MS4 Annual Report Cover Page

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

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

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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.

| Name of MS4 | | | | | | | | | | | | _ | _ | _ | _ | | - | _ | |
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OR

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

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

| Name o | of Singl | e Entit | y | | | | | | | - | | _ |
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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 2 2

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

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

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| Name of MS4 Village of Hudson Falls | N | Y | R | 2 | 0 | A | 0 | 2 | 8 |

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 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 agreements.

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

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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
- 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 2 2

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For each contact, select all that apply:

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

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

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

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

| | SPDES ID |
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| Name of MS4 Village of Hudson Falls | N Y R 2 0 A 0 2 8 |
| Section 3 - Partner Information | |
| Did your MS4 work with partners/coalition to complete some or all per | mit requirements during this reporting |
| period? | O Yes 🗶 No |
| If Yes, complete information below. | d in other formats will not be |
| Submit a separate sheet for each partner. Information provided accepted. If your MS4 cooperated with a coalition, submit one | e sheet with the name of the |
| coalition. It is not necessary to include a separate sheet for each | th MS4 in the coalition. |
| If No, proceed to Section 4 - Certification Statement. | |
| Partner/CoalitionName | |
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| Partner/Coalition Name (con't.) | SPDES Partner ID - If applicable N Y R 2 0 |
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| Phone Legall | y Binding Agreement in accordance |
| with G | P-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 |
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| Additional tasks/responsibilities | and for MSAs in immersed |
| Watershed Improvement Strategy Best Management Practice watersheds included in GP-0-08-002 Part IX. | s required for MS4s in impaired |
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MCC form for period ending March 9, 2 0 2 2

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| Name of MS4 Village of Hudson Falls | N | Y | R | 2 | 0 | A | 0 | 2 | 8 |
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Section 4 - Certification Statement

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

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

| First Name | MI | Last Na | me | | | | | |
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| J o h n | | Ва | r | t c | n | | | |
| Title (Clearly print title of individual signing report) | | | | | | | | |
| M a y o r | | | | | | | | |
| Signature | | | | | | | | |
| John Barton | | | | | Date 0 5 | 127 | 12 | 0 2 2 |

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 2

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

| II Submittin | g this form as part of a joint report on | | | ID | | | | | | |
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| Name of MS4/Coalition | Village of Hudson Falls | N | Y | R | 2 | 0 | A | 0 | 2 | 8 |
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This report is being submitted for the reporting period ending March 9, 2 0 2 2

| Name of MS4/Coalition Village of Hudson Falls | N Y R 2 0 A 0 2 8 |
|---|--|
| Minimum Control Measure 1. Public Ed | ucation and Outreach |
| The information in this section is being reported (check one): | |
| On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? | |
| 1. Targeted Public Education and Outreach Best Manageme | ent Practices |
| Check all topics that were included in Education and Outreach de | uring this reporting period: |
| O Construction Sites | Pesticide and Fertilizer Application |
| General Stormwater Management Information | Pet Waste Management |
| Household Hazardous Waste Disposal | ○ Recycling |
| O Illicit Discharge Detection and Elimination | O Riparian Corridor Protection/Restoration |
| O Infrastructure Maintenance | O Trash Management |
| ○ Smart Growth | • Vehicle Washing |
| O Storm Drain Marking | Water Conservation |
| O Green Infrastructure/Better Site Design/Low Impact Development | O Wetland Protection |
| Other: | ○ None |
| 2. Specific audiences targeted during this reporting period: | |
| Public Employees O Contractors | |
| ■ Residential ○ Developers | |
| Businesses General Public | |
| ■ Restaurants ○ Industries | |
| Other: O Agricultural Other | |

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

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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| O Kiosks or Other | Display | S | | | | | | | | | | | | | | #] | Loc | atio | ns | | | | | |
| O List-Serves | | | | | | | | | | | | | | | | | # I | n L | ist | | | | | |
| O Mailing List | | | | | | | | | | | | | | | | | # I | n L | ist | | | | | |
| O Newspaper Ads | or Artic | les | | | | | | | | | | | | | | # I | Day | s R | ın | | | | | |
| O Public Events/P | esentati | ions | | | | | | | | | | | | | | # 4 | Atte | nde | es | | | | | |
| O School Program | | | | | | | | | | | | | | | | # <i>A</i> | Atte | nde | es | | | | | |
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This report is being submitted for the reporting period ending March 9, 2 0 2 2

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

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| | | | | | |
| 4. Evaluating Prog | ress Toward Measurabl | e Goals MCM 1 | | | |
| identified in your Ste | ort on your progress and progre | roject plans toward a ogram Plan (SWMPF | chieving measura P), including requi | ble goals irements in | Part |
| A. Briefly summar | ize the Measurable Goal | identified in the SV | VMPP in this rep | orting peri | od. |
| Continue to keep pr Continue to keep lin | inted materials available a k on Village website to or | t Village Offices. nline stormwater mat | terial. | | |
| B. Briefly summar Goal. | ize the observations that | indicated the overa | all effectiveness o | f this Meas | urable |
| | luate Public Education an CM 1 requirements of the | | n a yearly basis to | ensure | |
| C. How many time | s was this observation m | easured or evaluate | ed in this reporti | ng period? | |
| | | | | | 1 |
| | | | | .: samples/par | |
| D. Has your MS4 r | nade progress toward th | is Measurable Goal | during this repo | orting perio Yes | d? ○ No |
| E. Is your MS4 on | schedule to meet the dea | dline set forth in th | e SWMPP? | Yes | ○ No |
| F. Briefly summar the next reporti | ize the stormwater activing cycle (including an im | ities planned to mee pplementation sched | t the goals of this lule). | s MCM dur | ring |
| Educate homeowne newspaper by Septe | rs on negative effects of st mber 2022. Retain copy of | tormwater runoff throof article for records. | ough one notice p | laced in loca | al |
| | | | | | |

Other:

MS4 Annual Report Form

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

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID 0 2 2 0 A NYR Village of Hudson Falls Name of MS4/Coalition Minimum Control Measure 2. Public Involvement/Participation The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply: 1 # Events Cleanup Events #Comments O Comments on SWMP Received Phone# O Community Hotlines Phone# Phone# Phone# Phone# Phone# Phone# Phone # Phone# Phone # Phone# # Attendees O Community Meetings Sq. Ft. Plantings #Drains O Storm Drain Markings # Attendees O Stakeholder Meetings # Events O Volunteer Monitoring

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

O List-Serve

HIN List

O Newspaper Advertising

TV/Radio Notices

Days Run

O Other:

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

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

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

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

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID N Y R 2 0 A 0 2 8 Village of Hudson Falls Name of MS4/Coalition 3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents? Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed. Annual Report SWMP Plan MS4/Coalition Office Department Offi i|1|1 g e C e s a Address 2 0 Main t t 2 r е е Zip City NA 1 2 8 3 9 F 1 1 s H u d s а o n Phone 5 4 2 6 5 1 O Library Address ○ Annual Report ○ SWMP Plan O Comments Zip City Phone O Comments O Annual Report O SWMP Plan Other Address Zip City Phone O Annual Report O SWMP Plan O Comments O Web Page URL: Please provide specific address of page where report can be accessed - not home page. O Comments O eMail

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

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| 4.a. If this report was made | | | as it po | osted? | | | | |
| Leave blank if this report | was not posted on the | internet. | 0 5 | / 2 | 7 | / 2 | 0 | 2 2 |
| 4.b. For how many days wa | s/will this report be p | osted? | | | | | 3 | 6 5 |
| If submitting a report for | single MS4, answer 5.a | a If submitting a | ı joint r | eport, | ans | wer 5. | .b | |
| 5.a. Was an Annual Report If Yes, what was the d | | n this reporting | period | ?] / [| | O Y (| es | • No |
| If No, is one planned? | | | | | | O Y | es | • No |
| 5.b. Was an Annual Report | public meeting held f | for all MS4s cont | ributin | ng to t | his | repor | t du | ıring |
| this reporting period? | | | | | | ○ Y | es | ○ No |
| If No, is one planned f | for each? | | | | | O Y | es | ○ No |
| 6. Were comments received If Yes, attach comments, 1 SWMP in response to com | responses and changes | | | | | O Y | es | • No |

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

| Name of MS4/Coalition Village of Hudson Falls | N Y R 2 0 A 0 2 8 |
|---|---|
| 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. | achieving measurable goals PP), including requirements in Part |
| A. Briefly summarize the Measurable Goal identified in the S | WMPP in this reporting period. |
| Provide material support for Feeder Canal Alliance canal clean u | p day. |
| B. Briefly summarize the observations that indicated the over Goal. | rall effectiveness of this Measurable |
| The Village will evaluate Public Involvement and Participation I compliance with MCM 2 requirements of the permit. | BMPs on a yearly basis to ensure |
| | |
| C. How many times was this observation measured or evalua | ted in this reporting period? |
| C. How many times was this observation measured or evalua | |
| | (ex.: samples/participants/even |
| C. How many times was this observation measured or evalua D. Has your MS4 made progress toward this measurable goa | (ex.: samples/participants/even |
| | (ex.: samples/participants/event l during this reporting period? ● Yes ○ No the SWMPP? |
| D. Has your MS4 made progress toward this measurable goa | 1 1 1 |
| D. Has your MS4 made progress toward this measurable goa E. Is your MS4 on schedule to meet the deadline set forth in s F. Briefly summarize the stormwater activities planned to meet | l during this reporting period? Yes O No the SWMPP? Yes O No eet the goals of this MCM during edule). |
| D. Has your MS4 made progress toward this measurable goa E. Is your MS4 on schedule to meet the deadline set forth in a F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedule). | l during this reporting period? Yes O No the SWMPP? Yes O No eet the goals of this MCM during edule). |
| D. Has your MS4 made progress toward this measurable goa E. Is your MS4 on schedule to meet the deadline set forth in a F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedule). | l during this reporting period? Yes O No the SWMPP? Yes O No eet the goals of this MCM during edule). |

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

| Name of MS4/Coalition Village of Hudson Falls | SPDES ID N Y R 2 0 A 0 2 8 |
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| Minimum Control Measure 3. | Illicit Discharge Detection and Elimination |
| 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. Enter the number and approx. percent | of outfalls mapped: 3 5 # 1 0 0 % |
| 2. How many of these outfalls have been s reporting period (outfall reconnaissance) | screened for dry weather discharges during this ee inventory)? |
| 3.a. What types of generating sites/sewersh 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 | O Printing |
| O Cross-Connections | O Residential Carwashing |
| O Distribution Centers | ○ Restaurants |
| O Food Processing Facilities | O Schools and Universities |
| O Garbage Truck Washouts | ○ Septic Maintenance |
| ○ Hospitals | O Swimming Pools |
| O Improper RV Waste Disposal | O 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, 2 0 2 2

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 Hudson Falls | | N Y R | 2 0 <i>I</i> | 0 | 2 | 8 |
| 3.b. What types of illicit discharges have | been found during this report | ting period | 1? | | | |
| 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 Discharge | es | | | | |
| Other: | ● None | | | | | |
| 4. How many illicit discharges/potentia reporting period? | l illegal connections have been | detected (| during | this | 1 1 | 0 |
| | | | | _ | | _ |
| 5. How many illicit discharges have been | en confirmed during this repor | rting perio | d? | | | 0 |
| 6. How many illicit discharges/illegal coperiod? | onnections have been eliminate | ed during | this re | port | | 0 |
| 7. Has the storm sewershed mapping be If No, approximately what percent was | een completed in this reporting completed in this reporting period | g period? iod? | | res 1 0 | 0 N | 8 Vo |
| 8. Is the above information available in | GIS? | | • 5 | l'es | \circ N | Лo |
| Is this information available on the v If Yes, provide URL(s): | veb? | | 0 5 | les . | N | 10 |
| Please provide specific address of page | where map(s) can be accessed - | not home p | oage. | | | |
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This report is being submitted for the reporting period ending March 9, 2 0 2 2

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

| Name of MS4/Coalition | Village of Hudson Falls | N Y R 2 0 A 0 2 8 |
|---|--|--|
| 12. Evaluating Prog | gress Toward Measurable Goals MCM 3 | |
| identified in your Sto | ort on your progress and project plans toward ormwater Management Program Plan (SWMI tional pages as needed. | achieving measurable goals PP), including requirements in Part |
| A. Briefly summar | ize the Measurable Goal identified in the S | WMPP in this reporting period. |
| Formalize an IDDE | Program within the Village. | |
| B. Briefly summar Goal. | ize the observations that indicated the over | rall effectiveness of this Measurable |
| The Village will evarequirements of the | aluate IDDE BMPs on a yearly basis to ensur permit. | e compliance with MCM 3 |
| C. How many time | s was this observation measured or evalua | |
| | | (ex.: samples/participants/events, |
| D. Has your MS4 n | nade progress toward this measurable goal | |
| E. Is your MS4 on | schedule to meet the deadline set forth in t | he SWMPP? • Yes • No |
| F. Briefly summarithe next reporting | ize the stormwater activities planned to me ng cycle (including an implementation sche | eet the goals of this MCM during |
| Identify roles in pro | gram for relevant employees by August 2022 | |

SWPPP process?

MS4 Annual Report Form

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

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

| | | 10 | SPI | DES I | D | | | | |
|-----|---|------------------|----------------|--------------|----------------|--------------|-----------------------|------|---------------|
| Nan | ne of MS4/Coalition Village of Hudson Falls | | N | Y | R 2 | 0 | A (| 2 | 8 |
| | Minimum Control Measures 4 | | | | | | | | |
| | Construction Site and Post-Construction | ction C | or | itro | <u>l</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? | | | | | | | | |
| 1a | . Has each MS4 contributing to this report adopted a law, or mechanism that provides equivalent protection to the NYS Stormwater Discharges from Construction Activities? | dinance SPDES | G ₀ | oth ener | er re al Pe | rmi | ator it for Yes | r |) No |
| 1b | .Has each Town, City and/or Village contributing to this repequivalent to a NYSDEC Sample Local Law for Stormwate Sediment Control through either an attorney cerfification of Analysis Workbook? | er Mana | ge | men e NY | t and | l Er EC (| osio | n ai | s nd NT |
| | If Yes, Towns, Cities and Villages provide date of equivalent N | | | e Lo 2004 | | | 2006 | О | NT |
| 2. | Does your MS4/Coalition have a SWPPP review procedure | in plac | e? | | | • | Yes | C | No |
| 3. | How many Construction Stormwater Pollution Prevention reviewed in this reporting period? | Plans (S | SW | PPP | s) ha | ive | been | | 1 |
| 4. | Does your MS4/Coalition have a mechanism for receipt and comments related to construction SWPPPs? | d consid | era | | of p | | lic No | 0 | NT |
| | If Yes, how many public comments were received during this r | eporting | ре | riod | ? | | | | 0 |

5. Does your MS4/Coalition provide education and training for contractors about the local

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: |

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

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

| Nam | ne of MS4/Coalition Village of Hudson Falls SPDES ID N Y R 2 | 0 A 0 | 2 8 |
|-----|--|-----------|--------------|
| | Minimum Control Measure 4. Construction Site Stormwater Runo | off Con | <u>itrol</u> |
| The | information in this section is being reported (check one): | | |
| • C | On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? | | |
| | How many construction projects have been authorized for disturbances of one during this reporting period? | acre or | more 1 |
| | How many construction projects disturbing at least one acre were active in you during this reporting period? | ır jurisc | liction 1 |
| 3. | What percent of active construction sites were inspected during this reporting | period? | 1 1 |
| 4. | What percent of active construction sites were inspected more than once? | 1 0 | O NT |
| 5. | Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual? • Yes | the NY | 'S ONT |
| 6. | Does your MS4/Coalition provide public access to Stormwater Pollution Prevention (SWPPPs) of construction projects that are subject to MS4 review and approvation of Yes | | ans |
| | If your MS4 is Non-Traditional, are SWPPPs of construction projects made av public review? | | |
| | If Yes use the following page to identify location(s) where SWPPPs can be accesse | d. | |

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

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

| Name of MS4/Coalition | Village of Hudson Falls | | SPDES ID N Y R 2 0 A 0 | 2 8 |
|---|---|--|---|--------|
| 7. Evaluating Prop | gress Toward Measurable G | oals MCM 4 | | |
| identified in your St | ort on your progress and projectormwater Management Progrational pages as needed. | ct plans toward achievi m Plan (SWMPP), inc | ng measurable goals luding requirements in | Part |
| A. Briefly summar | rize the Measurable Goal ide | ntified in the SWMPI | P in this reporting per | iod. |
| Ensure that all cont about the site's SW | ractors working on land develon PPP and that all contractors sign | opment projects are infign "Contractor Certification | ormed and knowledgea ation Statement". | ible |
| B. Briefly summar Goal. | rize the observations that ind | icated the overall effe | ectiveness of this Meas | urable |
| | aluate Construction Site Storm with the MCM 4 requirements | | BMPs on a yearly basis | s to |
| C. How many time | es was this observation measu | ured or evaluated in t | his reporting period? | |
| | | | | 1 |
| D. Has your MS4 | made progress toward this m | easurable goal durinș | | |
| E. Is your MS4 on | schedule to meet the deadlin | ne set forth in the SW | MPP? • Yes | ○ No |
| F. Briefly summar the next reporti | rize the stormwater activities ing cycle (including an imple | planned to meet the g mentation schedule). | | |
| Ensure all contractor regulations -ongoin | ors working within the Village g. | boundary are in compl | liance with stormwater | |

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

| Name of MS4/Coalition Village of Hudson Falls | | | N Y R | 2 0 A 0 2 8 | | | |
|--|---|--------------------------------|----------------------------------|-------------------------|-----------------------------|--|--|
| Minimum Control Measure 5. Post-Construction Stormwater Management | | | | | | | |
| The information in the On behalf of an income On behalf of a coal How many and the original of the original origin | dividual MS4 lition aany MS4s contr | ributed to this | report? | unagement practices | has your | | |
| MS4/Coalition in | nventoried, insp | ected and mair | ntained in this r | eporting period? | into y our | | |
| | | # Inventoried | # Inspections | # Times Maintained | | | |
| O Alternative Practic | ees | | | | | | |
| O Filter Systems | | | | | | | |
| O Infiltration Basins | | | | | | | |
| Open Channels | | | | | | | |
| ○ Ponds | | | | | | | |
| O Wetlands | | | | | | | |
| Other | | | | | | | |
| 2. Do you use an o | | | abase, spreads | heet) to track post | -construction ● Yes ○ No | | |
| 3. What types of a Development/B | non-structural Better Site Desig | practices hav gn/Green Infr | e been used to astructure pri | implement Low Inciples? | npact | | |
| Building Codes | O Municipal Co | omprehensive P | lans | | | | |
| Overlay Districts | Open Space | Preservation Pre | ogram | | | | |
| ○ Zoning | O Local Law or | r Ordinance | | | | | |
| ○ None | O Land Use Re | egulation/Zoning | 3 | | | | |
| O Watershed Plans | Other Compr | rehensive Plan | | | | | |
| Other: | | | | | | | |

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

| | | SP | DES | ID | | | | | | |
|-----|--|-------------|------------|--------------|--------------|------------|------------------|-----|------------|----|
| Nar | me of MS4/Coalition Village of Hudson Falls | N | Y | R | 2 | 0 | A | 0 | 2 | 8 |
| 4a. | . Are the MS4s contributing to this report involved in a regional/watersh | ed v | vide | e pl | ann | | eff Ye | | | No |
| 4b | . Does the MS4 have a banking and credit system for stormwater manag | eme | nt p | rac | etic | | Ye | s | 9 | No |
| 4c. | Do the SWMP Plans for each MS4 contributing to this report include a and approval of banking and credit of alternative siting of a stormwate | pro r ma | toc ana | ol fo gen | or e nen | t pr | uat act Ye | ice | ? | No |
| 4d | . How many stormwater management practices have been implemented reporting period? | as p | art | of t | his | sys | tem | in | thi | s |
| 5. | What percent of municipal officials/MS4 staff responsible for program training on Low Impace Development (LID), Better Site Design (BSD) : Infrastructure principles in this reporting period? | imp and | len oth | ient er (| tatio Gre | on a en | atte | | e d | % |

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

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 Hudson Falls | N Y R 2 0 A 0 2 8 |
|---|--|--|
| 6. Evaluating Pro | gress Toward Measurable Goals MCM | 15 |
| identified in your St III.C.1. Submit addi | oort on your progress and project plans tow tormwater Management Program Plan (SV itional pages as needed. | WMPP), including requirements in Part |
| | rize the Measurable Goal identified in t | |
| Continue to implement in the MCM 5 prog | nent the Post-Construction Stormwater Magram outlined in the county developed SW | Inagement BMPs specific to the Village WMP plan. |
| B. Briefly summar Goal. | rize the observations that indicated the | overall effectiveness of this Measurable |
| The Village will evensure compliance | valuate Post-Construction Stormwater Mar with MCM 5 requirements of the permit. | nagement BMPs on a yearly basis to |
| C. How many time | es was this observation measured or eva | aluated in this reporting period? |
| C. How many same | | 1 |
| | | (ex.: samples/participants/eve |
| D. Has your MS4 | made progress toward this measurable | goal during this reporting period? |
| | | ● Yes ○ No |
| E. Is your MS4 on | schedule to meet the deadline set forth | in the SWMPP? |
| F. Briefly summar the next report | rize the stormwater activities planned to ing cycle (including an implementation | to meet the goals of this MCM during |
| Inspect all high price | ority post-construction bmps twice per yea | ar by March 2023. |
| | | |

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

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| | | SP | DES ID | |
|--|--|--|---|--|
| Name of MS4/Coalition Village of Hudson Falls | | N | Y R 2 0 | A 0 2 8 |
| Minimum Control Measure 6. Stormwater | Mana | gement for | Municipal (| <u>Operations</u> |
| The information in this section is being reported (check on | e): | | | |
| On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report | t? | | | |
| 1. Choose/list each municipal operation/facility the Pollutants of Concern to the MS4 system. For e operation/facility has been addressed in the MS Program(SWMP) Plan and whether a self-assess reporting period. A self-assessment is performe potentially generated by the permittee's operation effectiveness of existing programs and 3) identitated will be addressed by the pollution prevention of done already. | ach ope 4's/Coal sment l d to: 1) ons and ify the r | ration/facility lition's Storm nas been perfo determine the facilities; 2) e nunicipal open | indicate whe water Managormed during e sources of power the evaluate the rations and fa | ether the ement the ollutants |
| | | | Self-Assessi | mont |
| | | On | eration/Activi | |
| | | and the same of th | formed within | |
| Operation/Activity/Facility Add | ressed in | SWMP? | years? | life past 3 |
| Street Maintenance | ● 37 | | | |
| | w Yes | ○ No | | |
| Bridge Maintenance | ○ Yes | ○ No | ○ Yes | |
| Bridge Maintenance | YesYesYes | | ····· ○ Yes | • No |
| Winter Road Maintenance | O Yes | • No | O Yes O Yes O Yes O Yes | NoNoNo |
| Winter Road Maintenance | ○ Yes • Yes | • No • No | | NoNoNoNo |
| Winter Road Maintenance | YesYesYes | NoNoNo | | NoNoNoNoNoNoNo |
| Winter Road Maintenance | YesYesYesYesYesYesYes | NoNoNoNoNoNoNoNoNo | | NoNoNoNoNoNoNoNoNoNo |
| Winter Road Maintenance | YesYesYesYesYesYes | NoNoNoNoNoNoNoNoNoNo | | No |
| Winter Road Maintenance | Yes Yes Yes Yes Yes Yes Yes Yes Yes | NoNoNoNoNoNoNoNoNoNoNo | | No |
| Winter Road Maintenance | Yes | No | | No |
| Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbance Right of Way Maintenance Marine Operations Hydrologic Habitat Modification | Yes Yes Yes Yes Yes Yes Yes Yes Yes | NoNoNoNoNoNoNoNoNoNoNo | | No |

Vehicle and Fleet Maintenance.YesNoYesOther...YesNoYes

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

| | SPDES ID | |
|--|----------------------|----------------|
| Name of MS4/Coalition Village of Hudson Falls | N Y R 2 | 0 A 0 2 8 |
| | | |
| 2. Provide the following information about municipal operation | ions good housekeep | oing programs: |
| Parking Lots Swept (Number of acres X Number of times swep | t) # Acres | 3 |
| Streets Swept (Number of miles X Number of times swept) | # Miles | 7 5 |
| Catch Basins Inspected and Cleaned Where Necessary | # | 1 9 0 |
| Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary | # | 0 |
| Phosphorus Applied In Chemical Fertilizer | # Lbs. | 0 |
| Nitrogen Applied In Chemical Fertilizer | # Lbs. | 0 |
| Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.) | umber of # Acres | 0.0 |
| 3. How many stormwater management trainings have been p | provided to municipa | al employees |
| during this reporting period? | | 0 |
| 4. What was the date of the last training? | 10/19 | / 2 0 1 7 |
| 5. How many municipal employees have been trained in this | reporting period? | 0 |
| 6. What percent of municipal employees in relevant positions stormwater management training? | s and departments r | eceive |

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

| Jes this page to report on your progress and project plans toward achieving measurable goals dentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part II.C.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Perform self assessments of all operations on a rotating 3 year schedule. B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. The Village will evaluate Municipal Good Housekeeping and Pollution Prevention BMPs on a yearly basis to ensure compliance with the MCM 6 requirements of the permit. C. How many times was this observation measured or evaluated in this reporting period? [A. Briefly summarize the observation measured or evaluated in this reporting period? [A. Briefly summarize the observation measured or evaluated in this reporting period? [A. Briefly summarize the Measurable goal during this reporting period? | | | | SPDES ID | |
|--|---|--|---|---|---------|
| See this page to report on your progress and project plans toward achieving measurable goals dentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part II.C.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Perform self assessments of all operations on a rotating 3 year schedule. B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. The Village will evaluate Municipal Good Housekeeping and Pollution Prevention BMPs on a yearly basis to ensure compliance with the MCM 6 requirements of the permit. C. How many times was this observation measured or evaluated in this reporting period? C. How many times was this observation measured or evaluated in this reporting period? Personal Activities and Personal Activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule). | Name of MS4/Coalition | Village of Hudson Falls | | N Y R 2 O A | 2 8 |
| dentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part II.C.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Perform self assessments of all operations on a rotating 3 year schedule. B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. The Village will evaluate Municipal Good Housekeeping and Pollution Prevention BMPs on a yearly basis to ensure compliance with the MCM 6 requirements of the permit. C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participan D. Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No Yes O No F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule). | 0 0 | | | | |
| Perform self assessments of all operations on a rotating 3 year schedule. 3. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. The Village will evaluate Municipal Good Housekeeping and Pollution Prevention BMPs on a yearly basis to ensure compliance with the MCM 6 requirements of the permit. C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participan) D. Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No. Yes O No. The Priefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule). | dentified in your Sto | ormwater Management Progra | ct plans toward achie am Plan (SWMPP), i | eving measurable goals including requirements in | n Part |
| B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. The Village will evaluate Municipal Good Housekeeping and Pollution Prevention BMPs on a yearly basis to ensure compliance with the MCM 6 requirements of the permit. C. How many times was this observation measured or evaluated in this reporting period? O. Has your MS4 made progress toward this measurable goal during this reporting period? O. Yes O No. E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? O Yes O No. O Yes O No. O Yes O No. O Yes O No. | A. Briefly summar | ize the Measurable Goal ide | ntified in the SWM | PP in this reporting pe | riod. |
| The Village will evaluate Municipal Good Housekeeping and Pollution Prevention BMPs on a yearly basis to ensure compliance with the MCM 6 requirements of the permit. C. How many times was this observation measured or evaluated in this reporting period? Lex.: samples/participan O. Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No. Yes O No. Presion No. Yes O No. Presion No. Presi | Perform self assessn | nents of all operations on a ro | tating 3 year schedul | le. | |
| The Village will evaluate Municipal Good Housekeeping and Pollution Prevention BMPs on a yearly basis to ensure compliance with the MCM 6 requirements of the permit. C. How many times was this observation measured or evaluated in this reporting period? Lex.: samples/participan O. Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No. Yes O No. Presion No. Yes O No. Presion No. Presi | | | | | |
| The Village will evaluate Municipal Good Housekeeping and Pollution Prevention BMPs on a yearly basis to ensure compliance with the MCM 6 requirements of the permit. C. How many times was this observation measured or evaluated in this reporting period? Lex.: samples/participan O. Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No. Yes O No. Presion No. Yes O No. Presion No. Presi | | | | | |
| The Village will evaluate Municipal Good Housekeeping and Pollution Prevention BMPs on a yearly basis to ensure compliance with the MCM 6 requirements of the permit. C. How many times was this observation measured or evaluated in this reporting period? Lex.: samples/participan O. Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No. Yes O No. Presion No. Yes O No. Presion No. Presi | | | | | |
| C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participan D. Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No Yes O No Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule). | B. Briefly summar Goal. | ize the observations that ind | licated the overall e | ffectiveness of this Mea | surable |
| D. Has your MS4 made progress toward this measurable goal during this reporting period? Yes ONO Yes ONO F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule). | The Village will eva yearly basis to ensur | lluate Municipal Good House re compliance with the MCM | keeping and Pollutio 6 requirements of the | on Prevention BMPs on a ne permit. | 1 |
| D. Has your MS4 made progress toward this measurable goal during this reporting period? Yes ONO Yes ONO F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule). | | | | | |
| D. Has your MS4 made progress toward this measurable goal during this reporting period? • Yes O No • Yes O No • Yes O No • Stiefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule). | C. How many time | s was this observation meas | ured or evaluated in | n this reporting period | ? |
| D. Has your MS4 made progress toward this measurable goal during this reporting period? Yes ONO Yes ONO Yes ONO The Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule). | | | | | |
| ● Yes ○ Note: E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? • Yes ○ Note: • Yes ○ Note: • Yes ○ Note: • Yes ○ Note: • The next reporting cycle (including an implementation schedule). | D. Has worm MC4 m | nada nyagyaga taward this n | nosurahlo anal dur | | |
| Yes O No Yes the Stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule). | D. Has your 19154 ii | nade progress toward this in | icasui abic goai dui | • 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). | E. Is your MS4 on | schedule to meet the deadlii | ne set forth in the S | WMPP? | |
| the next reporting cycle (including an implementation schedule). | | | | | |
| Perform self assessment on Village operations by July 31st 2022. | F. Briefly summar the next reporting | ize the stormwater activities ng cycle (including an imple | mentation schedule | e). | штид |
| | Perform self assessn | nent on Village operations by | July 31st 2022. | | |
| | | | | | |
| | | | | | |
| | | | | | |

LI 27 Embayments

Traditional Land Use

Non-Traditional

Traditional Non-Land Use

MS4 Annual Report Form

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

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 | Hudson Falls | | N Y R 2 0 A 0 2 |
| Additional Wate | rshed Improvemer | nt Strategy Best Ma | nagement Practices |
| | | | |
| | | | |
| ne information in this section | n is being reported (check | k one): | |
| On behalf of an individual I | MS4 | | |
| On behalf of a coalition | V15 -7 | | |
| | | .0 | |
| How many MS | 4s contributed to this re | eport? | |
| 110 W Indiry 1018 | | F | |
| | | | |
| | | | |
| [S4s must answer the qu | actions or chack NA a | s indicated in the tabl | e helow. |
| 1848 must answer the qu | estiblis of check that a | is mulcated in the tabl | t below. |
| MS4 Description | Answer | Check NA | (POC) |
| | Allswei | - | |
| NYC EOH Watershed | 1,2,3,4,5,6,7a-d,8a,8b,9 | 10,11,12 | Phosphorus |
| Traditional Land Use | 1,2,3,4,7a-d,8a,8b,9 | 5,10,11,12 | Phosphorus |
| Traditional Non-Land Use | 1,2,5,4,7a-d,8a,8b,9 | 3,4,5,10,11,12 | Phosphorus |
| Non-Traditional | 1,2,77a-u,0a,00,9 | 5,4,5,10,11,12 | - |
| Onondaga Lake Watershed | 1,6,7a-d,8a,9 | 2,3,4,5,8b,10,11,12 | Phosphorus |
| Traditional Land Use | 1,6,7a-d,8a,9 | 2,3,4,5,86,10,11,12 | Phosphorus |
| Traditional Non-Land Use | 1,6,7a-d,8a,9 | 2,3,4,5,8b,10,11,12 | Phosphorus |
| Non-Traditional | 1,0,7a-u,0a,9 | 2,5,4,5,60,10,11,12 | |
| Greenwood Lake Watershed | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| Traditional Land Use | 1,4,6,7a-d,8a,9 | 2,3,5,86,10,11,12 | Phosphorus |
| Traditional Non-Land Use | 1,4,6,7a-d,8a,9 | 2,3,5,86,10,11,12 | Phosphorus |
| Non-Traditional | 1,4,6,7a-d,6a,9 | 2,5,5,60,10,11,12 | - |
| Oyster Bay | 1.4.7a-d.9,10,11,12 | 2,3,5,6,8a,8b | Pathogens |
| Traditional Land Use | 1.4.7a-d.9.10.11.12 | 2.3.5.6.8a.8b | Pathogens |
| Traditional Non-Land Use | 1,4,7a-d,9 | 2.3.4.5.8a.8b.10.11.12 | Pathogens |
| Non-Traditional | 1,4,7a-u,9 | 2,5,4,5,00,00,10,11,12 | |
| Peconic Estuary | 1.4.7a-d.8a.9.10.11.12 | 2,3,5,6,8b | Pathogens and Nitrogen |
| Traditional Land Use | 1,4,7a-d,8a,9,10,11,12 | 2,3,5,6,8b | Pathogens and Nitrogen |
| Traditional Non-Land Use | 1,4,7a-d,8a,9 | 2,3,4,5,8b,10,11,12 | Pathogens and Nitrogen |
| Non-Traditional | 1,4,/a-u,0a,7 | 2,3,7,3,00,10,11,12 | |
| Oscawana Lake Watershed | 1,4,6,7a-d.8a.9 | 2,3,5,8b,10,11,12 | Phosphorus |
| Traditional Land Use | 1,4,6,7a-d,8a,9 | 2.3.5.86.10.11.12 | Phosphorus |
| Traditional Non-Land Use | 1,4,6,7a-d,8a,9 | 2.3.5.86.10.11.12 | Phosphorus |
| Non-Traditional | 1,4,0,/a-0,0a,9 | 2,3,3,00,10,11,12 | 111001110100 |

| 1. | phosphorus/nitrogen/pathogens on waterbodies? | | ○ No | • N/ | 4 |
|----|--|-------------|------|------|---|
| 2. | Has 100% of the MS4/Coalition conveyance system been mapped in GI | S? ○ Yes | ○ No | N/A | Α |
| | If N/A, go to question 3. | | | | |
| | If No, estimate what percentage of the conveyance system has been mapped | so far. | | 9/ | |
| | Estimate what percentage was mapped in this reporting period. | | | 9/ | O |

1,2,3,4,7a-d,9,10,11,12

1,2,3,4,7a-d,9,10,11,12

5,6,8a,8b

5,6,8a,8b

5,6,8a,8b,10,11,12

Pathogens

Pathogens

This report is being submitted for the reporting period ending March 9, 2 0 2 2 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 Hudson Falls | N Y R | 2 0 A | 0 2 8 |
| 3. | Does your MS4/Coalition have a Stormwater Conveyance S and Maintenance Plan Program? | System (infrastruc O Yes | | ection N/A |
| 4. | Estimate the percentage of on-site wastewater treatment sy and maintained or rehabilitated as necessary in this report | stems that have being period? | en inspec | 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 fredisturb five thousand square feet or more? | ges from Construc | tion Activ ctivities t | ities |
| 6. | Has your MS4/Coalition developed a program to address prunoff from new development and redevelopment projects equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Actithe New York State Stormwater Design Manual Enhanced Standards? | that disturb great NYS DEC SPDES vities (GP-0-08-00 | er than o S General 1), includ oval | r I |
| 7a | . Does your MS4/Coalition have a retrofitting program to rephosphorus/nitrogen/pathogen loading? | educe erosion or O Ye | s O No | • N/A |
| 7b | .How many projects have been sited in this reporting period | d? | | |
| 7c | . What percent of the projects included in 7b have been com | pleted in this repo | rting per | iod? |
| 7d | . What percent of projects planned in previous years have b | een completed? | | % |
| | | 0 1 | No Projects | Planned |
| 8a | .Has your MS4/Coalition developed and implemented a turn procedures policy that addresses proper fertilizer application lands? | f management pra ion on municipally ○ Ye | owned | N/A |
| 8 b | Has your MS4/Coalition developed and implemented a tur procedures policy that addresses proper disposal of grass of municipally owned lands? | f management pra clippings and leave O Ye | s from | i N/A |

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

| Name of MS4/Coalition Village of Hudson Falls | SPDES ID N Y R 2 | 0 A 0 | 2 8 |
|---|-------------------|---------------|-------|
| 9. Has your MS4/Coalition developed and implemented a program of | | ting? ○ No | • N/A |
| 10. Has your MS4/Coalition enacted a local law prohibiting pet waste prohibiting goose feeding? | | l prope | |
| 11. Does your MS4/Coalition have a pet waste bag program? | ○ Yes | ○ No | • N/A |
| 12. Does your MS4/Coalition have a program to manage goose populations? | ○ Yes | O No | • N/A |