MCC form for period ending March 9, 2017

Name of MS4 TOWN OF HIGHLANDS

SPDES ID NYR20A23

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: MERVIN

MI: R

Last Name: LIVSEY

Title (Clearly print title of individual signing report): TOWN SUPERVISOR

Signature

Date: 05 / 22 / 2017

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

SPDES ID
N Y R 2 0 A 2 3 2

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

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

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

SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A

Name of MS4 TOWN OF HIGHLANDS

SPDES ID N Y R 2 0 A

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ● An Annual Report for a single MS4
- ○ A Single Entity (Per Part II.E of GP-0-10-002)
- ○ A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

Name of MS4 TOWN OF HIGHLANDS

SPDES ID NYR20A

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.
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 positio filled by the same individual. If one individual fills multiple roles, provide the contact informat once and check all positions that apply to that individual.

   If a new Duly Authorized Representative is signing this report, their contact information must b 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: MERVIN MI: R Last Name: LIVSEY

Title: TOWN SUPERVISOR

Address: 254 MAIN STREET

City: HIGHLAND FALLS State: NY Zip: 10928 -

eMail: BLIVSEY@HIGHLANDS-NY.GOV

Phone: (845) 446-4280 County: ORANGE

MCC form for period ending March 9, 2017

Name of MS4 TOWN OF HIGHLANDS

SPDES ID NYR20A23

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
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).

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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: ALFRED

MI: A

Last Name: FUSCO, JR., P.

Title: TOWN ENGINEER

Address: 233 EAST MAIN STREET

City: MIDDLETOWN

State: NY

Zip: 10940 -

eMail: aafjr@fuscoengineering.com

Phone: (845) 344-5863

County: ORANGE

Name of MS4 TOWN OF HIGHLANDS

SPDES ID N Y R 2 0 A

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this report period?

○ Yes

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 appli

N Y R 2 0

Address

City

State

Zip -

eMail

Phone ( ) -

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ○ Yes ○

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

○ 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.

MCC form for period ending March 9, 2017

Name of MS4 TOWN OF HIGHLANDS

SPDES ID NYR20A

Section 4 - Certification Statement

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

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

First Name: MERVIN

MI: R

Last Name: LIVSEY

Title (Clearly print title of individual signing report): TOWN SUPERVISOR

Signature

Date: 05 / 22 / 2

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

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

Name of MS4/Coalition TOWN OF HIGHLANDS

SPDES ID N Y R 2 0

Water Quality Trends

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s are contributed to this report?

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.

○ Yes ●

If Yes, choose one of the following

○ Report(s) attached to the annual report

○ Web Page(s) where report(s) is/are provided below

Please provide specific address of page where report(s) can be accessed - not home page.

URL

URL

URL

URL

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

Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: N Y R 2 0 A 2

Minimum Control Measure 1. Public Education 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

● Construction Sites
● General Stormwater Management Information
○ Household Hazardous Waste Disposal
○ Illicit Discharge Detection and Elimination
○ Infrastructure Maintenance
○ Smart Growth
● Storm Drain Marking
○ Green Infrastructure/Better Site Design/Low Impact Development
○ Other:

○ Pesticide and Fertilizer Applicat
○ Pet Waste Management
○ Recycling
○ Riparian Corridor Protection/Re
○ Trash Management
○ Vehicle Washing
● Water Conservation
○ Wetland Protection
○ None

Other

2. Specific audiences targeted during this reporting period:

● Public Employees
● Residential
○ Businesses
○ Restaurants
○ Other:

● Contractors
○ Developers
● General Public
○ Industries
○ Agricultural

Other

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

Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: NYR20A2

3. What strategies did your MS4/Coalition use to achieve education and outreach goals dur this reporting period? Check all that apply:

- ● Construction Site Operators Trained — # Trained
- ○ Direct Mailings — # Mailings
- ● Kiosks or Other Displays — # Locations
- ○ List-Serves — # In List
- ○ Mailing List — # In List
- ○ Newspaper Ads or Articles — # Days Run
- ○ Public Events/Presentations — # Attendees
- ○ School Program — # Attendees
- ○ TV Spot/Program — # Days Run
- ● Printed Materials: — Total # Distributed

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

TOWN HALL

○ Other:

● Web Page: Provide specific web addresses - not home page. Continue on next page if additional spac needed.

URL

townofhighlands.gov

URL

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

Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: N Y R 2 0 A 2

3. Web Page con't.: Provide specific web addresses - not home page.

URL

URL

URL

URL

URL

URL

URL

URL

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

Name of MS4/Coalition TOWN OF HIGHLANDS

SPDES ID N Y R 2 0 A 2

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 Pa III.C.1. Submit additional pages as needed.

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

1) Continue to support school programs in the Fort Montgomery Highland Falls school district
2) Provide brochure and information flyers at public facilities
3) River sweep program
4) Adopt Highway Program

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

1) School children in stormwater program
2) 100 Brochures and flyers distributed at town hall.
3) Support of River Sweep and highway clean up project

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

(ex.: samples/partic

D. Has your MS4 made progress toward this Measurable Goal during this reporting period? ● Yes ○

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

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

Continue to document public participation in stormwater related projects, school and community groups.

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

Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: NYR20A2

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 # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -

○ Community Meetings — # Attendees ___

○ Plantings — Sq. Ft. ___

○ Storm Drain Markings — # Drains ___

○ Stakeholder Meetings — # Attendees ___

○ Volunteer Monitoring — # Events ___

● Other: Vision 2000 Group activities

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

○ List-Serve — # In List ___

○ Newspaper Advertising — # Days Run ___

○ TV/Radio Notices — # Days Run ___

● Other: Town Board Agenda

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

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

Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: N Y R 2 0 A 2

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

URL

URL

URL

URL

URL

URL

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

Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: NYR20A2

2. URL(s) con't.:

Please provide specific address(es) where notices can be accessed - not home page.

URL

URL

URL

URL

URL

URL

URL

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

Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: NYR20A23

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.

● MS4/Coalition Office ○ Annual Report ○ SWMP Plan ○ Comm

Department: Planning Board Office

Address: 254 Main Street

City: Highland Falls NY Zip: 10928-

Phone: (845) 446-4280

○ Library ○ Annual Report ○ SWMP Plan ○ Comm

Address:

City: Zip: -

Phone: ( ) -

○ Other ○ Annual Report ○ SWMP Plan ○ Comm

Address:

City: Zip: -

Phone: ( ) -

○ Web Page URL: ○ Annual Report ○ SWMP Plan ○ Comm

Please provide specific address of page where report can be accessed - not home page.

○ eMail ○ Comm

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

Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: N Y R 2 0 A 2 3

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. __ / __ / __

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

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 ○
If Yes, what was the date of the meeting? 1 1 / 2 8 / 2 0 1

If No, is one planned? ● Yes ○

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

If No, is one planned for each? ○ Yes ●

6. Were comments received during this reporting period? ○ Yes ●
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

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

Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: N Y R 2 0 A 2 3

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 Par III.C.1. Submit additional pages as needed.

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

1) Hold annual meeting to review program.
2) Meetings are aired on local cable channel.

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

1) Annual meeting regarding stormwater held and publicly aired on local cable channel.

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

(ex.: samples/partici

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

● Yes ○

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

● Yes ○

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

1) Provide annual report and notice on Town Board agenda.
2) Provide newspaper announcement of SWPPP and annual report including information on comments of reporting methods.

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

Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: NYR20A2

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

1. Enter the number and approx. percent of outfalls mapped: 25 # 10

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 1

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ○ Auto Recyclers
- ○ Building Maintenance
- ○ Churches
- ○ Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ○ Construction Vehicle Washouts
- ○ Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ○ Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ○ Restaurants
- ○ Schools and Universities
- ○ Septic Maintenance
- ○ Swimming Pools
- ○ Vehicle Fueling
- ○ Vehicle Maint./Repair Shops
- ○ Other:
- ○ None
- ● Sewersheds: Residential Watersheds

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

Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: N Y R 2 0 A 2

3.b. What types of illicit discharges have been found during this reporting period?

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ● None

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

5. How many illicit discharges have been confirmed during this reporting period?

6. How many illicit discharges/illegal connections have been eliminated during this reportin period?

7. Has the storm sewershed mapping been completed in this reporting period? ● Yes ○

If No, approximately what percent was completed in this reporting period?

8. Is the above information available in GIS? ○ Yes ●

Is this information available on the web? ○ Yes ●

If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

URL

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

Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: N Y R 2 0 A 2

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures b approved for all non-traditional MS4s contributing to this report? ● Yes ○

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ○ Yes ● No ○

11. What percent of staff in relevant positions and departments has received IDDE training?

2 0

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

Name of MS4/Coalition TOWN OF HIGHLANDS

SPDES ID N Y R 2 0 A 2

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 Pa III.C.1. Submit additional pages as needed.

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

1) Stormwater outfalls and collection mapping complete.
2) Highway personnel trained in IDDE.
3) Stormshed Mapping being prepared in GIS format as funding is available.

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

1) Mapping complete.
2) Ongoing training and awareness for DPW personnel.
3) Complete storm shed mapping as funding is available.

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

(ex.: samples/partic

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

● Yes ○

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

● Yes ○

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

1) Begin GIS mapping of system currently mapped in CAD format.
2) Review 20 % of outfalls per year.
3) Complete detailed storm shed mapping in GIS format.

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

Name of MS4/Coalition TOWN OF HIGHLANDS

SPDES ID N Y R 2 0 A 2

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 ○

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 a Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○

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

2. Does your MS4/Coalition have a SWPPP review procedure in place? ● Yes ○

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

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

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 ○

do not have authority:

● Notices of Violation	#	1	○ No Authority
● Stop Work Orders	#	1	○ 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	#		
○ Other	#		○ No Authority

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

Name of MS4/Coalition TOWN OF HIGHLANDS

SPDES ID N Y R 2 0 A 2

Minimum Control Measure 4. Construction Site Stormwater Runoff Contr

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 m during this reporting period?** ☐☐

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

3. **What percent of active construction sites were inspected during this reporting period?** ○ 1 0 0

4. **What percent of active construction sites were inspected more than once?** ○ 1 0

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

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 ○

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○

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

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

Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: NYR20A2

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Building Department

Address: 254 Main Street

City: Highland Falls

Zip: NY 10928-

Phone: (845) 446-4280

○ 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

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

Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: N Y R 2 0 A 2

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 Pa III.C.1. Submit additional pages as needed.

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

1) 100 % of SWPPP's submitted are reviewed by Planning Board Engineer.
2) 100 % of active construction sites reviewed by town engineer and building inspector. Submiss of site engineer reports required.

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

1) Two active sites in town. Contractor provided with erosion and sediment control guidance on several occasions.

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

(ex.: samples/partic

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

● Yes ○

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

● Yes ○

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

Continue 100 % review and evaluation of construction sites.

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

Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: N Y R 2 0 A 2

Minimum Control Measure 5. Post-Construction Stormwater Managemen

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 and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices			
○ Filter Systems			
○ Infiltration Basins			
○ Open Channels			
● Ponds	2	2	0
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ Yes ●

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

○ Building Codes ● Municipal Comprehensive Plans
○ Overlay Districts ○ Open Space Preservation Program
● Zoning ● Local Law or Ordinance
○ None ○ Land Use Regulation/Zoning
○ Watershed Plans ○ Other Comprehensive Plan
○ Other:

reporting period ending March 9, 2 0 1 7

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

Name of MS4/Coalition TOWN OF HIGHLANDS

SPDES ID N Y R 2 0 A 2

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

○ Yes

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

○ Yes

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

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

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?

5 0

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

Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: N Y R 2 0 A 2

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 P III.C.1. Submit additional pages as needed.

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

1) Review of all sites prior to issue of certificate of occupancy.
2) Periodic review of storm water management facilities.

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

1) One storm water pond required to be maintained by owner per notification by Building Inspect

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

(ex.: samples/partic

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

● Yes ○

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

● Yes ○

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

1) Continue to review a limited number of facilities.
2) Require enforceable map notes on any future projects.
3) No projects currently pending.

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

Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: N Y R 2 0 A 2

Minimum Control Measure 6. Stormwater Management for Municipal Opera

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 contribu Pollutants of Concern to the MS4 system. For each operation/facility indicate whether th 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 pollutan 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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facil performed within the pas years?	
Street Maintenance	● Yes	○ No	○ Yes	● No
Bridge Maintenance	○ Yes	● No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	○ Yes	● No
Salt Storage	● Yes	○ No	○ Yes	● No
Solid Waste Management	● Yes	○ No	○ Yes	● No
New Municipal Construction and Land Disturbance	○ Yes	● No	○ Yes	● No
Right of Way Maintenance	● Yes	○ No	○ Yes	● No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	● Yes	○ No	○ Yes	● No
Municipal Building	● Yes	○ No	○ Yes	● No
Stormwater System Maintenance	● Yes	○ No	○ Yes	● No
Vehicle and Fleet Maintenance	● Yes	○ No	○ Yes	● No
Other	○ Yes	● No	○ Yes	● No

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Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: N Y R 2 0 A 2

2. Provide the following information about municipal operations good housekeeping progr

- ● Parking Lots Swept (Number of acres X Number of times swept) — # Acres
- ● Streets Swept (Number of miles X Number of times swept) — # Miles
- ● Catch Basins Inspected and Cleaned Where Necessary — # 1
- ● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary — #
- ○ Phosphorus Applied In Chemical Fertilizer — # Lbs.
- ○ Nitrogen Applied In Chemical Fertilizer — # Lbs.
- ○ 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 employee during this reporting period?

4. What was the date of the last training? 11 / 28 / 201

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

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 30

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Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: N Y R 2 0 A 2 3

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

1) Salt Storage area maintained with record keeping.
2) Additional personnel trained in housekeeping issues.

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

1) General cleanup of municipal facilities.
2) Record keeping of practices increased.

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

(ex.: samples/partici

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

● Yes ○

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

● Yes ○

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

1) Additional record keeping implemented.
2) Adopt forms for housekeeping, sweeping, salt storage and catch basin cleaning.
3) Additional personnel to be trained as funding available.

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Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: N Y R 2 0 A 2

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 ●

2. **Has 100% of the MS4/Coalition conveyance system been mapped in GIS?** ○ Yes ● No ○

   If N/A, go to question 3.

   If No, estimate what percentage of the conveyance system has been mapped so far. 1 0 0

   Estimate what percentage was mapped in this reporting period. 0

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Name of MS4/Coalition: TOWN OF HIGHLANDS

SPDES ID: N Y R 2 0 A 2

3. **Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspec and Maintenance Plan Program?**
   ● Yes ○ No ○

4. **Estimate the percentage of on-site wastewater treatment systems that have been inspecte 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 Activiti (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?**
   ○ Yes ○ No ●

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 ●

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

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

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 Plan

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 ●

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 ●

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

Name of MS4/Coalition TOWN OF HIGHLANDS

SPDES ID

N	Y	R	2	0	A	2

9. Has your MS4/Coalition developed and implemented a program of native planting?

○ Yes ○ No ●

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal propertie prohibiting goose feeding?

○ Yes ○ No ●

11. Does your MS4/Coalition have a pet waste bag program?

○ Yes ○ No ●

12. Does your MS4/Coalition have a program to manage goose populations?

○ Yes ○ No ●