MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 3

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

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Choose one:

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

Fill in SPDES ID in upper right hand corner.

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OR

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

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

1 1 1 1		

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.

	S ID SPDES ID

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MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 3

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

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MCC form for period ending March 9, 2 0 2 3

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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 a • An Annual Report for a single MS4 • A Single Entity (Per Part II.E of GP-0-10-002)	ссер	tanc	e o	f:				
O A Joint Report Joint reports may be submitted by permittees with legally binding	ng ag	ree	mei	nts.				
If Joint Report, enter coalition name:								

MCC form for period ending March 9, $2 \mid 0 \mid 2 \mid 3$

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03.404	Village of Hudson Falls		1 7	R	2	0	A	0	2	8
Name of MS4	Village of Hudson Falls	-								

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, $2 \mid 0 \mid 2 \mid 3$

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Name of MS4	Village of Hudson Falls									

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- 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, $2 \mid 0 \mid 2 \mid 3$

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

Section 2 - Contact Information

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- O Duly Authorized Representative
- Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

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MCC form for period ending March 9, 2 0 2 3

	SPDES ID
Name of MS4 Village of Hudson Falls	N Y R 2 0 A 0 2 8
Section 3 - Partner Information oid your MS4 work with partners/coalition to complete some or all	nermit requirements during this reporting
id your MS4 work with partners/coantion to complete some of an eriod?	○ Yes • No
Was samplete information below	
G 1 miles compared about for each partner Information prov	ided in other formats will not be
accepted If your MSA cooperated with a coalition, submit	one sheet with the name of the
coalition. It is not necessary to include a separate sheet for No, proceed to Section 4 - Certification Statement.	each wist in the countries.
No, proceed to Section 4 - Certification Statement.	
artner/CoalitionName	
	SPDES Partner ID - If applicable
artner/Coalition Name (con't.)	N Y R 2 0
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hone	egally Binding Agreement in accordance
(0) 0 - w	with GP-0-08-002 Part IV.G.? Yes No
What tasks/responsibilities are shared with this partner (e.g. I	MM1 School Programs or Multiple Tasks
what tasks/responsibilities are shared with this partition (e.g.	
MM1	
) MM2	
) IVIIVIZ	
) MM3	
) MM4	
) MM5	
) MM6	
1.1141-0	
Additional tasks/responsibilities	ctices required for MS4s in impaired
Watershed Improvement Strategy Best Management Pra- watersheds included in GP-0-08-002 Part IX.	times required to the second
watersheds included in Cr o oc ocz z miner	

MCC form for period ending March 9, 2 0 2 3

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ON 50 4 Village of Hudson Falls	N	Y	R	2	0	A	0	2	8
Name of MS4 Village of Hudson Falls									

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 John	MI	Last Name B a r t o n
Title (Clearly print title of individual signing report) M a y o r		
Signature John E. Barton		Date 0 5 / 3 1 / 2 0 2 3

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 3

Name of M	IS4/Coa	litio	Villag	ge of	Hudso	n Fall	ls												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, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$

Name of MS4/Coalition Village of Hudson Falls	SPDES ID 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:
○ Construction Sites	Pesticide and Fertilizer Application
General Stormwater Management Information	Pet Waste Management
Household Hazardous Waste Disposal	O Recycling
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	O Trash Management
O Smart Growth	Vehicle Washing
O Storm Drain Marking	Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period:	
● Public Employees ○ Contractors	
■ Residential	
Businesses General Public	
Restaurants O Industries	
Other: OAgricultural Other	

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$ 3

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 3

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 3

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

Name of MS4/Coalition Village of Hudson Falls	Y R 2 0 A 0 2 8
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward achieving midentified in your Stormwater Management Program Plan (SWMPP), includin III.C.1. Submit additional pages as needed.	easurable goals g requirements in Part
A. Briefly summarize the Measurable Goal identified in the SWMPP in the	his reporting period.
Continue to keep printed materials available at Village Offices. Continue to keep link on Village website to online stormwater material.	
B. Briefly summarize the observations that indicated the overall effective Goal.	ness of this Measurable
The Village will evaluate Public Education and Outreach BMPs on a yearly b compliance with MCM 1 requirements of the permit.	asis to ensure
C. How many times was this observation measured or evaluated in this re	
	(ex.: samples/participants/events
D. Has your MS4 made progress toward this Measurable Goal during this	
	● 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 the next reporting cycle (including an implementation schedule).	of this MCM during
Educate homeowners on negative effects of stormwater runoff through one no newspaper by September 2023. Retain copy of article for records.	otice placed in local

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

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID 2 NYR 0 A 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 # 0 Community Hotlines 0 0 Phone# 0 0 Phone# 0 0 0 Phone# 0 Phone # 0 0 Phone# 0 0 Phone # 0 0 Phone# 0 0 Phone # 0 0 0 Phone # 0 Phone# # Attendees O Community Meetings Sq. Ft. Plantings # Drains O Storm Drain Markings # Attendees O Stakeholder Meetings # Events O Volunteer Monitoring Other: 2. Was public notice of availability of this annual report and Stormwater Management O No Yes Program (SWMP) Plan provided? # In List O List-Serve # Days Run O Newspaper Advertising # Days Run O TV/Radio Notices

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

Other:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 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 3

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This report is being submitted for the reporting period ending March 9, 2 0 2 3

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.

S4/C Det		itio	ı O												0	A	nn	ual	R	epo	rt	1) S	SW	M	P]	Pla	n	0	Co	mn	ent
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This report is being submitted for the reporting period ending March 9, 2 0 2 3

	SP	DES I	D				
Name of MS4/Coalition Village of Hudson Falls	N	Y	2	0	A C) 2	8
4.a. If this report was made available on the internet, what date wa	as it p	osted	?	1 - 1			
Leave blank if this report was not posted on the internet.	0 5		3 1]/	2 0	2	3
4.b. For how many days was/will this report be posted?					3	3 6	5
If submitting a report for single MS4, answer 5.a If submitting a	joint 1	eport	, ans	wei	r 5.b.		
5.a. Was an Annual Report public meeting held in this reporting p If Yes, what was the date of the meeting?	eriod	?] / [))]/	Yes		No
If No, is one planned?				0	Yes	•	No
5.b. Was an Annual Report public meeting held for all MS4s contr	ibutiı	ng to	this	rep	ort d	luri	ng
this reporting period?					Yes		No
If No, is one planned for each?				0	Yes	0	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.				0	Yes	•	No

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$ 3

4			SPDES ID	
Name of MS4/Coalition	Village of Hudson Falls		N Y R 2 0 A 0 2 8	
7. Evaluating Pro	gress Toward Measurable Goa	als MCM 2		
identified in your St	ort on your progress and project tormwater Management Program itional pages as needed.	plans toward achievin Plan (SWMPP), inclu	g measurable goals ading requirements in Part	
A. Briefly summan	rize the Measurable Goal ident	tified in the SWMPP	in this reporting period.	
Provide material su	pport for Feeder Canal Alliance	canal clean up day.		
		4 1 41 Land Harffer	Airman of this Massurable	
B. Briefly summan	rize the observations that indic	eated the overall effect	cuveness of this Measurable	
The Village will ev compliance with M	valuate Public Involvement and I ICM 2 requirements of the perm	Participation BMPs on it.	a yearly basis to ensure	
C. How many time	es was this observation measur	ed or evaluated in th	is reporting period?	
v				
			(ex.: samples/participants/e	events)
D. Has your MS4	made progress toward this me	asurable goal during	this reporting period? ● Yes ○ No	
D. I. BACA	and adula to most the deadline	sat forth in the SWN		
E. Is your MS4 on	schedule to meet the deadline	set for the in the 5 vviv	● Yes ○ No	
F. Briefly summar	rize the stormwater activities p ing cycle (including an implem	olanned to meet the greentation schedule).	oals of this MCM during	
Keep an updated lis	st of all participants and cleanup	sites by March 2024.		
1 1				

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 2 & 3 \end{bmatrix}$

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

Name of MS4/Coalition Village of Hudson Falls	N Y R 2 0 A 0 2 8
Minimum Control Mossure 2	Illicit Discharge Detection and Elimination
Minimum Control Measure 3.	ment Discharge Detection and Emmination
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	t of outfalls mapped: 35# 100%
2. How many of these outfalls have been reporting period (outfall reconnaissand	screened for dry weather discharges during this ce inventory)?
3.a. What types of generating sites/sewersh reporting period?	neds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	O Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	○ Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	O Schools and Universities
○ Garbage Truck Washouts	O 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 3

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

	SPDES		_
Name of MS4/Coalition Village of Hudson Falls	NY	R 2 0 A 0 2	8
3.b. What types of illicit discharges have	been found during this reporting pe	eriod?	
O Broken Lines From Sanitary Sewer	O Industrial Connections		
O Cross Connections	○ Inflow/Infiltration		
O Failing Septic Systems	O Pump Station Failure		
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows		
O Illegal Dumping	O Straight Pipe Sewer Discharges		
Other:	• None		
4. How many illicit discharges/potentia reporting period?	l illegal connections have been detec		0
5. How many illicit discharges have been	en confirmed during this reporting p	period?	0
6. How many illicit discharges/illegal coperiod?	onnections have been eliminated dur		0
7. Has the storm sewershed mapping be If No, approximately what percent was	een completed in this reporting period?		₹ 8
8. Is the above information available in	GIS?	● Yes ○ N	10
Is this information available on the v If Yes, provide URL(s):	veb?	O Yes • N	10
Please provide specific address of page	where map(s) can be accessed - not ho	ome page.	
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This report is being submitted for the reporting period ending March 9, 2 0 2 3

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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 3

SPDES ID
Name of MS4/Coalition Village of Hudson Falls N Y R 2 0 A 0 2 8
12. Evaluating Progress Toward Measurable Goals MCM 3
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.
Formalize an IDDE Program within the Village.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
The Village will evaluate IDDE BMPs on a yearly basis to ensure compliance with MCM 3 requirements of the permit.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/even D. Has your MS4 made progress toward this measurable goal during this reporting period?
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? • 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).
Identify roles in program for relevant employees by August 2023.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 3 & 3 \end{vmatrix}$

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

	SPI	DES	SID		400		_		
Name of MS4/Coalition Village of Hudson Falls	N	Y	R	2	0	A	0	2	8

Minimum Control Measures 4 and 5.

	Construction Site and Post-Construction Control	
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, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?	○ No
1b	.Has each Town, City and/or Village contributing to this report documented that the law equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion Sediment Control through either an attorney certification or using the NYSDEC Gap	v is and
	Analysis Workbook? Yes O No	O N1
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. © 09/2004 © 03/2006	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place? • Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?	0
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? • Yes	O NT
	If Yes, how many public comments were received during this reporting period?	0
5.	Does your MS4/Coalition provide education and training for contractors about the loca SWPPP process? • Yes	ol O 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

during this reporting period?

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, |2|0|2|3

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

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1 0 0

Name of MS4/Coalition Village of Hudson Falls	N Y R 2 0 A 0 2 8
Minimum Control Measure 4. Construction Site	Stormwater Runoff Control
The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 	
1. How many construction projects have been authorized for during this reporting period?	disturbances of one acre or more
2. How many construction projects disturbing at least one ac	cre were active in your jurisdiction

3.	What percent of active construction sites were inspected during this reporting	period?	\circ	NT
		1 0	0	%
4.	What percent of active construction sites were inspected more than once?		0	NT

- 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? \bigcirc No \bigcirc NT Yes
- 6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for ○ Yes ○ No public review?

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

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

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• MS	MS4/Coalition Office Department C o d e E n f o r c e m e n t O f f i c e																													
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This report is being submitted for the reporting period ending March 9, 2 0 2 3

Name of MS4/Coalition Village of Hudson Falls	N Y R 2 0 A 0 2 8
7. Evaluating Progress Toward Measurable Goals MCM	4
Use this page to report on your progress and project plans tow identified in your Stormwater Management Program Plan (SV III.C.1. Submit additional pages as needed.	rard achieving measurable goals WMPP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in t	he SWMPP in this reporting period.
Ensure that all contractors working on land development pro about the site's SWPPP and that all contractors sign "Contrac	ects are informed and knowledgeable tor Certification Statement".
B. Briefly summarize the observations that indicated the Goal.	overall effectiveness of this Measurable
The Village will evaluate Construction Site Stormwater Runensure compliance with the MCM 4 requirements of the perr	off Control BMPs on a yearly basis to nit.
C. How many times was this observation measured or eva	duated in this reporting period?
•	1
D. Has your MS4 made progress toward this measurable	(ex.: samples/participants/events
D. Has your M54 made progress toward this measurable	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 the next reporting cycle (including an implementation	o meet the goals of this MCM during schedule).
Ensure all contractors working within the Village boundary a regulations -ongoing.	are in compliance with stormwater

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

Name of MS4/Coalition	Village of Hudson Fall	s		N Y F	R 2 0 A 0 2 8
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Minimum (Control Meas	sure 5. Post	-Constructio	n Stormwater	<u>Management</u>
The information in th	is section is being	reported (che	ck one):		
On behalf of an inc		9 P	,		
On behalf of a coal	lition	ibutad ta thia	roport?		
	any MS4s contr				•
1. How many and w MS4/Coalition in	what type of pos nventoried, inspo	t-construction ected and mair	stormwater ma itained in this r	nagement practice eporting period?	es has your
		#	#	# Times Maintained	
		Inventoried	Inspections	Maintained	
O Alternative Practic	ees				
O Filter Systems					
O Infiltration Basins					
Open Channels					
○ Ponds					
○ Wetlands					
○ Other		3	3	3	
2. Do you use an o			abase, spreads	heet) to track pos	st-construction • Yes • No
3. What types of a Development/E	non-structural Better Site Desig	practices hav gn/Green Infr	e been used to astructure pri	implement Low nciples?	Impact
Building Codes	O Municipal Co	omprehensive P	Plans		
Overlay Districts	Open Space	Preservation Pr	ogram		
○ Zoning	O Local Law or	Ordinance			
○ None	O Land Use Re	egulation/Zoning	g		
O Watershed Plans	Other Compr	ehensive Plan			
Other:					

This report is being submitted for the reporting period ending March 9, 2 0 2 3

	SPDES ID								
Name of MS4/Coalition Village of Hudson Falls	N Y R 2	2 0 A 0	2 8						
4a. Are the MS4s contributing to this report involved in a regional/wate	ershed wide plan	nning effor	t?						
		O Yes	No						
4b. Does the MS4 have a banking and credit system for stormwater man	nagement pract	ices?							
The Book site Mass is a second	_	○ Yes	No						
4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice? O Yes No									
4d. How many stormwater management practices have been implement reporting period?	ted as part of th	is system ir	o this						
5. What percent of municipal officials/MS4 staff responsible for progretraining on Low Impace Development (LID), Better Site Design (BS) Infrastructure principles in this reporting period?	am implementa D) and other G	tion attend	0 %						

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

6. Evaluating Progress Toward Measurable Goals MCM 5	
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.	7
Continue to implement the Post-Construction Stormwater Management BMPs specific to the Village in the MCM 5 program outlined in the county developed SWMP plan.	
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurabl Goal.	le
The Village will evaluate Post-Construction Stormwater Management BMPs on a yearly basis to ensure compliance with MCM 5 requirements of the permit.	
C. How many times was this observation measured or evaluated in this reporting period?	
(ex.: samples/participa	nts/events
D. Has your MS4 made progress toward this measurable goal during this reporting period? • Yes • N	lo
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? • Yes • N	To .
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).	
Inspect all high priority post-construction bmps twice per year by March 2024.	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 3$

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 Hudson Falls	N	Y	R	2	0	A	0	2	8
Tiume of the in Committee										

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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. 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 Addressed in SWMP? years? Operation/Activity/Facility ○ No ○ Yes Street Maintenance.....

Yes No ● No ○ Yes No Bridge Maintenance.... O Yes ○ No ○ Yes No Winter Road Maintenance.....

Yes No Salt Storage.....

Yes ○ No ○ Yes Solid Waste Management..... 9 Yes ○ No ○ Yes No No ○ No ○ Yes New Municipal Construction and Land Disturbance..

Yes ○ No ○ Yes No Right of Way Maintenance.....

Yes • No OYes No Marine Operations.... O Yes ○ No ○ Yes No Hydrologic Habitat Modification.....

Yes No Parks and Open Space.....

Yes No ○ No ○ Yes Municipal Building..... • Yes No ○ No ○ Yes Stormwater System Maintenance..... • Yes ○ No ○ Yes No Vehicle and Fleet Maintenance.....

Yes No ● No ○ Yes Other..... O Yes

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 2 & 3 \end{bmatrix}$

	SPD	ES II)					
Name of MS4/Coalition Village of Hudson Falls	N	YR	2	0	A	0	2	8
2. Provide the following information about municipal operations good housekeeping programs:								
Parking Lots Swept (Number of acres X Number of times swept)		# Ac	res					1
Streets Swept (Number of miles X Number of times swept)		# M	iles				6	0
© Catch Basins Inspected and Cleaned Where Necessary			#			1	5	0
Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary			#					3
Phosphorus Applied In Chemical Fertilizer		# L	bs.					0
Nitrogen Applied In Chemical Fertilizer		# L	bs.					0
Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)		Acre	es	0 0	0			0
3. How many stormwater management trainings have been provided	to n	nuni	icipa	al e	mp	loy	ees	.
during this reporting period?								0
4. What was the date of the last training?	0	/ [1	. 9	1	2	0	1	7
5. How many municipal employees have been trained in this reporting	g pe	eriod	1?					0
6. What percent of municipal employees in relevant positions and destormwater management training?	part	men	its r	ece	ive	1	0	%

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

Name of MS4/Coalition Village of Hudson Falls SPDES ID N Y R 2 0 A 0 2 8
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.
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/participants/ever
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? • 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).
Perform self assessment on Village operations by July 31st 2023.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 3 & 3 \end{vmatrix}$

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1	Y	R	2	0	A	0	2	8
1	N N	N Y	N Y R	N Y R 2	N Y R 2 0	N Y R 2 0 A		

MS4 Description			(200)
TIDT Description	Answer	Check NA	(POC)
NYC EOH Watershed		-	Dl 1
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Fraditional 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	-	224505101112	Phosphorus
Fraditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Fraditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,3,80,10,11,12	Thosphorus
Greenwood Lake Watershed	1.4.67, 10.0	2.2.5.9h 10.11.12	Phosphorus
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,3,80,10,11,12	- Indepression
Oyster Bay	1 4 7- 40 10 11 12	2,3,5,6,8a,8b	Pathogens
Fraditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Fraditional Non-Land Use	1,4,7a-d,9,10,11,12 1,4,7a-d,9	2.3.4.5.8a.8b.10.11.12	Pathogens
Non-Traditional	1,4,74-4,5		-
Peconic Estuary Fraditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Fraditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	1,1,14 4,04,5		
Fraditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Fraditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1.4.6.7a-d.8a.9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Fraditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Fraditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5.6.8a.8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5.6.8a.8b.10.11.12	Pathogens

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$ 3

		SPDES ID		
Nar	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 Syste and Maintenance Plan Program?	m (infrastructu ○ Yes	re) Insp∈ ○ No	ection N/A
4.	Estimate the percentage of on-site wastewater treatment system and maintained or rehabilitated as necessary in this reporting p	s that have been period?	n inspect	ed %
5.	Has your MS4/Coalition developed a program that provides pro NYSDEC SPDES General Permit for Stormwater Discharges for (GP-0-08-001) to reduce pollutants in stormwater runoff from coalisturb five thousand square feet or more?	om Construction	on Activi	ties
6.	Has your MS4/Coalition developed a program to address post-runoff from new development and redevelopment projects that equal to one acre that provides equivalent protection to the NYS Permit for Stormwater Discharges from Construction Activities the New York State Stormwater Design Manual Enhanced Phot Standards?	disturb greater S DEC SPDES s (GP-0-08-001)	than or General , includi	
7a.	. Does your MS4/Coalition have a retrofitting program to reduce phosphorus/nitrogen/pathogen loading?	erosion or O Yes	○ No	• N/A
7 b	.How many projects have been sited in this reporting period?			
7c.	. What percent of the projects included in 7b have been complete	ed in this report	ing peri	od?
7d	. What percent of projects planned in previous years have been c	completed?		%
		○ No	Projects	Planned
8a	.Has your MS4/Coalition developed and implemented a turf man procedures policy that addresses proper fertilizer application o lands?	nagement pract n municipally o O Yes	wned	N/A
8b	Has your MS4/Coalition developed and implemented a turf man procedures policy that addresses proper disposal of grass clipping municipally owned lands?	nagement practings and leaves ○ Yes	from	• N/A

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$ 3

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	f native plan	ting? ○ No	• N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste prohibiting goose feeding?			rties and N/A
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	○ No	• N/A