

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.

SPDES ID								
N	Y	R	2	0	A	4	2	1

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

V	i	l	l	a	g	e		o	f		H	i	g	h	l	a	n	d		F	a	l	l	s							
---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--

OR

This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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.

Name of Coalition

SPDES ID								
N	Y	R	2	0	A			

SPDES ID								
N	Y	R	2	0	A			

SPDES ID								
N	Y	R	2	0	A			

SPDES ID								
N	Y	R	2	0	A			

SPDES ID								
N	Y	R	2	0	A			

SPDES ID								
N	Y	R	2	0	A			

SPDES ID								
N	Y	R	2	0	A			

SPDES ID								
N	Y	R	2	0	A			

SPDES ID								
N	Y	R	2	0	A			

SPDES ID								
N	Y	R	2	0	A			

SPDES ID								
N	Y	R	2	0	A			

SPDES ID								
N	Y	R	2	0	A			

SPDES ID								
N	Y	R	2	0	A			

SPDES ID								
N	Y	R	2	0	A			

SPDES ID								
N	Y	R	2	0	A			

SPDES ID								
N	Y	R	2	0	A			

SPDES ID								
N	Y	R	2	0	A			

SPDES ID								
N	Y	R	2	0	A			

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
---	---	---	---

Name of MS4

Village of Highland Falls

SPDES ID

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

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

J	o	s	e	p	h														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI

--

 Last Name

D	O	n	o	f	r	i	o												
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

Title

M	a	y	o	r															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address

3	0	3		M	a	i	n		S	t	r	e	e	t					
---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--

City

H	i	g	h	l	a	n	d		F	a	l	l	s						
---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--

 State

N	Y
---	---

 Zip

1	0	9	2	8	-				
---	---	---	---	---	---	--	--	--	--

eMail

m	a	y	o	r	j	o	e	@	h	i	g	h	l	a	n	d	f	a	l	l	s	n	y	.	o	r	g						
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Phone

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

 County

O	r	a	n	g	e														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

--	--	--	--

Name of MS4

--

SPDES ID

--	--	--	--	--	--	--	--	--	--

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

--

Title

--

Address

--

City

--

 State

--

 Zip

--

 -

--

eMail

--

Phone (

--	--	--

)

--	--	--

 -

--	--	--

 County

--

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
---	---	---	---

Name of MS4

Village of Highland Falls

SPDES ID

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

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

J	o	s	e	p	h														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

--

Last Name

D	O	n	o	f	r	i	o												
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

Title (Clearly print title of individual signing report)

M	a	y	o	r															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature

--

Date

0		/	0		/				
---	--	---	---	--	---	--	--	--	--

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	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 Highland Falls

SPDES ID

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

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 Library and the Village Clerk's office maintains a collection of stormwater educational materials for distribution to residents, businesses, and contractors.

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

Reports, and documents regarding stormwater management and erosion and sediment control are available to the public at the Village Library, the Village website, and the Office of the Village Clerk. The Village Engineer references these documents to contractors and residents when needed.

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

			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).

Educational material on topics such as illegal dumping, septic system maintenance, oil leaks, and general stormwater best practices will continue to be available to residents and businesses at the Village Library, the Village Hall or the Village website. Respective materials will be updated as needed or as per DEC permit requirements.
--

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.

Name of MS4/Coalition

Village of Highland Falls

SPDES ID

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

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:

- Cleanup Events # Events

--	--	--	--	--
- Comments on SWMP Received # Comments

--	--	--	--	--
- Community Hotlines

Phone # (<table border="1" style="display: inline-table;"><tr><td>0</td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td>0</td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0			0							Phone # (<table border="1" style="display: inline-table;"><tr><td>8</td><td>4</td><td>5</td></tr></table>) <table border="1" style="display: inline-table;"><tr><td>4</td><td>4</td><td>6</td></tr></table> - <table border="1" style="display: inline-table;"><tr><td>7</td><td>6</td><td>2</td><td>8</td></tr></table>	8	4	5	4	4	6	7	6	2	8
0																					
0																					
8	4	5																			
4	4	6																			
7	6	2	8																		
Phone # (<table border="1" style="display: inline-table;"><tr><td>0</td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td>0</td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0			0							Phone # (<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>										
0																					
0																					
Phone # (<table border="1" style="display: inline-table;"><tr><td>0</td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td>0</td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0			0							Phone # (<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>										
0																					
0																					
Phone # (<table border="1" style="display: inline-table;"><tr><td>0</td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td>0</td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0			0							Phone # (<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>										
0																					
0																					
Phone # (<table border="1" style="display: inline-table;"><tr><td>0</td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td>0</td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0			0							Phone # (<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>										
0																					
0																					
Phone # (<table border="1" style="display: inline-table;"><tr><td>0</td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td>0</td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	0			0							Phone # (<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>										
0																					
0																					
- Community Meetings # Attendees

--	--	--	--	--
- Plantings Sq. Ft.

--	--	--	--	--
- Storm Drain Markings # Drains

--	--	--	--	--
- Stakeholder Meetings # Attendees

--	--	--	--	--
- Volunteer Monitoring # Events

--	--	--	--	--
- Other:

B	o	a	r	d		M	e	e	t	i	n	g	s	-	P	u	b	l	i	c		C	o	m	m	e	n	t	s
---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? Yes No

- List-Serve # In List

--	--	--	--	--
- Newspaper Advertising # Days Run

				1
--	--	--	--	---
- TV/Radio Notices # Days Run

--	--	--	--	--
- Other:

V	i	l	l	a	g	e		B	o	a	r	d		M	e	e	t	i	n	g										
---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

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

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.

Name of MS4/Coalition

Village of Highland Falls									
---------------------------	--	--	--	--	--	--	--	--	--

SPDES ID

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

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.

0	5
---	---

 /

0	1
---	---

 /

2	0	2	3
---	---	---	---

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

	3	0
--	---	---

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	
---	--

 /

0	
---	--

 /

--	--	--	--

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	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 Highland Falls

SPDES ID

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

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.

Maximizing public involvement and participation.

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

Village Board meetings are being held in person and via Zoom. Meeting information is available on the Village website and noticed in the official paper of the Village, The News of the Highlands. All Board meetings are televised and can be viewed on Channel 23 or the Village YouTube site. The number of people in attendance at Village Board Meetings runs between 20 and 25.

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

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

(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).

In person and Zoom meetings will continue to be held. Meeting times and minutes will continue to be posted on the Village website. Notice of scheduled meetings will also continue to be posted in the local paper. Meetings will continue to be televised. Comments are received at the Village Hall by email or post.

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.

Name of MS4/Coalition

Village of Highland Falls

SPDES ID

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

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.

Continue illicit discharge and detection program.

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

There were three illicit discharges reported or located within the Village during the reporting period. The Village will be performing an inventory of outfalls in the next reporting period .

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).

Inventorying and addressing issues at each outfall occurs at least once every five years or as needed. Any new outfalls constructed or discovered will be mapped and included in the Village GIS database. Illicit discharges are handled by the Building Department and corrected with the source of the discharge under the supervision of the Building Department.

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.

Name of MS4/Coalition

Village of Highland Falls

SPDES ID

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

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?

--	--	--

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
--	--	---

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?

		0
--	--	---

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 #

--	--	--	--	--	--

 ● No Authority
- Stop Work Orders #

--	--	--	--	--	--

 ● No Authority
- Criminal Actions #

--	--	--	--	--	--

 ● No Authority
- Termination of Contracts #

--	--	--	--	--	--

 ● No Authority
- Administrative Fines #

--	--	--	--	--	--

 ● No Authority
- Civil Penalties #

--	--	--	--	--	--

 ● No Authority
- Administrative Orders #

--	--	--	--	--	--

 ● No Authority
- Enforcement Actions or Sanctions #

--	--	--	--	--	--

 ● No Authority
- Other #

--	--	--	--	--	--

 ● No Authority

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.

Name of MS4/Coalition

Village of Highland Falls

SPDES ID

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

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 disturbances of one acre or more during this reporting period?**

		2
--	--	---

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

		2
--	--	---

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
---	---	---

 %

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, 2023

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 Highland Falls

SPDES ID
N Y R 2 0 A 4 2 1

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

[Empty grid for Department]

Address

[Empty grid for Address]

City

[Empty grid for City]

Zip

0 [Empty grid] - [Empty grid]

Phone

(0 [Empty grid]) 0 [Empty grid] - [Empty grid]

Library

Address

[Empty grid for Address]

City

[Empty grid for City]

Zip

0 [Empty grid] - [Empty grid]

Phone

(0 [Empty grid]) 0 [Empty grid] - [Empty grid]

Other

Address

T O W N P L A N N I N G B O A R D - 2 5 4 M A I N

City

H I G H L A N D F A L L S

N Y

Zip

1 0 9 2 8 - [Empty grid]

Phone

(8 4 5) 4 4 6 - 4 2 8 0

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

URL

[Empty grid for URL]

[Empty grid for URL]

[Empty grid for URL]

URL

[Empty grid for URL]

[Empty grid for URL]

[Empty grid for URL]

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.

Name of MS4/Coalition

Village of Highland Falls

SPDES ID

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

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.

Site inspection and enforcement

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

There were two constructions projects during the reporting period which resulted in over an acre of disturbance. Representatives from the Village Engineer's office were onsite daily witnessing construction activities. One project was specifically designed to eliminate stormwater issues in the vicinity of Ondaora Park.

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

	1	8	0
--	---	---	---

*(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 current site inspection and enforcement practices will remain in place and will be evaluated per project, on an as needed basis, and/or pursuant to DEC regulations.
--

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.

Name of MS4/Coalition

Village of Highland Falls

SPDES ID

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

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?

		0
--	--	---

 %

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.

Name of MS4/Coalition

Village of Highland Falls

SPDES ID

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

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.

Identify existing or proposed conditions that may require an appropriate stormwater practice to reduce pollutant discharges.

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

Presently there is no new development planned in the Village which would trigger a stormwater management practice to reduce pollutant loads. Existing site conditions will continue to be monitored.

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

			0
--	--	--	---

*(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 assess the need for a post construction practice in any of its capital projects.

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.

Name of MS4/Coalition

SPDES ID

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

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

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

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.

Name of MS4/Coalition

Village of Highland Falls

SPDES ID

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

2. Provide the following information about municipal operations good housekeeping programs:

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

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

			1	7
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

			2	0
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

--	--	--	--	--
- Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Pesticide/Herbicide Applied # Acres

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

 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

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

4. What was the date of the last training?

--	--

 /

--	--

 /

--	--	--	--

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

0		
---	--	--

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

75		
----	--	--

 %

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.

Name of MS4/Coalition

Village of Highland Falls

SPDES ID

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

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.

Continue record keeping of housekeeping practices

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

All forty-six (46) catch basins in the Village are cleaned and inspected once a year for any maintenance issues. The Town of Highlands is responsible for the sweeping of streets and garbage pickup in the Village.
--

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

		4	6
--	--	---	---

*(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 keep records of its stormwater management activities and note any significant changes that may require a re-evaluation. Logs of repairs to catch basins are kept by the Village DPW office.
--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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 Highland Falls

SPDES ID
NYR20A421

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?

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

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed			
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
Onondaga Lake Watershed			
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
Greenwood Lake Watershed			
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
Oyster Bay			
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
Peconic Estuary			
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
Oscawana Lake Watershed			
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
LI 27 Embayments			
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. %

Estimate what percentage was mapped in 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.

Name of MS4/Coalition

Village of Highland Falls

SPDES ID

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

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?

--	--	--

 %

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	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 Highland Falls

SPDES ID

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

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