



**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2016

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

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

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SPDES ID

N Y R 2 0 A

## MCC form for period ending March 9, 2016

SPDES ID

N	Y	R	2	0	A	3	9	3
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Section 1 - MCC Identification Page

- ☒ 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:

[illegible]

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

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Village of Castleton on Hudson

SPDES ID

N Y R 2 0 A 3 9 3

**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

R o b e r t

MI

Last Name

S c h m i d t

Title

M a y o r

Address

P O B o x 1 2 6

City

C a s t l e t o n - o n - H u d s o n

State

N Y

Zip

1 2 0 3 3 -

eMail

h p a n a l y s t @ a o l . c o m

Phone

( 5 1 8 ) 7 6 4 - 0 8 0 2

County

R e n s s e l a e r



**MS4 Municipal Compliance Certification(MCC) Form**MCC form for period ending March 9, 

2	0	1	6
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Name of MS4 

Village of Castleton on Hudson
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SPDES ID

N	Y	R	2	0	A	3	9	3
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**Section 2 - Contact Information**

Important Instructions - Please Read

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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 

N	o	r	m	a	n														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI 

--

 Last Name 

W	i	l	e	y															
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Title 

L	o	c	a	l		S	t	o	r	m	w	a	t	e	r		C	o	o	r	d	i	n	a	t	o	r										
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Address 

P	O		B	o	x		1	2	6																												
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City 

C	a	s	t	l	e	t	o	n		-	o	n	-	H	u	d	s	o	n																	
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State 

N	Y
---	---

 Zip 

1	2	0	3	3	-														
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eMail 

n	w	i	l	e	y	@	n	y	c	a	p	.	r	r	.	c	o	m																		
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Phone 

(	5	1	8	)		7	3	2	-	2	2	1	1
---	---	---	---	---	--	---	---	---	---	---	---	---	---

 County 

R	e	n	s	s	e	l	a	e	r										
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**MS4 Municipal Compliance Certification (MCC) Form**

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Village of Castleton on Hudson

SPDES ID

N Y R 2 0 A 3 9 3

**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 a p i t a l D i s t r i c t R e g i o n a l

Partner/Coalition Name (con't.)

P l a n n i n g C o m m i s s i o n

SPDES Partner ID - If applicable

N Y R 2 0

Address

O n e P a r k P l a c e

City

A l b a n y

State

N Y

Zip

1 2 2 0 5 -

eMail

M D a l e y @ C D R P C . o r g

Phone

( 5 1 8 ) 4 5 3 - 0 8 5 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 E d u c a t i o n a l / T r a i n i n g / I n f o

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☒ MM6 T r a i n i n g

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, 2016

SPDES ID

N Y R 2 0 A 3 9 3

Name of MS4 Village of Castleton -on- Hudson

## 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

T o w n o f B r u n s w i c k

SPDES Partner ID - If applicable

N Y R 2 0 A 0 1 5

Partner/Coalition Name (con't.)

Address

3 3 6 T o w n O f f i c e R o a d

State

Zip

N Y

1 2 1 8 0 -

City

T r o y

eMail

W B r a d l e y @ t o w n o f b r u n s w i c k . o r g

Phone

( 5 1 8 ) 2 7 9 - 3 4 6 3

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

M u l t i p l e T a s k s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☒ MM6

T r a i n i n g

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, 2 0 1 6

Name of MS4 Village of Castleton -on- Hudson

SPDES ID

N Y R 2 0 A 3 9 3

**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

T o w n o f E a s t G r e e n b u s h

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 2 0 1

Address

2 2 5 C o l u m b i a T u r n p i k e

City

R e n s s e l a e r

State

N Y

Zip

1 2 1 4 4 -

eMail

k l a n g l e y @ e a s t g r e e n b u s h . o r g

Phone

( 5 1 8 ) 4 7 7 - 4 7 7 5

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 M u l t i p l e T a s k s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☒ MM6 Training

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, 2 0 1 6

Name of MS4 Village of Castleton-on-Hudson

SPDES ID

N Y R 2 0 A 3 9 3

**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

T o w n o f N o r t h G r e e n b u s h

Partner/Coalition Name (cont.)

SPDES Partner ID - If applicable

N Y R 2 0 A

Address

2 D o u g l a s S t r e e t

City

W y n a n t s k i l l

State

N Y

Zip

1 2 1 9 8 -

eMail

m i n e r @ t o w n o f n g . c o m

Phone

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

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 M u l t i p l e T a s k s

○ MM2

○ MM3

○ MM4

○ MM5

● MM6 T r a i n i n g

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, 2 0 1 6

SPDES ID

Name of MS4 Village of Castleton -on- Hudson

N Y R 2 0 A 3 9 3

**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

T o w n o f P o e s t e n k i l l

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 3 7 2

Address

3 8 D a v i s S t r e e t

City

P o e s t e n k i l l

State

Zip

N Y

1 2 1 4 0 -

eMail

c e p o e s t @ n y c a p . r r . c o m

Phone

( 5 1 8 ) 2 8 3 - 5 1 0 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 M u l t i p l e T a s k s☐ MM2☐ MM3☐ MM4☐ MM5☒ MM6 T r a i n i n g

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, 2 0 1 6

Name of MS4 Village of Castleton -on- Hudson

SPDES ID

N Y R 2 0 A 3 9 3

**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

T o w n o f S c h a g h t i c o k e

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 1 1 6

Address

2 9 0 N o r t h l i n e D r i v e

City

M e l r o s e

State

N Y

Zip

1 2 1 2 1 -

eMail

S u p e r v i s o r @ t o w n o f s c h a g h t i c o k e . o r g

Phone

( 5 1 8 ) 7 5 3 - 6 9 1 5

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 M u l t i p l e T a s k s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☒ MM6 T r a i n i n g

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, 2 0 1 6

Name of MS4 Village of Castleton-on-Hudson

SPDES ID

N Y R 2 0 A 3 9 3

**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

T o w n o f s c h o d a c k

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 0 0 3

Address

2 6 5 S c h u u r m a n R o a d

City

C a s t l e t o n

State

N Y

Zip

1 2 0 3 3 -

eMail

N a d i n e . f u d a @ s c h o d a c k . o r g

Phone

( 5 1 8 ) 4 7 7 - 7 9 3 8

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 M u l t i p l e T a s k s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☒ MM6 T r a i n i n g

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, 2 0 1 6

Name of MS4 Village of Castleton -on- Hudson

SPDES ID

N Y R 2 0 A 3 9 3

**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

T o w n o f S a n d L a k e

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 1 1 9

Address

P . O . B o x 2 7 3

City

State

Zip

S a n d L a k e N Y 1 2 1 5 3 -

eMail

m w a g e r @ s a n d - l a k e . u s

Phone

( 5 1 8 ) 6 7 4 - 2 0 2 6

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 M u l t i p l e T a s k s
- ☐ MM2
- ☐ MM3
- ☐ MM4
- ☐ MM5
- ☒ MM6 T r a i n i n g

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, 2 0 1 6

Name of MS4 Village of Castleton-on-Hudson

SPDES ID

N Y R 2 0 A 3 9 3

**Section 3 - Partner Information**

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

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C i t y o f R e n s s e l a e r

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 1 2 5

Address

6 2 W a s h i n g t o n S t r e e t

City

R e n s s e l a e r

State

N Y

Zip

1 2 1 4 4 -

eMail

m i k e . b r o w n @ r e n s s e l a e r n y . g o v

Phone

( 5 1 8 ) 4 6 5 - 1 6 9 3

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

M u l t i p l e T a s k s

☐ MM2☐ MM3☐ MM4☐ MM5☒ MM6

T r a i n i n g

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, 2016

Name of MS4 Village of Castleton on Hudson

SPDES ID

N Y R 2 0 A 3 9 3

## 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

R e n s s e l a e r C o u n t y

SPDES Partner ID - If applicable

N Y R 2 0 A 3 9 2

Partner/Coalition Name (con't.)

Address

1 6 0 0 S e v e n t h A v e

State

N Y

Zip

1 2 1 8 0 -

City

T r o y

eMail

l v o n d e r h e i d e @ r e n s c o . c o m

Phone

( 5 1 8 ) 2 7 0 - 3 9 2 1

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

M u l t i p l e T a s k s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☒ MM6

T r a i n i n g

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, 2 0 1 6

Name of MS4 Village of Castleton on Hudson

SPDES ID

N Y R 2 0 A 3 9 3

**Section 3 - Partner Information**Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ☒ Yes ☐ No

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

R e n s s e l a e r C o u n t y S o i l a n d W a t e r

Partner/Coalition Name (con't.)

C o n s e r v a t i o n D i s t r i c t

SPDES Partner ID - If applicable

N Y R 2 0 A 3 7 9

Address

5 5 S t a t e S t r e e t

City

T r o y

State

N Y

Zip

1 2 1 8 0 -

eMail

T o m . s a n f r o d @ n y . u s d a . g o v

Phone

( 5 1 8 ) 2 7 1 - 1 7 4 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 M u l t i p l e T a s k s

○ MM2

○ MM3

○ MM4

○ MM5

● MM6 T r a i n i n g

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, 2016

Name of MS4 Village of Castleton on Hudson

SPDES ID

NYR 20A 393

## 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

City of Troy

SPDES Partner ID - If applicable

NYR 20A 379

Partner/Coalition Name (con't.)

Address

1776 Sixth Avenue

State

Zip

NY

12180 -

City

Troy

eMail

russ.reeves@troyny.gov

Phone

(518) 279-7173

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

Multiple Tasks

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☒ MM6

Training

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, 2 0 1 6

SPDES ID

N Y R 2 0 A 3 9 3

Name of MS4 Village of Castleton on Hudson

**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

R o b e r t

MI

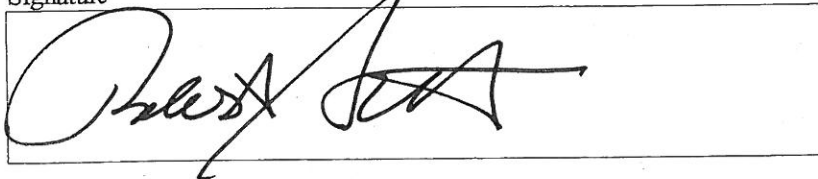
Last Name

S c h m i d t

Title (Clearly print title of individual signing report)

M a y o r

Signature



Date

0 5 / 2 3 / 2 0 / 6

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, 2016

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

SPDES ID

Name of MS4/Coalition

### Village of Castleotn on Hudson

N	Y	R	2	0	A	3	9	3
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## 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
--	--	---

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

☐ Yes    ☒ No

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

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 1 6

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 Castleton on Hudson

SPDES ID

N	Y	R	2	0	3	9	3
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### **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
--	--	---

## 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 Application
  - ☒ Pet Waste Management
  - ☒ Recycling
  - ☐ Riparian Corridor Protection/Restoration
  - ☒ Trash Management
  - ☒ Vehicle Washing
  - ☒ Water Conservation
  - ☐ Wetland Protection
  - ☐ None

[illegible]

Other

**2. Specific audiences targeted during this reporting period:**

- ☒ Public Employees      ☒ Contractors  
☒ Residential      ☐ Developers  
☒ Businesses      ☒ General Public  
☒ Restaurants      ☐ Industries  
☐ Other:      ☐ Agricultural

[illegible]

Other

**MS4 Annual Report Form**

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

2	0	1	6
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 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N	Y	R	2	0	3	9	3
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 Name of MS4/Coalition 

Village of Castleton on Hudson
--------------------------------

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

☐ Construction Site Operators Trained

☒ Direct Mailings

☒ Kiosks or Other Displays

☐ List-Serves

☒ Mailing List

☐ Newspaper Ads or Articles

☒ Public Events/Presentations

☐ School Program

☐ TV Spot/Program

☒ Printed Materials:

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

v	i	l	l	a	g	e	L	i	b	r	a	r	y				
V	i	l	l	a	g	e	H	a	l								
D	P	W	G	a	r	a	g	e									

☐ Other:

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☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

 URL 

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s	t	o	r	m	w	a	t	e	r	-	h	o	m	e	.	s	t	h	t	m	l								

URL


# Trained

--	--	--	--	--

# Mailings

--	--	--	--	--

# Locations

--	--	--	--	--

# In List

--	--	--	--	--

# In List

--	--	--	--	--

# Days Run

--	--	--	--	--

# Attendees

--	--	--	--	--

# Attendees

--	--	--	--	--

# Days Run

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Total # Distributed

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

SPDES ID

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Name of MS4/Coalition

Village of Castleton on Hudson

### 3. Web Page con't.:

Provide specific web addresses - not home page.

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**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.

SPDES ID

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Name of MS4/Coalition 

Village of Castleton on Hudson
--------------------------------

**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.**

Target and educate business owners and contactors on storm water runoff. Continue relationship with the local community groups for debris cleanup. Continue with websites, newsletter, and mailing updates. Work with Rensselaer County Regional Planning Commission on construction site training. Quarterly inventory of stormwater educational board.

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

Local Boy Scouts and Kiwanis have cleaned up road side debris and trash on hillsides that could find its way into the catch basins. By counting the number of pamphlets taken from the stormwater educational board we can see which materials the public is most interested in and if the public is reading the pamphlets. In 2015 a total of 75 pamphlets were taken compared to 95 in 2014. Storm water runoff prevention education flyers were mailed with water/sewer bills to 730 house wholes

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

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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).**

Local Stormwater Coordinator has attended MS-4 training and attends monthly County programs. Hosted a County wide monthly training program at the Village Hall. Training for construction sites as needed. The Village website has the most up-to-date stormwater information. Village newsletters go out regularly and remind residents about runoff. We continue to monitor the stormwater educational board located at the entrance to village hall. Storm water runoff prevention education flyers will be mailed with water/sewer bills to 730 house wholes four times in 2016. A Storm water





## 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 Castleton on Hudson

SPDES ID

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2. URL(s) con't.:

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

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URL

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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

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2. URL(s) con't.:

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

[illegible][illegible][illegible][illegible]

URL

URL

URL

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2016

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

SPDES ID

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Name of MS4/Coalition Village of Castleton on Hudson

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
 ☐ Comments

Department

Department																													
V	i	l	l	a	g	e		H	a	l		C	l	e	r	k	s		O	f	f	i	c	e					

Address

[illegible]

City

City 

C	a	s	t	l	e	t	o	n						
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N	Y
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 Zip 

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Phone

Phone ( 5 1 8 ) 7 3 2 - 2 2 1 1

● Annual Report    ● SWMP Plan    ● Comments

Library

## Library Address

[illegible]

City

City 

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Phone

Phone ( 5 1 8 ) 7 3 2 - 0 8 7 8

☒ Annual Report    ☐ SWMP Plan    ☐ Comments

● Other

Address

Address DPW Garage 26 Van Buren Ave

City

City

C	a	s	t	l	e	t	o	n
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Phone

Phone ( 5 1 8 ) 7 3 2 - 2 9 8 3

☒ Annual Report    ☐ SWMP Plan    ☒ Comments

● Web Page URL:

[illegible]

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

 eMail

## ● Comments

v	o	c	t	r	e	a	s	u	r	e	r	@	n	y	c	a	p	.	r	r	.	c	o	m
h	p	a	n	a	l	y	s	t	@	a	o	l	.	c	o	m								

**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 Castleton on Hudson

SPDES ID

N	Y	R	2	0	A	3	9	3
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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.

0	6	/	0	1	/	2	0	1	6
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4.b. For how many days was/will this report be posted?

3	6	5
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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?

		/			/				
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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	6
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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 Castleton on Hudson
--------------------------------

SPDES ID

N	Y	R	2	0	A	3	9	3
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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.**

Continue to work with Rensselaer County regional planning commission. Educate the public by providing programs at the local library, and by getting youth groups such as boy scouts, girl scouts and school groups involved with storm water management. Village wide clean up and hazardous waste days are provided for residents throughout the year and have produced good results.

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

Local Kiwans group and Boy Scouts do, street clean up twice each year. Village wide clean up, community hazardous waste day and electronic disposal continue to be used by residents. Attendance at Rensselaer County regional MS4 meeting provides useful information for enhancing the local program.

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

			6
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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).**

Continue with village wide cleanup and electronics day May 21, and September 24, 2016. Continue to work with ERCSWA on hazardous waste day April 30, 2016. Stormwater runoff flyers to mailed out to village residents with quarterly water bills. Work with garden club on various plantings around the village. Roadside debris cleanup every Friday from April to November and as needed. Village composting yard open April May, June, October & November. Restenciling of catch basins throughout entire village and along State Highways during 2016. Install additional dog waste station

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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 Castleton on Hudson

SPDES ID

N	Y	R	2	0	A	3	9	3
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### **Minimum Control Measure 3. Illicit Discharge Detection and Elimination**

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

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

How many MS4s contributed to this report?

		1
--	--	---

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

				7

 # 

1	0	0

 %

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

		0
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**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
  - ☐ Other:
  - ☒ 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
  - ☐ None

[illegible]

○ Sewersheds:

[illegible]

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2016

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 Castleton on Hudson

SPDES ID

N	Y	R	2	0	A	3	9	3
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**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

t	r	a	n	s	f	o	r	m	e	r
s	p	i	l	l						

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

		1
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**5. How many illicit discharges have been confirmed during this reporting period?**

		1
--	--	---

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

		1
--	--	---

**7. Has the storm sewershed mapping been completed in this reporting period?**

☐ Yes    ☒ No

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

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**8. Is the above information available in GIS?**

☐ Yes    ☒ No

**Is this information available on the web?**

☐ Yes    ☒ No

If Yes, provide URL(s):

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

URL

[illegible]

URL

[illegible]

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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 Castleton on Hudson

SPDES ID

N	Y	R	2	0	A	3	9	3
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8. URL(s) con't.:

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

URL,

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

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 ☐ NT

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

1	0	0	%
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**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 Castleton on Hudson
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SPDES ID

N	Y	R	2	0	A	3	9	3
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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.**

Water billing is done quarterly so leaks can be reported quickly, home inspections/examination occurs during this time to check for cross connections. Catch basins are cleaned and inspected. 5,319 feet of sanitary sewer line were inspected by camera and videotaped in 2015. Entire sewer system has now been inspected and videotaped.

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

No illicit discharges were found during sanitary sewer line inspections. During catch basin inspections no cross connections found. When cleaning catch basins visuals and odor inspections were done, no detections were found. Water leaks are repaired quickly when detected.

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

	3	0	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).**

Continue catch basin cleaning when needed during the year. Continue with spot sanitary sewer line inspections and blockage jetting as needed. Visually inspect out falls in 2016. Monitor hotline and website throughout the year. Conduct additional smoke testing in 2016.

**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 Castleton on Hudson

SPDES ID

N	Y	R	2	0	A	3	9	3
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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
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**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?

		0
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**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:**

<input type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	
				0				
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

**MS4 Annual Report Form**

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

2	0	1	6
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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 Castleton on Hudson

SPDES ID

N	Y	R	2	0	A	3	9	3
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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? 

		0
--	--	---

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, 

2	0	1	6
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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 Castleton on Hudson

SPDES ID

N	Y	R	2	0	A	3	9	3
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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.**

Continue with enforcement of the erosion and sediment law adopted by the Village of Castleton-on-Hudson. Monitor/enforce new street debris elimination law adopted by the Village of Castleton-on-Hudson in 2015

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

Eliminate construction site runoff and lawn clippings from entering storm water sewer system and entering Hudson River.

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

			5
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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).**

Educate public on the use of fertilizers, dog waste, car washing and keeping lawn clippings out of storm sewer. Continue work with the Rensselaer County storm water coalition on educating local contractors. Dates to be determined. Update local village code on village website which is ongoing.



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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Name of MS4/Coalition

Village of Castleton on Hudson

SPDES ID

N	Y	R	2	0	A	3	9	3
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### **Minimum Control Measure 5. Post-Construction Stormwater Management**

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. 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									
<input type="radio"/> Alternative Practices	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Filter Systems	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Infiltration Basins	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Open Channels	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Ponds	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Wetlands	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Other	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes ☒ No

☐ Yes    ☒ No

**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:

[illegible]

**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 Castleton on Hudson

SPDES ID

N	Y	R	2	0	A	3	9	3
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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.**

Inspect all active building lots and keep residents informed on post construction runoff and control of runoff from residential properties at bi-weekly Village Board meetings.

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

Runoff is a minimum since there is only one active building lot post construction. Village residents are being more mindful of controlling runoff from property.

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

			5
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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).**

Continue to provide access to MS4 reports on Village website. Update and refill educational materials at the community educational storm water board at the entrance to the Village Hall as needed. Mail storm water educational materials to residence with quarterly water bills. Continue contractor training with cooperation of the Rensselaer County storm water coalition dates to be determined. Continue to keep residents informed on control of runoff from residential properties at bi-weekly Village Board meetings.

**MS4 Annual Report Form**

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

2	0	1	6
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Name of MS4/Coalition

Village of Castleton on Hudson

SPDES ID

N	Y	R	2	0	A	3	9	3
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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? 

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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.

**Self-Assessment**  
**Operation/Activity/Facility**  
**performed within the past 3**

<b><u>Operation/Activity/Facility</u></b>	<b><u>Addressed in SWMP?</u></b>		<b><u>years?</u></b>	
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 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 type="radio"/> Yes	<input checked="" 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 type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" 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 type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

**MS4 Annual Report Form**

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

2	0	1	6
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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 Castleton on Hudson

SPDES ID

N	Y	R	2	0	A	3	9	3
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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.**

Curb side leaf collection generated 943 cubic yards in recycle material. Weekly street sweeping collected 65 cubic yards of debris. 1927 leaf bags were collected at curbside. 116 tons of recycling was collected at the curb side. 10 yards of debris was removed from catch basins during cleanings. All vehicle maintenance was performed inside the village garage. Self-assessments and bmps are practiced throughout the year. 113 Christmas trees picked up at curb side and taken to recycling

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

Total cubic yards of leaf pickup was up 8% from last year. Street sweeping down about 10% from last year. Catch basin debris removal was down from last year (11.5cy to 10cy). Recycling increased 21 tons from last year. Yearly snow totals were down significantly over last year. No pesticides, herbicides, fertilizers are used by the Village. 113 Christmas trees picked up compared to 130 last year.

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

		5	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).**

Curbside leaf collection annually October to December. Street sweeping April to November weekly. Roadside debris picked up on Fridays April to November as needed December to April. Biodegradable leaf bags are picked up at curb side throughout the year. Christmas trees picked up at curb side December and January taken to recycling location. Residential yard waste accepted at our disposal site in April, May, June, September, October and November. Village cleanup spring and fall open to public at our collection site. EPCSWA Hazardous waste day April 20, 2016

**MS4 Annual Report Form**

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

2	0	1	6
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SPDES ID

N	Y	R	2	0	A	3	9	3
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 Name of MS4/Coalition 

Village of Castleton on Hudson																			
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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? 

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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.

--	--	--

 %

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, 

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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 Castleton on Hudson
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SPDES ID

N	Y	R	2	0	A	3	9	3
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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? 

1	0	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**

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Name of MS4/Coalition

Village of Castleton on Hudson

SPDES ID

N	Y	R	2	0	A	3	9	3
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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