

# BROOKER ENGINEERING, PLLC

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June 1, 2011

DEC Central Office  
MS 4 Permit Coordinator  
625 Broadway  
Division of Water, 4 th floor  
Albany, N.Y. 12233-3505

Attn: Carrie C. Buetow - Environmental Permit Specialist

Re: Village of Haverstraw  
Rockland County  
SPDES Permit Number NYR20A 414

Dear Ms. Buetow,

On behalf of the Village of Haverstraw, Rockland County, we are forwarding herewith one (1) original and one (1) copy of the completed Municipal Compliance Certification Form and the MS4 Annual Report Form.

Very truly yours,

Eve M. Mancuso, P.E.  
BROOKER ENGINEERING, PLLC

CC: Judith Curcio – Village Clerk/Treasurer

P:\word-files\Villages\MS4\MS4 2010 Forms\MS4 2010 Havestraw\MS 4 Cover letter doc



**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2011

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

SPDES ID  
N Y R 2 0 A





**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2011

Name of MS4 Village of Haverstraw

SPDES ID  
N Y R 2 0 A 4 1 4

**Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for *each* 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
- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name  
J u d i t h C u r c i o

Title  
V i l l a g e C l e r k

Address  
4 0 N e w M a i n S t r e e t

City State Zip  
H a v e r s t r a w N Y 1 0 9 2 7 -

eMail

Phone County  
( 8 4 5 ) 4 2 9 - 0 3 0 0 R o c k l a n d





**MS4 Municipal Compliance Certification (MCC) Form**

MCC form for period ending March 9, 2011

Name of MS4

SPDES ID  

N	Y	R	2	0	A	4	1	4
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**Section 3 - Partner Information**

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  Yes  No

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/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

eMail

Phone

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G?  Yes  No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

MM1

MM2

MM3

MM4

MM5

MM6

Additional tasks/responsibilities

*Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

### MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

Name of MS4

SPDES ID  
N Y R 2 0 A 4 1 4

#### Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  Yes  No

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/Coalition Name

C o u n t y o f R o c k l a n d

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0

Address

2 3 N e w H e m p s t e a d R o a d

City

State

Zip

N e w C i t y

N Y

1 0 9 5 6 -

eMail

Phone

( 8 4 5 ) 3 6 8 - 5 0 6 0

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G?  Yes  No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

MM1 P u b l i c E d u c a t i o n a n d O u t r e a c h

MM2

MM3

MM4

MM5

MM6 R e s i d e n t i a l h a z a r d o u s w a s t e

Additional tasks/responsibilities

Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

**MS4 Municipal Compliance Certification (MCC) Form**

MCC form for period ending March 9, 2011

Name of MS4 Village of Haverstraw

SPDES ID  
N Y R 2 0 A 4 1 4

**Section 3 - Partner Information**

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  Yes  No

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/Coalition Name

K e e p R o c k l a n d B e a u t i f u l

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0

Address

6 5 P a r r o t t R o a d B l d g 1 2

City

W e s t N y a c k

State

N Y

Zip

1 0 9 9 4 -

eMail

Phone

( 8 4 5 ) 6 2 3 - 1 5 3 4

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G?  Yes  No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

MM1 P u b l i c E d u c a t i o n a n d O u t r e a c h

MM2

MM3

MM4

MM5

MM6

Additional tasks/responsibilities

Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2011

Name of MS4

SPDES ID  
N Y R 2 0 A 4 1 4

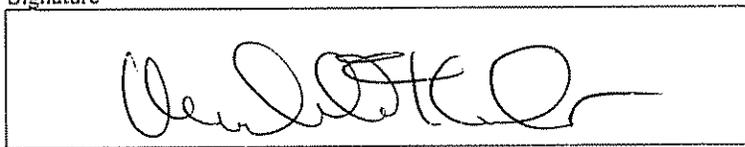
**Section 4 - Certification Statement**

"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 Name

Title (Clearly print title of individual signing report)

Signature  


Date  
06 / 01 / 2011

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





### MS4 Annual Report Form

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

2	0	1	1
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Haverstraw
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SPDES ID  

N	Y	R	2	0	A	4	1	4
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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

- |  |                     |  |   |   |   |   |   |
|--|---------------------|--|---|---|---|---|---|
| <input type="radio"/> Construction Site Operators Trained    | # Trained           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>           |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input type="radio"/> Direct Mailings                        | # Mailings          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>           |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays    | # Locations         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>1</td></tr></table>           |   |   |   | 1 |   |
|  |                     |  | 1 |   |   |   |   |
| <input type="radio"/> List-Serves                            | # In List           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>           |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Mailing List                | # In List           | <table border="1" style="display: inline-table;"><tr><td> </td><td>2</td><td>5</td><td>0</td><td>0</td></tr></table> |   | 2 | 5 | 0 | 0 |
|  | 2                   | 5  | 0 | 0 |   |   |   |
| <input type="radio"/> Newspaper Ads or Articles              | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>           |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Public Events/Presentations | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>1</td><td>0</td><td>0</td></tr></table> |   |   | 1 | 0 | 0 |
|  |                     | 1  | 0 | 0 |   |   |   |
| <input type="radio"/> School Program                         | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>           |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> TV Spot/Program             | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>1</td></tr></table>           |   |   |   | 1 |   |
|  |                     |  | 1 |   |   |   |   |
| <input checked="" type="radio"/> Printed Materials:          | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>3</td><td>0</td><td>0</td></tr></table> |   |   | 3 | 0 | 0 |
|  |                     | 3  | 0 | 0 |   |   |   |

Locations (e.g. libraries, town offices, kiosks)

V	i	l	l	a	g	e		O	f	f	i	c	e	s					

Other:

B	u	l	l	e	t	i	n		B	o	a	r	d						
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Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

w	w	w	.	V	o	H	n	y	.	c	o	m							

URL




**MS4 Annual Report Form**

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

2	0	1	1
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Haverstraw
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SPDES ID

N	Y	R	2	0	A	4	1	4
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**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.**

The Village goal is to enhance the web site to provide additional information regarding stormwater management as it relates to the day to day activities of Village residents and businesses.

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

There appears to be a noticeable difference in the amount of recyclables collected and the proper disposal of hazardous materials as the public becomes more actively aware of the collection program and schedules. There is a noticeable decrease in the amount of trash found in catch basins.

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

		1	2
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*(ex.: samples/participants/events)*

**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).**

The Village has again retained Americorps youth to participate in Village projects. The Village will continue to implement the program to place markers on the catch basins indicating the basins drain to a stream or river. This program is a highly visible method of educating the residents of the correlation between the stormwater collection system and the water quality of the receiving waters, the Hudson River.









### MS4 Annual Report Form

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

2	0	1	1
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Haverstraw
-----------------------

SPDES ID  

N	Y	R	2	0	A	4	1	4
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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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 / 

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4.b. For how many days was/will this report be posted?

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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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

Yes  No

If Yes, what was the date of the meeting?

0	7
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 / 

1	2
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 / 

2	0	1	1
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If No, is one planned?

Yes  No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

Yes  No

If No, is one planned for each?

Yes  No

6. Were comments received during this reporting period?

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

**MS4 Annual Report Form**

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

2	0	1	1
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Haverstraw
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SPDES ID  

N	Y	R	2	0	A	4	1	4
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**7. Evaluating Progress Toward Measurable Goals MCM 2**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

The Village goal is to increase public participation by informing the public of the numerous venues available for their participation. The Village will continue to participate in the Cornell Cooperative Stormwater Consortium.

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

The Village observed an increased level of public participation in annual clean up events. Various Outdoor Workshop Educational Programs were offered by Cornell Cooperative. Numerous classes were offered on gardening, rain gardens, composting, lawn care and the proper use of fertilizer and pesticides. There was an Environmental Summit held in Clarkstown and a Rockland Environmental Education Symposium held.

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

		1	2
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*(ex.: samples/participants/events)*

**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).**

The Village will continue their affiliation with Cornell Cooperative, with Americorps and work in cooperation with the Town of Haverstraw and Rockland County... The Village will continue to enhance their web site as a means of disseminating information.







**MS4 Annual Report Form**

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

2	0	1	1
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Haverstraw
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SPDES ID

N	Y	R	2	0	A	4	1	4
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**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.**

The goal of the Village is to continue the intensive program of cleaning and maintaining the catch basins as garage is the primary pollutant of concern in the downtown areas of the Village. The building inspector and code enforcement officer will continue to be vigilant in the detection of potential illicit discharges. The DPW staff will reinforce the shed shed structure when the product held within is used and the rear wall is accessible.
---

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

The increased maintenance has alleviated local road flooding and erosion during high intensity storm events.
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**C. How many times was this observation measured or evaluated in this reporting period?**

		1	2
--	--	---	---

(ex.: samples/participants/events)

**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).**

The Village will continue to focus their efforts on catch basin cleaning and road/parking lot sweeping. The DPW staff will continue with placing the tags on the stormwater structures when additional tags become available.
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**MS4 Annual Report Form**

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

2	0	1	1
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: 

Village of Haverstraw
-----------------------

SPDES ID  

N	Y	R	2	0	A	4	1	4
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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction 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
--	--	---

**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?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

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

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		0
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  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:**

- Notices of Violation # 

				1
--	--	--	--	---

 No Authority
- Stop Work Orders # 

				0
--	--	--	--	---

 No Authority
- Criminal Actions # 

				0
--	--	--	--	---

 No Authority
- Termination of Contracts # 

				0
--	--	--	--	---

 No Authority
- Administrative Fines # 

				0
--	--	--	--	---

 No Authority
- Civil Penalties # 

				0
--	--	--	--	---

 No Authority
- Administrative Orders # 

				0
--	--	--	--	---

 No Authority
- Enforcement Actions or Sanctions # 

				0
--	--	--	--	---
- Other # 

--	--	--	--	--

 No Authority

**MS4 Annual Report Form**

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

2	0	1	1
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Haverstraw
-----------------------

SPDES ID  

N	Y	R	2	0	A	4	1	4
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**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
--	--	---

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

		0
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		1
--	--	---

3. What percent of active construction sites were inspected during this reporting period?  NT 

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once?  NT 

1	0	0
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 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT

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?  Yes  No  NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 4 1 4

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

P l a n n i n g   D e p a r t m e n t

Address

4 0   M a i n   S t r e e t

City

H a v e r s t r a w

N Y

Zip

1 0 9 2 7 -

Phone

( 8 4 5 ) 4 2 0 - 0 3 0 0

○ Library

Address

City

Zip

-

Phone

(   )   -

○ Other

Address

City

Zip

-

Phone

(   )   -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

**MS4 Annual Report Form**

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

2	0	1	1
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Haverstraw
-----------------------

SPDES ID

N	Y	R	2	0	A	4	1	4
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**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 Village goal is to review 100% of all SWPPP's submitted to the Village and have 100% compliance with the regulations.

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

The procedures and protocols have been established in anticipation of processing new SWPPP's.

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

			0
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*(ex.: samples/participants/events)*

**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).**

As SWPPP's are submitted to the Village for review the procedures established will be implemented.



**MS4 Annual Report Form**

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

2	0	1	1
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Haverstraw

SPDES ID

N	Y	R	2	0	A	4	1	4
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

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?

Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
--	--	---

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

	3	0
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	1	1
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Haverstraw
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SPDES ID  

N	Y	R	2	0	A	4	1	4
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**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.**

The Village goal is to follow the procedures established to monitor the required inspections, maintenance and reporting for all projects subject to SWPPP compliance.

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

This has not yet been observed as no projects have been fully implemented.

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

			0
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*(ex.: samples/participants/events)*

**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).**

The Village will implement the procedures established upon receipt of a project with SWPPP requirements. The Village will be taking over maintenance responsibility from the NYSDOT for the detention basin constructed for the Short Clove Road improvement project.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Village of Haverstraw
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SPDES ID  

N	Y	R	2	0	A	4	1	4
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**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
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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.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Marine Operations.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Village of Haverstraw

SPDES ID

N	Y	R	2	0	A	4	1	4
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**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

		1	6	5
--	--	---	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

		5	6	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		7	5
--	--	---	---
- 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 Number of times applied to the nearest tenth.) # Acres 

			0	.	
--	--	--	---	---	--

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

				9
--	--	--	--	---

**4. What was the date of the last training?**

0	3	/	0	9	/	2	0	1	1
---	---	---	---	---	---	---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

	1	6
--	---	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

1	0	0	%
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**MS4 Annual Report Form**

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

2	0	1	1
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Name of MS4/Coalition 

Village of Haverstraw
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SPDES ID

N	Y	R	2	0	A	4	1	4
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**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.**

The Village goal is to continue the increased frequency of the maintenance of catch basins and road/parking lot sweeping. The Village would also like to implement a program to introduce native plantings along the banks of the Hudson as a means of bank stabilization. The Village will seek to solicit the assistance of the fire department to gain access to those outfalls that are only available by boat.

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

The Village completed cleaning of 75 catch basins and repairs of 25 catch basins. There was 262.37 tons of paper and 222.75 tons of containers were recycled and disposed of properly. There was 300 tons of bulk waste collected, 47 tons of metal waste collected and 70 tons of leaves/brush collected. All of these collections and proper disposal of the noted materials contributes to reducing the primary pollutant of concern, trash.

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

		1	2
--	--	---	---

(ex.: samples/participants/events)

**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).**

The Village DPW staff will continue their increased efforts in cleaning and maintaining the stormwater system. When additional tags become available, the Village will continue to implement the storm drain marking program. Americorps will place the tags on the stormwater system. The new outfalls from the Short Clove Road project will be added to the outfall maps and inspected.

### MS4 Annual Report Form

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

2	0	1	1
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Name of MS4/Coalition 

Village of Haverstraw
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SPDES ID  

N	Y	R	2	0	A	4	1	4
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### Additional Watershed Improvement Strategy Best Management Practices

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
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MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
<b>NYC EOH Watershed</b>			
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional 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
<b>Onondaga Lake Watershed</b>			
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,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	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
<b>Greenwood Lake Watershed</b>			
Traditional Land Use	1,4,6,7a-d,8a,9	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	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>Oyster Bay</b>			
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,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
<b>Peconic Estuary</b>			
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,9,10,11,12	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
<b>Oscawana Lake Watershed</b>			
Traditional Land Use	1,4,6,7a-d,8a,9	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	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>LI 27 Embayments</b>			
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional 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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?  Yes  No  N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?  Yes  No  N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far. 

	9	5
--	---	---

 %

Estimate what percentage was mapped in this reporting period. 

	5	0
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	1	1
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Haverstraw
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SPDES ID  

N	Y	R	2	0	A	4	1	4
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?  Yes  No  N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 

		0
--	--	---

 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?  Yes  No  N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?  Yes  No  N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?  Yes  No  N/A

7b. How many projects have been sited in this reporting period? 

		0
--	--	---

7c. What percent of the projects included in 7b have been completed in this reporting period? 

--	--	--

 %

7d. What percent of projects planned in previous years have been completed? 

--	--	--

 %

No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?  Yes  No  N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?  Yes  No  N/A

**MS4 Annual Report Form**

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

2	0	1	1
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Name of MS4/Coalition

Village of Haverstraw
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SPDES ID

N	Y	R	2	0	A	4	1	4
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9. Has your MS4/Coalition developed and implemented a program of native planting?  
 Yes  No  N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?  
 Yes  No  N/A
11. Does your MS4/Coalition have a pet waste bag program?  
 Yes  No  N/A
12. Does your MS4/Coalition have a program to manage goose populations?  
 Yes  No  N/A