢	h	0	d	а	С	k							T										
Par	tne	r/Co	alit	ion	Nan	ne (c	on'	t.)																SPL	DES	Par	tner	· ID	- If	app	olica	ble
																								N	Y	R	2	0	À	0	0	3
Add	·	T	Т	T	γ	1	1		 -	1	1	Т—	1			Ι	Т	7	т	1	1	1	,	F							,	
2	6	5		S	C	h	u	r	m	a	n		R	0	a	d				L			<u></u>									
City	1	T .	T	1 -	T .		T	Τ	1	T	Ι	T	Ι	T	Γ	T	Ι	T	7	7 [tate	_	Zip							,		
C	a	s	t	1	е	t	0	n		<u></u>	<u></u>	L_		<u> </u>	<u> </u>		<u> </u>	<u></u>	<u></u>	1	V] :	Y	1	2	0	3	3	_				
eMi		d	i	_			f	i.,	٦			_		h		تہ	Ι.,		1-	<u> </u>		Τ	T_		r,,					[
n Pho	a	<u>u</u>		n	е		L-	u	d	a	@	s	C	h	0	d	a	C	k	<u> </u>	0	r	a									
1	5	1	8	Y	4	7	7	_	7	9	3	8											ng /								_	X 1_
`	L	<u>i</u>	1	1 /	I	L	1]			l	<u> </u>	j																Υe			No
W	nat	tas	ks/i	res	on	sib	ilit	ies	are	sha	arec	l w	ith	thi	s pa	artn	er	(e.g	ş. Ν	1M	1 S	cho	ool	Pro	gra	ms	or	Mι	ıltip	ole '	Tas	ks)?
• 1	ИM	11	M	u	1	t	i	р	1	е		Т	a	s	k	ន						I						of a little of the second				
<i>z</i> =. •							·	· · · ·	Γ	 [l	I	I	L	1 T	I	<u>. </u>	I	1 T	L						I——			
O N	MIV	12			<u> </u>										<u> </u>				<u> </u>													
O N	ИN	13																														
\bigcirc N	ЛN	14																T-,				T										
								Li	ļ						<u> </u>		L		<u> </u>	<u> </u>	<u></u>											
O N	ИN	15															<u> </u>	<u> </u>		<u> </u>												
• 1	ИN	16	Т	r	a	i	n	i	n	g																						
Ad	ldit	ion	al t	ask	s/re	espe	ons	ibil	litie	es																						
0	И	^y ate	ersk	ied		oro	ver	nen	ıt Si	trat							ien	t Pi	raci	lice	s re	equ	irec	fo	r M	IS4	s in	in	тра	irec	i	
																														************		\neg
																																1

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

SPDES ID

Name o	of M	IS4	Vil	lage	of Ca	stle	ton-o	n-Hu	dsoı	1													N	Y	R	2	3 (0 7	4 3	3 9	3
Section	Section 3 - Partner Information Did your MS4 work with partners/coalition to complete some or all reservices.																														
Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?															ng																
periou?																															OM (
											4	т	C		,•								_								
Subracce	epte	a 50 d. I:	spa f vo	iau Dur	MS MS	34 d	000	r ea ner:	on atea	par 1 w	เกe ith	r. I	nio Oal	rma itio	atic	on p	oro mi	VId t or	ed	ın che	oth	er	tor	m	ats	wi]	ll n	iot l	oe		
coal	itio	n. I	tis	not	t ne	ces	ssar	y to	in	clu	de	a s	ena	rate	n, sh	suv ieet	fo	r es	ue act	sne 1 M	S4	in	n t th	ne	na Mal	me itic	: 0I	the	3		
If No, p	roc	eed	to	Sec	ctio	n 4	- (Cert	ific	atio	on :	Sta	tem	ent	t.							111	CII		oai	1110	л.				
Partner/C	oali	tion	Nar	ne																											
Cit	У		0	f		Т	r	0	У									T							T	T	Τ	T	T	T	
Partner/Coalition Name (con't.) SPDES Partner ID - If app. N Y R 2 0 A 3 Address															nlic	able															
Partner/Coalition Name (con't.) SPDES Partner ID - If app N Y R 2 0 A 3 Address																															
Address		T	Ţ	γ					,													L			1						
4 3 3	3	R	ji	v	е	r		S	t	r	е	е	t														T			T	
		7	Т	Т	1	1			T		T	7						7 5	Stat	te	Z	ip		*****							
Trc	У																		N	Y		1	2	1	8	0	-	.			
eMail	1.	Т	Г	T	Τ.	_	Т_	_	Ι	1	г	· T	1		T		1														
c h r	i	s		W	h	е	1	a	n	@	t	r	0	У	n	У	.	g	(7 C	7										
Phone		7				7		Ta			7						L	egal	lly:	Bin	ding	ξA	gre	em	ent	in a	ccc	orda	nce		
(5 1	. 8] /	2	7	9	_	7	1	7	3							W	ith (GP.	-0-0	8-0	02	Par	tΓ	V.G	.?		O Y		•	No
What tas	sks/	resp	on	ısib	iliti	es	are	sha	irec	l w	ith	thi	s pa	artn	er	(e.g	g. N	ИM	[]	Sch	100	1 P	rog	gra	ms	or	M	ulti	ple	Ta	sks)?
• MM1	M	Γ		т	i	р	1	е		Т	Γ	r		I	Ι	T	Γ	Т	Т		_	Т			ı	T	Τ-		T)·
• IVIIVII		<u> </u>	_			P					a	s	k	s	<u> </u>																
O MM2																															
○ ММ3																			Ī		T		T			 	Γ	$\frac{1}{1}$	T	 T	
О ММ4															L	L Г	l I	 T	 T		\pm							<u>_</u>	<u></u>	<u> </u>	
O MM5																					T							T	T		
MM6	T	r	a	i	n	i	n	g											T	Ī	T	T	T	_			Γ	T			
A 4444	_14	1			l		ll	L	i			i															L				
Addition				-						_																					
Watewate	<i>ersn</i> ersh	ed.	<i>Imp</i>	pro duc	<i>ven</i> led	ien	t St GD	rati	egy No 1	Be	st I	Ma.	nag V	gem	eni	t Pr	ac	tice	2S 1	requ	aire	ed :	for	M	IS4	s ir	ı ir	npa	iire	Ŀ	
77410	.1011		111		+0u	111	OI.	(1 2	1111	.A.				·····														

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

,		SPI	DES	ID						
Name of MS4	Village of Castleton-on-Hudson	N	Y	R	2	0	Α	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	MI	Last Nam	1e						
Joe		K e	e g a	n					
Title (Clearly print title of individual signing report)									
M a y o r									
Signature 4				Date	//	1.3	1/2	20	a c

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

																		_			SP	DES	ID						
Name of N	AS4/	'Coal	lition	Vill	age o	f Cast	lletor	n-on-	-Hud	son											N	Y	R	2	0	Α	3	9	3
									,	T 7.	. 4	C	.	- 194	·	.													
									-	<u> </u>	<u>ite</u>	r	<u>Jua</u>	am	<u>y</u>	Iro	enc	<u>1S</u>											
The info	mat	ion :	in th	is s	ectio	n is	be	ing	rep	ort	ed ((che	eck	one):														
On bel	half	of a	n ind	livid	lual	MS	4																						
				IS4s		e co	ntri	bu	ted	to	this	s re	por	t?			1												
1. Has relat One	ted 1	MS to st	S4/C torn	Coal nwa	litio Iter	n p ? If	roc no	luc t, a	ed ins	an we	y r r N	epo o a	rts nd	do pr	cu) oce	me ed	ntiı to I	ıg v Mir	vat iin	ter nu n	qua a C	alit ont	y tı trol	en o	eas				ът
If Yes, c		e on	e of	the	foll	owi	ng																		U	Ye	S	Q	No
○ Report	(s) &	ittac	hed	to th	ne ai	mue	ıl re	por	rt																				
○ Web P								_																					
	Ple	ase	pro	vide	spe	ecifi	c a	ddı	ess	of	pa	ge '	whe	ere	rep	ort	(s)	can	be	ac	ces	sed	- n	ot h	on	e p	age) .	
	URL	Т			- 		r		т	1			т —	·			1			Г							_		
		_	-		1								ļ																
			+	+	+																								
															L														
	URL	T		T	T									Ţ		Γ	Ι				<u> </u>			1	1	T			
		\dashv			\dagger								<u> </u>			<u> </u>	<u> </u>										\dashv		\dashv
			+																								+		_
	URL					LI						<u> </u>	L	I		<u>. </u>	<u> </u>												
																											T		
																											Ħ		
																												Ħ	
	URL	Т			т									ı —												t-	<u></u>		
			-	<u> </u>														_							_		1		_
		-	+	<u> </u>																			_	_	1	_	4		
																											\perp		

Other

MS4 Annual Report Form

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

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

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

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

SPDES ID

Name	of M	[S4/	/Coa	ıliti	on_	Villa	ge of	Cas	tleto	n-on-	Hud	son											N	Y	R	2	0	A	3	9	3
3. V	What strategies did your MS4/Coalition use to achieve educa this reporting period? Check all that apply: Construction Site Operators Trained Direct Mailings Kiosks or Other Displays															ıtio	n a	nd	ou	tre	ach	go	als	dι	ırin	ıg					
• Co	nstr	ıcti	on i	Site	e Oj	pera	ator	s T	rair	ned														# T1	rain	ed				2	0
• Dir	ect	Ma	ilin	gs																			#	Ma	ilin	gs			7	0	0
• Kio	sks	or	Oth	er]	Dis	play	/S																# :	Loc	atio	ns					3
O Lis	t-Se	rve	S																					# I	ln L	ist					
 Kiosks or Other Displays List-Serves Mailing List Newspaper Ads or Articles Public Events/Presentations School Program 																	# I	n L	ist			7	0	0							
• Ne	wsp	ape	r A	ds o	or A	Artic	cles																#]	Day	s R	un			3	6	5
O Pul	olic	Ev	ents	/Pr	ese	ntat	ion	5															# 2	Atte	nde	es					
O Sch	nool	Pro	ogra	m																			# ,	Atte	nde	es					
\circ TV	Spo	ot/P	rog	ran	1																		#]	Day	s R	ın					
• Pri							4		c	. 1.:.	-1\										To	otal	# D	istri	ibut	ed					
	Loca	i	1	.g. 1.	a	g g	e	11 01	L	i, KIO		r	a	r	У																
	V	i	1	1	a	g	е		Н	a	1	1																			
	D	Р	W		G	a	r	a	g	е																					
Oth	ner:															— Т															
		Ì		i																											
• We		ige:			ovid edec		peci	ific	we	b ac	ldre	esse	S - 1	not	hon	ne p	oage	э. С	Con	tinı	ie o	n ne	ext	pag	e if	ado	litic	onal	spa	ace	is
h	-	t	p	ន	:	/	/	w	w	w		С	a	s	t	1	е	t	0	n	-	0	n	-	h	u	d	s	0	n	
0	r	g	/	d	0	С	u	m	е	n	t	-	С	е	n	t	е	r	/	ន	t	0	r	m	w	a	t	е	r	-	р
r	0	g	r	a	m		h	t	m	1																					
UR	Լ				,		·	T		·	1																				

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

e of	MS4	/Coa	ilitio	on V	illag	ge of	Cast	leton	-on-	Huds	on											N	Y	R	2	0	A	3	9
We лг	b Pa	ge (con	't.:		Pro	ovi	de s	spe	cifi 	c v	reb	ado	lres	ses	- n	ot :	hor	ne j	pag	e.								
		T																											
RL		-l	!	_	1	L	L	L	<u> </u>	L	L		L	ł		İ	L		I		L	<u> </u>	L					L	
					Ì						<u> </u>																		
	\top	<u> </u>																											
IL IRL		1	<u> </u>	L	l		L	L	<u> </u>	L		l	l			<u> </u>	<u></u>	L	l		L	!					L		
JAL .		T																											
\dagger		İ																											
+		 			<u> </u>	<u> </u>				<u> </u>		<u> </u>	<u> </u>																
		<u> </u>	<u></u>	<u> </u>	<u></u>	<u> </u>	<u> </u>	1		<u></u>	L		<u> </u>			<u> </u>							L					Ш	
JRL.	<u> </u>	T	T	l		1		l	Γ	l	Γ	Γ	Ī	l			·				ļ		<u> </u>				<u> </u>		
		 		<u> </u>	-	-			<u> </u>	<u> </u>		<u> </u>		<u> </u>		<u> </u>													
=		-			<u> </u>			_		ļ																			
		<u> </u>				<u> </u>	<u> </u>					L	<u> </u>				L												
JRL		T	Γ	Γ	Ι	Γ.	·	ı —	Τ	Ι	Γ-		Ι		l			l				I						<u> </u>	
_		<u> </u>							<u> </u>																				
			<u> </u>		<u> </u>			ļ	<u></u>				_																
JRL_				Т			Γ	1		ı			г		Γ	Ι	r						Γ		ſ				г т
										<u> </u>																			
ЛRL																													
\dagger	+	T	 																					 	-				

Name

MS4 Annual Report Form

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

If submittin	ng this form as part of a joint report on behalf of a	coalition	leav	/e S	PD	ES	ID	blar	nk.		
			SPL	DES	ID						
of MS4/Coalition	Village of Castleton-on-Hudson		N	Y	R	2	0	А	3	9	3

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.

Reach out to Contractors, Businesses and Public regarding the potential environmental hazards from storm water runoff and best practices to minimize these hazards. This is accomplished through various means such as direct mailings, advertisements, informational kiosks and dissemination of other informational material as well as training opportunities.

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

The Village maintained its stock of informational material located at the Village Hall, Library and DPW Garage, Informational material was attached to Water Bills. Storm Water related articles we published in the Castletonian quarterly. As a participating member of Rensselaer County MS4 Coalition DEC 4 Hr. training is made available to Contractors as well as other training material that may be checked out for employee training.

C.	How n	nany	times	was	this	observation	measured	or	evaluated in	n thi	is reporting	period?
----	-------	------	-------	-----	------	-------------	----------	----	--------------	-------	--------------	---------

	2 0	
	ex.: samples/participants/	/events
D. Has your MS4 made progress toward this Measurable Goal during this rep	porting 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).

Continue to maintain informational kiosks, as well as direct mailings and publishings in the quarterly Castletonian. Reach out to contractors doing work in the Village when training becomes available. And maintain active participation in County Stormwater Coalition.

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

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 :
Minimum Control Measure 2.	Public Involvement/Participation
The information in this section is being reported (check	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this remains the contributed to the contr	enort? 1
1. What opportunities were provided for publi development, evaluation and improvement of (SWMP) Plan during this reporting period?	c participation in implementation, of the Stormwater Management Program
• Cleanup Events	# Events
O Comments on SWMP Received	#Comments
Community Hotlines	Phone # ()
Phone # (5 1 8) 7 3 2 - 2 2 1 1	Phone # ()
Phone # (5 1 8) 7 3 2 - 2 9 8 3	Phone # ()
Phone # (5 1 8) 7 6 4 - 0 8 0 2	Phone # ()
Phone # ()	Phone # ()
Phone # ()	Phone # ()
• Community Meetings	# Attendees
O Plantings	Sq. Ft.
O Storm Drain Markings	#Drains
O Stakeholder Meetings	# Attendees
O Volunteer Monitoring	# Events
O Other:	
2. Was public notice of availability of this annual Program (SWMP) Plan provided?	al report and Stormwater Management • Yes • No
○ List-Serve	# In List
O Newspaper Advertising	# Days Run
○ TV/Radio Notices	# Days Run
Other: Public Bulleti	

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

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

ne c	fΜ	S4/0	Coal	litic	on V	'illag	e of	Castl	leton	-on-l	luds	on								}			N	Y	R	2		A	3	9	13
	eas	(s) e	con	't.: ide	e sp	eci	ific	ad	dre	ess(es)	wh	ier	e no	otic	e(s) ca	ın l	be a	acc	ess	ed ·	- n	ot k	ıon	ıe j	oag	e.			
URL	а	ន	t	1	е	t	0	n	-	0	n	-	h	u	đ	s	0	n		0	r	g	/	i	n	d	е	х			T
р	h	р	/	đ	0	С	u	m	е	n	t	-	С	е	n	t	е	r	/	S	t	0	r	m	w	a	t	е	r	-	Ī
р	r	0	g	r	a	m																									
URL					ı —	T	т			1			r	ı		1					I				1		,				
							<u> </u>																								<u> </u>
									<u> </u>						<u> </u>																
URL					<u> </u>	 	<u> </u>		Ι	<u> </u>	 		l	<u> </u>	<u> </u>	Γ	<u> </u>				<u> </u>				T		I				Т
									l																						+
_						<u> </u>		<u> </u>	<u> </u>																<u> </u>					-	+
					l	<u></u>		<u> </u>	L	<u> </u>	L			<u> </u>	<u> </u>	<u> </u>	l	<u> </u>		L			<u> </u>	L	<u></u>	L	<u> </u>				<u></u>
URL																															T
																															T
																															T
URL													1	,	,		,				,				,		γ				
																										<u> </u>					
URL					<u> </u>	Γ	Γ	<u> </u>						<u> </u>	<u> </u>	T							I		l	Ī	Γ	Γ			T
						<u> </u>	<u> </u>								<u> </u>																+
					<u> </u>																						<u> </u>				+
URL					l	<u>L</u>	L	L	<u> </u>	<u> </u>			<u> </u>	<u></u>	<u></u>	<u></u>	L				<u> </u>		l	<u></u>			<u> </u>				<u></u>
ORL.																															Τ
				-																											T
																															T

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

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

SPDES ID

me of MS4/Coalition	Village of Castleto	n-on-Hudson			NY	R 2	0 A	3 9 3
URL(s) con't.:								
Please provide	specific addr	ess(es) whe	re notices can b	e accessed -	not ho	me pa	ge.	
URL					П			
URL						,		,
URL					· 	<u> </u>		<u> </u>
URL					T			
		+ + + +						
							+	
URL				 	T			
URL					т т		<u> </u>	
URL								

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 2 0

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

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

SPDES ID

NYR2

0 A 3 9 3

P	rog	rar	n S	W	MP	') P	lan	ar	id s	sub	mi	t co	mı	nei	ıts	on	tho	se	do	cur	nen	its?									
	nter																													d	
	hetl						nay	be	sul	omi	itte	d at	th	at l	oca								•	_				led.	•		
• MS	4/C Dep				ffic	e										•) A	nnu	al I	Rep	ort		S	WN	IP I	Plar	1	0	Con	nme	nts
	V	i	1	1	a	g	е		Н	a	1	1		С	1	е	r	k	ន		0	f	f	i	С	е					
	Add	lres	S						l											I	L	L					·				
	8	5		S	0	u	t	h		M	a	i	n		s	t	r	е	е	t											
	City				,	T .	Γ.		<u> </u>		<u> </u>							Γ.				Zip				_					
	C Pho	a	S	t	1	е	t	0	n									1	N .	Y		1	2	0	3	3	-				
	(S	1.	8)	7	3	2	_	2	2	1	1																		
• Lib	rary	Iraci			, ,	-			•							•	A :	nnu	al I	Rep	ort	•	S'	WN	1P 1	Plar	1	0	Con	nme	ents
	8	5	3	S	0	u	t	h		М	a	i	n		S	t	r	е	е	t							<u> </u>				
	City						L		<u> </u>													Zip									
	С	a	ធ	t	1	е	t	0	n]	N .	Y	•	1	2	0	3	3	_				
	Pho	ne			1 .		1	I	1					1																	
	(5	1	8)	7	3	2	_	0	8	7	8																		
									1			l																			
• Oth	er Add	lres	S						ı					l		•	A	nnu	al I	Rep	ort	('S	WN	IP I	Plar	1	0 (Con	nme	ents
• Oth	er Add	lres: P	s W		G	a	r	a	g	е		2	6		v	a) A	nnu	al I B	Rep u	ort r	e	S'	WN	IP I	Plar v	n e	0	Con	nme	ents
• Oth	Add	P			G	a	r	а	g	е		2	6		V			nnu	ı — ·	_	r	I		WM		Γ		0 (Con	nme	ents
	Add D City C	P a		t	G 1	a	r	a	g	е		2	6		V				В	_	r	е		WN 0		Γ		0 (Con	nme	ents
	Add D City	P a ne	W	I	l	е	t	0							V				В	u	r	e Zip	n		A	v		0 (Con	nme	ents
	Add D City C	P a	W	t 8	l	I	I			e 2	9	2	6		V				В	u	r	e Zip	n		A	v		0 (Con	nme	ents
	Add D City C Pho	P a ne 5	W s	8	l	е	t	0			9				V	а	n	[]	В	u Y	r	e Zip 1	n	0	A 3	v 3	e -			nme	
	Add D City C Pho	P a ne 5	W s	8	l	е	t	0			9			h	V	а	n	[]	B	u Y	r	e Zip 1	n 2	0	A 3	v 3	e -				
	Add D City Pho (P a ne 5 age	W s 1 UR	8 L:	1	e 7	3 t	0 2	n -	2		8 n			u	a	n A	nnu	B N	u Y	ort	e Zip 1	2 S	0	А 3	v 3	e -		Con		
	Addo D City C Pho C C P S	P a ne 5 age a h	s 1 UR p 0	8 L: t	1) d m	e 7 0 w	t c a	o 2 o u	n n m e	2 - e	o n	8 n	3 - -	С 0	u e	a d n r	n A s t	nnu o e m	B all I	u u Rep	ort o	e Zip 1	n 2 S S g	0 WM /	A 3	v 3	e d	e e	Con		
	City C Pho C p	P a ne 5 age a h	s 1 UR p 0	8 L: t	1) d m	e 7 0 w	t c a	o 2 o u	n n m e	2 - e	o n	8 n	3 - -	С 0	u e	a d n r	n A s t	nnu o e m	B all I	u u Rep	ort o	e Zip 1	n 2 S S g	0 WM /	A 3	v 3	e d	e e	Con		
	Addo D City C Pho C P P S Ple	P a ne 5 age a h	s 1 UR p 0	8 L: t	1) d m	e 7 0 w	t c a	o 2 o u	n n m e	2 - e	o n	8 n	3 - -	С 0	u e	a d n r	n A s t	nnu o e m	B all I	u u Rep	ort o	e Zip 1	n 2 S S g	0 WM /	A 3	v 3	e d	e e	Com		ents
• We	Addo D City C Pho C P P S Ple	P a ne 5 age a h	s 1 UR p 0	8 L: t	1) d m	e o w spec	t c a	o 2 u t ic a	n n m e	2 - e	o n	8 n	3 - r	С 0	u e g	a d n r	n A s t	nnu o e m car	B all I	u u Rep	ort o	e Zip 1	n 2 S S g	0 WM /	A 3	v 3	e d	e e	Com	nme	ents
• We	Addo D City C Pho (P P S Plee	P / a ne 5 age a h t	s 1 UR p o pr	8 t t / reovi	1 d m de	e o w spec	t c a a cciff	o u t ic a	n m e	2 e ress	o n - of	n t p	3 - r	c o whe	u e g	d n r rep	n A s t a ort	nnu o e m car	B all I	u v Rep	ort	e Zip 1	n 2 S S S G G G G G G G G G G G G G G G G	0 WM	A 3	v 3	e d	e e	Com	nme	ents

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

	SPDES ID	
Name of MS4/Coalition Village of Castleton-on-Hudson	N Y R 2 0 A 3 9	3
4.a. If this report was made available on the internet, what da	late was it posted?	
Leave blank if this report was not posted on the internet.	1 1 / 0 9 / 2 0 2	0
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 submit	tting a joint report, answer 5.b	
5.a. Was an Annual Report public meeting held in this report If Yes, what was the date of the meeting?	rting period?	No
If No, is one planned?	● Yes ○	No
5.b. Was an Annual Report public meeting held for all MS4s	s contributing to this report durin	g
this reporting period?	○ Yes •	No
If No, is one planned for each?	○ Yes ○	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.	○ Yes ●	No

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

if submitting this form as part of a joint report on benaif of a	
Name of MS4/Coglition Village of Castleton-on-Hudson	SPDES ID N Y R 2 0 A 3 9 3
Name of MS4/Coalition Village of Castleton-on-Hudson	N 1 R 2 0 A 3 9 3
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
The Village continues to work with the Rensselaer County Region partners in the MS4 to provide educational and public involvement community groups such as Boy and Girl Scouts or local school go Cleanup. Additionally the Village makes available Hazardous was to remove debris that could contaminate storm water runoon.	ent opportunities for local groups to assist in Village wide vaste Days as well as other pickup
B. Briefly summarize the observations that indicated the over	rall effectiveness of this Measurable
The Village continued to pickup and remove debris that could fin system or be carried along by runoff to water bodies. In Additio Scouts and Kiwanis conducted cleanups of debris and the newly conducted cleanups in the Spring and Fall.	n local groups such and the Boy
C. How many times was this observation measured or evalua	tad in this various paviad?
C. How many times was this observation measured of evalua	ted in this reporting period:
	(ex.: samples/participants/ev
D. Has your MS4 made progress toward this measurable goa	
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in $f t$	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	
Village will continue its partnership with Rensselaer County and scheduled pickup days of hazardous or bulk item. Continue to we village Cleanup and reinforce the importance of controlling pet v	ork with local groups to assist in

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

	SPDES ID
Name of MS4/Coalition Village of Castleton-on-Village	N Y R 2 0 A 3 9 3
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination
The information in this section is being reported (check one):
On behalf of an individual MS4On behalf of a coalition	
How many MS4s contributed to the	nis report? 1
1. Enter the number and approx. percent of	of outfalls mapped: 7 # 1 0 0 %
2. How many of these outfalls have been so reporting period (outfall reconnaissance	reened for dry weather discharges during this inventory)?
3.a.What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this
O Auto Recyclers	• Landscaping (Irrigation)
● Building Maintenance	• Marinas
O Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	Parking Lot Maintenance
Construction Vehicle Washouts	O Printing
Cross-Connections	O Residential Carwashing
O Distribution Centers	Restaurants
O Food Processing Facilities	• Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
O Hospitals	Swimming Pools
O Improper RV Waste Disposal	• Vehicle Fueling
O Industrial Process Water	• Vehicle Maint./Repair Shops
Other:	O None
lawn clipping	s on Roadways
O Sewersheds:	

This report is being submitted for the reporting period ending March

9, 2 0 2 0

SPDES ID

Name of MS4/Coalition Village of Castleton-on-Hudson								N	Y	R	2	0	Α	3	9	3
3.b. What types of illicit discharges have	been f	ound	dur	ing 1	this	rep	ort	ing	g pe	eric	od?					
O Broken Lines From Sanitary Sewer	O Indi	ustrial	Con	mecti	ons											
O Cross Connections	O Infl	ow/Inf	ltra	tion												
Failing Septic Systems O Pump Station Failure																
O Floor Drains Connected To Storm Sewers	O San	itary S	ewe	r Ov	erflo	ws										
○ Illegal Dumping ○ Straight Pipe Sewer Discharges																
Other: 4. How many illicit discharges/potentia	● Not		act	ions	hav	a b	aan	do	toc	tac				his		
reporting period?	i mega	ii com	iect:	IUIIS	шач	e D	een	ue	iec	teu	· uu	11 11	ig t	1118		0
5. How many illicit discharges have bee	en conf	irmed	du	ring	this	re	por	tin	g p	eri	iod'	?				0
6. How many illicit discharges/illegal coperiod?	nnecti	ions h	ave	beer	ı eli	mir	ate	ed o	lur	'ing	g th	is r	ep	ort	ing	0
7. Has the storm sewershed mapping be If No, approximately what percent was		-	•				•			od?		0	Ye	S		No &
8. Is the above information available in Is this information available on the war If Yes, provide URL(s):	veb?											0	Ye Ye			No No
Please provide specific address of page url	where	map(s)) cai	n be	acce	sse	d -	not	ho	me	; pa	ge.				
URL	1 - 	ГТ		T			······									
					<u> </u>											

This report is being submitted for the reporting period ending March 9, 2 0 2 0 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

e of N	AS4	/Coa	ılitic	on_	1114	50 01	Cast	10101		11111												N	Y	R	2		A	3	9
URI Plea	٠,				pec	eific	c ac	ldr	ess	of	ра	ge	wh	ere	ma	ip(i	s) c	an	be	асс	cess	sed	- n	ot l	hon	ne 1	กลร	re.	
JRL				·	-				-			-			_													-	
								-																					
	T	T	T																										
	+	\dagger	 	 	<u> </u>	\vdash	<u> </u>	-	1	Ī	\perp	 	+	-	<u> </u>	\vdash	 	$\frac{\bot}{\Gamma}$	<u> </u>	<u> </u>	<u> </u>			L	<u> </u>				
		<u></u>					1	<u></u>	<u> </u>	<u> </u>	<u> </u>				<u></u>	<u></u>	<u> </u>	<u>L</u>		<u> </u>		<u></u>					Ĺ		
JRL	Т		Т-	1	Ι	T	Γ	Г	1	T	1	Т	T	Т	T	Т	T	T	T	T	T	Ι						· ·	
	<u> </u>	 	<u> </u>		<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>									
																<u> </u>		<u></u>	<u> </u>										
JRL																												•	
																										,			
										Ī	Ī				T														
- 	+	1	<u> </u>	<u> </u>	<u> </u>	<u>1 </u>	<u> </u>	<u> </u>		<u> </u>	 	\vdash	+	$\frac{1}{1}$	<u> </u>			<u> </u>		<u> </u>					<u> </u>				
		<u></u>				1		<u> </u>	<u></u>	<u></u>	<u></u>		<u> </u>	<u></u>	<u> </u>	<u> </u>		<u>L</u>	<u></u>										**********
JRL	T-	T			Ι	Ţ	T	Γ	Γ	Γ	Γ	Т	T	Т	T	T	<u> </u>	Ι	T	Γ	Γ								
	_	<u> </u>			<u> </u>					<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>								
												<u> </u>																	
JRL				,	r	·		,																					
														T					Ī										
						İ					<u> </u>		T	$\overline{\Gamma}$	Ī	 			 										
1					L	ļ	L				<u></u>	L		<u> </u>					L	L									
Has																						ave	ID	DE) pi				
app	LUV	cu i	UI	aH	110	11-t	ı au	1111	บแล	11 14	104	15 C	OH	61 IK	uu	mg	ιυ	LIII	SIC	:ho	ru;						Ye	es	0
If Y	es, l	has	eve	ery	tra	adi	tior	ıal	M	S4 (con	ıtri	bu	ting	g to	th	is r	epe	ort	cer	tifi	ed	tha	t tl	his	lav	v is		
equi														•	-			•							es				0
Wha	at p	erc	ent	of	sta	ıff i	in r	ele	vai	nt p	os	itio	ns	an	d d	epa	rtr	ner	ıts :	has	re	ceiv	/ed	\mathbf{I}	DI	C tr	ain	ing	?
																											1	0	0

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

If submitting this form as part of a joint report on behalf of a coalition le	eave SPDES ID blank.
<u>S</u>	PDES ID
Name of MS4/Coalition Village of Castleton-on-Village	N Y R 2 0 A 3 9 3
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward achieving identified in your Stormwater Management Program Plan (SWMPP), includ III.C.1. Submit additional pages as needed.	-
A. Briefly summarize the Measurable Goal identified in the SWMPP in	this reporting period.
Insure that Village personnel are trained to recognize illicit discharges as we reporting procedures. Routine inspections provide multiple and ongoing op illicit discharges. These include scheduled catch basin cleaning and mainte inspections, and home inspections by water personnel.	pportunities to detect
B. Briefly summarize the observations that indicated the overall effective Goal.	veness of this Measurable
No Illicit Discharges were detected during this reporting period, either durin inspections or during catch basin and drop inlet repairs on Green Ave, South Streets.	
C. How many times was this observation measured or evaluated in this	reporting period?
	9
D. Has your MS4 made progress toward this measurable goal during th	(ex.: samples/participants/event
D. Has your 14194 made progress toward this measurable goal during th	• Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMP	PP?
	● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the goathe next reporting cycle (including an implementation schedule).	ls of this MCM during
Conduct refresher training for Public Works employees to reinforce observaillicit discharges during routine maintenance of the storm water system.	ational skills at spotting

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

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
Minimum Control Measures 4 and 5	<u>5.</u>								
Construction Site and Post-Construction C	Cor	<u>ı tro</u>	<u>ol</u>						
The information in this section is being reported (check one):									
On behalf of an individual MS4On behalf of a coalition									
How many MS4s contributed to this report? 1									
1a. Has each MS4 contributing to this report adopted a law, ordinanc mechanism that provides equivalent protection to the NYS SPDES									
Stormwater Discharges from Construction Activities?					0	Yes	s	•]	Nо

lb. Has each Town, City and/or Village contributing to this report doci	ımented tha	at the la	w is
equivalent to a NYSDEC Sample Local Law for Stormwater Manag	gement and	Erosion	and
Sediment Control through either an attorney cerfification or using	the NYSDE	C Gap	
Analysis Workbook?	• Yes	O No	ONT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

$\bigcirc 09/200$)4	03/2006	ONT

- 2. Does your MS4/Coalition have a SWPPP review procedure in place?
 - e? Yes O No

 SWPPPs) have been
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?

 Yes O NO O NT

 If Yes, how many public comments were received during this reporting period?
- 5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? Yes No

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

public review?

MS4 Annual Report Form

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

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

Nar	ne of MS4/Coalition Village of Castleton-on-Hudson	NYR2	0 A 3	9 3
	Minimum Control Measure 4. Construction Site	Stormwater Run	off Cor	<u>itrol</u>
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 during this reporting period?	disturbances of one	acre or	more 0
2.	How many construction projects disturbing at least one acduring this reporting period?	cre were active in yo	ur jurisc	liction 0
3.	What percent of active construction sites were inspected d	uring this reporting	period?	• NT
4.	What percent of active construction sites were inspected m	nore than once?		• NT
5.	Do all inspectors working on behalf of the MS4s contribut Construction Stormwater Inspection Manual?	ing to this report us ○ Yes		'S ● NT
6.	Does your MS4/Coalition provide public access to Stormw (SWPPPs) of construction projects that are subject to MS4	f review and approv	al?	
	If your MS4 is Non-Traditional, are SWPPPs of construct	● Yes ion projects made a		ONT for

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

○ Yes • No

This report is being submitted for the reporting period ending March 9, 2 0 2 0 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
6. con't.;	
Submit additional pages as needed.	
MS4/Coalition Office	
Department Office	
V i l l a g e H a l l	
Address	
85 South Main Street	
Castleton Ny	Zip 1 2 0 3 3 -
Phone	1 2 0 3 3 -
(5 1 8) 7 3 2 - 2 2 1 1	
O Library	
Address	
City	Zip
Phone	
(
O Other	
Address	
City	Zip
Phone	
(
O Web Page URL(s): Please provide specific address where SWPPPs	can be accessed - not home page.
URL	P. 60.
URL	

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

and the state of t
Name of MS4/Coalition Village of Castleton-on-Hudson SPDES ID N Y R 2 0 A 3 9 3
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 primary goal is to insure that the laws enacted by the Village targeting Storm Water run-off are enforced, those laws being 1) Erosion and Sediment 2) Street Debris Elimination and 3) Dog Waste.
D. Duis flar management the absorbed in a that in the standard management of the standard management o
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
As reported in prior MCM, Village groups have volunteered time to help remove debris from Castleton's streets and hill areas. Residents do their part to keep their lawn areas clean of fallen debris over 2950 bags of leaves and other fallen debris were picked up by the Village DPW.
C. How many times was this observation measured or evaluated in this reporting period?
6 7
(ex.: samples/participants/e 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).
Continue to enforce as well as educate Village Residents and Businesses as to the importance of the Village Stormwater Laws. Encourage local Contractors to attend Erosion and Sediment Control classes as they become available, notification of available classes is relayed from the Rensselaer County Regional Planning Commission to the MS4 Coalition members.

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

				SED.	ES ID
Name of MS4/Coalition	Nillage of Castleton-	-on-Hudson			Y R 2 0 A 3 9 3
<u>Minimum</u>	Control Mea	asure 5. Post	-Constructio	on Stormwa	ter Management
The information in the	his section is being	ng reported (che	ck one):		
On behalf of an inOn behalf of a coaHow n		tributed to this	report?	1	
1. How many and MS4/Coalition i	what type of po nventoried, insp	st-construction pected and mair	stormwater ma ntained in this r	anagement prac reporting period	ctices has your 1?
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	ces		Inspections	Maintained	
O Filter Systems					
O Infiltration Basins					
Open Channels					
O Ponds					
O Wetlands		0			
O Other		0			
2. Do you use an BMPs, inspecti			abase, spreads	heet) to track	post-construction ○ Yes ● No
3. What types of Development/E					ow Impact
Building Codes	• Municipal C	omprehensive P	lans		
Overlay Districts	O Open Space	Preservation Pro	ogram		,
Zoning	• Local Law o	r Ordinance			
O None	● Land Use Re	egulation/Zoning	5		
O Watershed Plans	Other Comp	rehensive Plan			
Other:					·

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

		SPDES	ID						
Nan	ne of MS4/Coalition Village of Castleton-on-Hudson	NY	R	2	0	A	3	9	3
4a.	Are the MS4s contributing to this report involved in a regional/waters	hed wide	e pla	ann	_	effe Yes		?	No
4b.	Does the MS4 have a banking and credit system for stormwater management	gement p	rac	tic	es?				
					0	Yes	S	• 7	No
4c.	Do the SWMP Plans for each MS4 contributing to this report include and approval of banking and credit of alternative siting of a stormwat								
			_		Ō	Yes	3		No
	How many stormwater management practices have been implemented reporting period?	as part	of t	his	sys	tem	in	this	S
	reporting period.							0	
5.	What percent of municipal officials/MS4 staff responsible for program training on Low Impace Development (LID), Better Site Design (BSD)					ttei	ıde	d	
	Infrastructure principles in this reporting period?							0	%

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

If submitting this form as part of a joint report on behalf of a c	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
(Figure 1 Dec. 17 1 Dec. 1 Dec. 17 1 Dec. 1 Dec. 17 1 D	
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward a	chieving measurable goals
identified in your Stormwater Management Program Plan (SWMPF	
III.C.1. Submit additional pages as needed.	, merading requirements in rait
18	
A. Briefly summarize the Measurable Goal identified in the SV	VMPP in this reporting period.
Inspect existing and insure that any construction is not creating exc	cassive maneffints the village
storm shed. Insure that planning officials are trained to evaluate an	ny new construction for storm
water control measures as a necessary part of any project approval.	
B. Briefly summarize the observations that indicated the overa	ll effectiveness of this Measurable
Goal.	
The Williams has no stoum water control feetures and evallable built	1. 1. 1. 1. 1. 1. 1.
The Village has no storm water control features and available build hinders any new building projects, however the village endeavors to	ling land is limited and as such
Businesses mindful of the problems of excessive storm water run-o	off from urbanized areas
- waste state of the processive storm water full (on from distinzed dieds,
C. How many times was this observation measured or evaluate	d in this reporting period?
	4
	(ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal d	
, Table and the same and the sa	• Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the	
13 your 14154 on schedule to meet the deadline set forth in the	• Yes O No
F. Briefly summarize the stormwater activities planned to meet	
the next reporting cycle (including an implementation sched	
Continue to educate residents and businesses on storm water related	d issues Encourage planning
officials in the Village to make use of training opportunities that are	e available through the Capital
District Regional Planning Commission.	- monga ino oupitui

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

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

_		SPL)ES	\square						
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

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

			performed with	un the past 5
Operation/Activity/Facility	Addressed in	n SWMP?	year	<u>s?</u>
Street Maintenance	• Yes	O No	• Yes	O No
Bridge Maintenance	O Yes	○ No	O Yes	• No
Winter Road Maintenance	• Yes	○ No	● Yes	O No
Salt Storage	• Yes	○ No	• Yes	O No
Solid Waste Management	• Yes	○ No	• Yes	O No
New Municipal Construction and Land Disturbat	nce • Yes	○ No	O Yes	● No
Right of Way Maintenance	• Yes	○ No	• Yes	○ No
Marine Operations	O Yes	○ No	O Yes	• No
Hydrologic Habitat Modification		○ No	O Yes	• No
Parks and Open Space	Ves	○ No	• Yes	O No
Municipal Building	• Yes	○ No	• Yes	o No
Stormwater System Maintenance		○ No	● Yes	O No
Vehicle and Fleet Maintenance	• Yes	○ No	• Yes	O No
Other	O Yes	O No	O Yes	O No

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

		SPDES II)				
Name of MS4/Coalition Village of Castleton-on-Hudson		N Y R	2	0	A 3	3 9	3
2. Provide the following information about municipal operation	ions good	housel	кеер	ing	pro	gran	ns:
• Parking Lots Swept (Number of acres X Number of times swept	t)	# Ac	es				3
• Streets Swept (Number of miles X Number of times swept)		# Mi	les			8	3
• Catch Basins Inspected and Cleaned Where Necessary	٠		#			2	6
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary			#				
O Phosphorus Applied In Chemical Fertilizer	e N	# Ll	s.				
O Nitrogen Applied In Chemical Fertilizer		# Ll	s.				
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Nutimes applied to the nearest tenth.)	umber of	# Acres	s [I		•	
3. How many stormwater management trainings have been producing this reporting period?	rovided to	o munic	ipa [l en	ıplo	yees	0
4. What was the date of the last training?]/		/[
5. How many municipal employees have been trained in this r	eporting	period:	?				0
6. What percent of municipal employees in relevant positions stormwater management training?	and depa	rtment	s re	ceiv	'e	0	%

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

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

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

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.

Village Streets as well as municipal lots are swept on a rotating basis weekly from the first week in May through the last week of October, in addition Leaf and other bulk material pickup was conducted throughout the year. Village personnel routinely clean storm structures of accumulated debris, and substandard structures are scheduled for repair.

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

Annual sweeping or streets and municipal lots removed 79.5 CY of material from Village Streets. In addition Leaf and other bulk material pickup was conducted on 75 occasions throughout the year. Storm Structures on Green Ave, Hudson St., 1st St. were repaired and a new structure installed on South Main to aid storm water collection

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

		1.	8	0	
(ex.:	samples/	pari	ici	pant	:s/events

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

_	_			
		Yes	0	No

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

	Ves	\circ No
<u></u>	103	\sim 130

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

Maintain levels of sweeping, leaf and other bulk collections. Maintain program of catch basin cleaning and repairs. Utilize the storm water training available through our MS4 partners in the Capital Region and insure that key personnel are up to date on training.

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

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

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

Additional Watershed Improvement Strategy Best Management Practices

2 1 1 10 0 111	MS4		
On behalf of a coalition			
How many MS	4s contributed to this re	eport? 1	
S4s must answer the qu	estions or check NA a	s indicated in the table	below.
A			
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	_
Fraditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
raditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
raditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
'raditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
lon-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
'raditional Land Use	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
'raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
Von-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
raditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
raditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Ion-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
raditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
raditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Ion-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-		M
raditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Ion-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
raditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
raditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Jon-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1.	Does your MS4/Coalition have an education program addressing impacts of								
	phosphorus/nitrogen/pathogens on waterbodies? • Yes	O No	O N/A						
			•						
2.	Has 100% of the MS4/Coalition conveyance system been mapped in GIS?								
	If N/A, go to question 3.	O No	● N/A						
	If No, estimate what percentage of the conveyance system has been mapped so far.		%						
	Estimate what percentage was mapped in this reporting period.		%						

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

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

		SPDES ID		
Na	me of MS4/Coalition Village of Castleton-on-Hudson	NYR2	0 A	3 9 3
3.	Does your MS4/Coalition have a Stormwater Conveyance S and Maintenance Plan Program?	ystem (infrastructu • Yes	ıre) Ins _l O No	pection O N/A
4.	Estimate the percentage of on-site wastewater treatment sysand maintained or rehabilitated as necessary in this reporti	stems that have been ng period?		cted
5.	Has your MS4/Coalition developed a program that provide NYSDEC SPDES General Permit for Stormwater Discharg (GP-0-08-001) to reduce pollutants in stormwater runoff fred disturb five thousand square feet or more?	es from Constructi	on Activ	/ities
6.	Has your MS4/Coalition developed a program to address per runoff from new development and redevelopment projects a equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Active the New York State Stormwater Design Manual Enhanced Standards?	that disturb greater NYS DEC SPDES rities (GP-0-08-001)	than or General , includi	r I
7a.	Does your MS4/Coalition have a retrofitting program to recephosphorus/nitrogen/pathogen loading?	luce erosion or	• No	O N/A
7b.	How many projects have been sited in this reporting period	?		
7c.	What percent of the projects included in 7b have been comp	oleted in this report	ing peri	
7d.	.What percent of projects planned in previous years have be	en completed?		% %
		O No	Projects	Planned
	Has your MS4/Coalition developed and implemented a turf procedures policy that addresses proper fertilizer application lands?	management practi on on municipally o O Yes	ces and wned O No	• N/A
	Has your MS4/Coalition developed and implemented a turf procedures policy that addresses proper disposal of grass climunicipally owned lands?	ippings and leaves i	rom	○ N/A

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

Name of MS4/Coalition Village of Castleton-on-Hudson	NYR2	0 A 3	3 9 3			
9. Has your MS4/Coalition developed and implemented a program of native planting?						
	Yes	O No	O N/A			
10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties ar						
prohibiting goose feeding?			O N/A			
11. Does your MS4/Coalition have a pet waste bag program?	• Yes	O No	O N/A			
		,				
12. Does your MS4/Coalition have a program to manage goose						
populations?	○ Yes	No	O N/A			