

MS4 Annual Report Cover Page

MCC form for period ending March 9,

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

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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

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

T	o	w	n		o	f		H	a	s	t	i	n	g	s										
---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

OR

This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

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

OR

This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A		
---	---	---	---	---	---	--	--

MS4 Annual Report Cover Page

MCC form for period ending March 9,

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

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

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

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

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

Name of MS4

T	o	w	n	o	f	H	a	s	t	i	n	g	s							
---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name	MI	Last Name
T o n y		B u s h

Title
T o w n S u p e r v i s o r

Address
1 1 3 4 U S R o u t e 1 1

City	State	Zip
C e n t r a l S q u a r e	N Y	1 3 0 3 6 -

eMail
t o n y b u s h @ h a s t i n g s n y . o r g

Phone	County
(3 1 5) 6 6 8 - 2 3 2 6	O s w e g o

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

Name of MS4

Town of Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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

M	a	r	k															
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI

--

 Last Name

B	o	m	b	a	r	d	o											
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

Title

C	o	d	e		E	n	f	o	r	c	e	m	e	n	t																				
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address

1	1	3	4		U	S		R	o	u	t	e		1	1																				
---	---	---	---	--	---	---	--	---	---	---	---	---	--	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

C	e	n	t	r	a	l		S	q	u	a	r	e																					
---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State

N	Y
---	---

 Zip

1	3	0	3	6							
---	---	---	---	---	--	--	--	--	--	--	--

eMail

h	a	s	t	i	n	g	s		c	o	d	e		@	h	o	t	m	a	i	l		.		c	o	m									
---	---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	--	---	---	---	--	--	--	--	--	--	--	--	--

Phone

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

 County

O	s	w	e	g	o														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

Name of MS4

Town of Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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

D	a	v	i	d															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI

R

 Last Name

H	a	n	n	y															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

S	r	.		M	a	n	a	g	i	n	g		E	n	v	i	r		e	n	t	a	l		S	c	i	e	n	t
---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---

Address

4	4	3		E	l	e	c	t	r	o	n	i	c	s		P	a	r	k	w	a	y															
---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

L	i	v	e	r	p	o	o	l																												
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State

N	Y
---	---

 Zip

1	3	0	8	8	-						
---	---	---	---	---	---	--	--	--	--	--	--

eMail

d	h	a	n	n	y	@	b	a	r	t	o	n	a	n	d	l	o	g	u	i	d	i	c	e	.	c	o	m								
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Phone

(3	1	5)	4	5	7	-	5	2	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---

 County

O	n	o	n	d	a	g	a												
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

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

Name of MS4

T	o	w	n	o	f	H	a	s	t	i	n	g	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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	N	Y	S	t	o	r	m	w	a	t	e	r	C	o	a	l	i	t	i	o	n
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Partner/Coalition Name (con't.)

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

SPDES Partner ID - If applicable

N	Y	R	2	0								
---	---	---	---	---	--	--	--	--	--	--	--	--

Address

1	2	6	N	.	S	a	l	i	n	a	S	t	r	e	e	t	S	u	i	t	e	2	0	0						
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

City

S	y	r	a	c	u	s	e																									
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	3	2	0	2	-	1	0	6	5
---	---	---	---	---	---	---	---	---	---

eMail

b	e	r	t	u	c	h	@	c	n	y	r	p	d	b	.	o	r	g																
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

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

P	u	b	l	i	c	I	n	v	o	l	v	e	m	e	n	t	A	c	t	i	v	i	t	i	e	s											
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

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.

Public education program includes an enhanced focus for addressing phosphorus in the Onondaga Lake watershed and pathogens in the Lower Seneca River watershed.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID

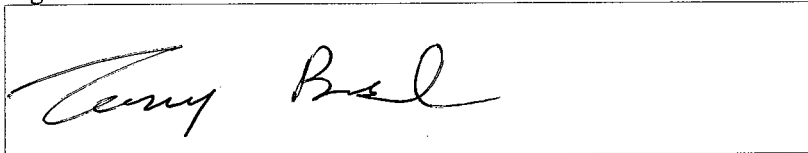
Section 4 - Certification Statement

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

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

First Name MI Last Name

Title (Clearly print title of individual signing report)

Signature


Date

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

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

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	2	6	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 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

URL

URL

URL

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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?

	3	0
--	---	---

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

E	c	o	n	o	m	i	c		I	m	p	a	c	t	s		o	f		P	h	o	s	p	h	o	r	u	s			
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	---	--	--	--

Other

2. Specific audiences targeted during this reporting period:

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

e	n	g	i	n	e	e	r	s	/	l	a	n	d	s	c	a	p	e		a	r	c	h	i	t	e	c	t	s			
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	--	--

Other

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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

- | | | | | | | | |
|--|---------------------|--|---|---|---|---|---|
| <input checked="" type="radio"/> Construction Site Operators Trained | # Trained | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>2</td><td>6</td><td>0</td></tr></table> | | | 2 | 6 | 0 |
| | | 2 | 6 | 0 | | | |
| <input checked="" type="radio"/> Direct Mailings | # Mailings | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>6</td></tr></table> | | | | | 6 |
| | | | | 6 | | | |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>3</td><td>2</td></tr></table> | | | | 3 | 2 |
| | | | 3 | 2 | | | |
| <input checked="" type="radio"/> List-Serves | # In List | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>6</td><td>2</td><td>6</td></tr></table> | | | 6 | 2 | 6 |
| | | 6 | 2 | 6 | | | |
| <input checked="" type="radio"/> Mailing List | # In List | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>7</td><td>9</td><td>0</td></tr></table> | | | 7 | 9 | 0 |
| | | 7 | 9 | 0 | | | |
| <input checked="" type="radio"/> Newspaper Ads or Articles | # Days Run | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>2</td></tr></table> | | | | | 2 |
| | | | | 2 | | | |
| <input checked="" type="radio"/> Public Events/Presentations | # Attendees | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>5</td><td>2</td><td>1</td></tr></table> | | | 5 | 2 | 1 |
| | | 5 | 2 | 1 | | | |
| <input checked="" type="radio"/> School Program | # Attendees | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>1</td><td>1</td><td>1</td></tr></table> | | | 1 | 1 | 1 |
| | | 1 | 1 | 1 | | | |
| <input type="radio"/> TV Spot/Program | # Days Run | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Printed Materials: | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr></table> | 9 | 9 | 9 | 9 | 9 |
| 9 | 9 | 9 | 9 | 9 | | | |

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

m	u	n	i	c	i	p	a	l		o	f	f	i	c	e	s				
e	v	e	n	t		b	o	o	t	h	s									
p	u	b	l	i	c		l	i	b	r	a	r	i	e	s					
a	n	i	m	a	l		s	h	e	l	t	e	r	s		/	v	e	t	s

Other:

n	e	w	s	p	a	p	e	r		i	n	s	e	r	t				
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--

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

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	s	t	o	r	m	w	a	t		
e	r	-	P	h	a	s	e	-	I	I	-	o	v	e	r	v	i	e	w	-	8	9											

URL

w	w	w	.	n	y	s	r	a	.	o	r	g	/	a	r	t	i	c	l	e	s	-	f	r	o	m	-	t	h	e	-		
g	h	i	.	h	t	m	l																										

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	A	d	d	i	t	o	n	a
l	-	R	e	q	u	i	r	e	m	e	n	t	s	-	f	o	r	-	O	n	o	n	d	a	g	a	-	L	a	k	e
-	W	a	t	e	r	s	h	e	d	-	9	1																			

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	N	o	-	N	e	t	-	I
n	c	r	e	a	s	e	-	i	n	-	P	o	l	l	u	t	a	n	t	s	-	o	f	-	C	o	n	c	e	r	n
-	t	o	-	I	m	p	a	i	r	e	d	-	W	a	t	e	r	s	-	f	r	o	m	-	U	r	b	a	n	-	R

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	M	S	4	-	A	n	n	u
a	l	-	R	e	p	o	r	t	i	n	g	-	9	2																	

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	N	e	w	s	-	-	T	o
o	l	s	-	-	F	o	r	m	s	-	-	9	3																		

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	S	y	r	a	c	u	s	e
U	r	b	a	n	-	A	r	e	a	-	M	a	p	s	-	7	8														

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	S	t	o	r	m	w	a	t
e	r	-	C	o	a	l	i	t	i	o	n	-	1	0	6																

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	M	e	e	t	i	n	g	s
-	-	-	W	o	r	k	s	h	o	p	s	-	9	5																	

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	W	a	t	e	r	s	h	e			
d	-	s	t	e	w	a	r	d	s	h	i	p	-	P	r	o	g	r	a	m	-	8	3											

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	G	a	r	d	e	n	s	-			
a	n	d	-	G	u	t	t	e	r	s	-	N	e	w	s	l	e	t	t	e	r	-	1	0	7									

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	C	o	n	s	t	r	u	c				
t	i	o	n	-	N	e	w	s	l	e	t	t	e	r	-	1	6	4																	

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	I	l	l	i	c	i	t	-				
D	i	s	c	h	a	r	g	e	-	H	o	t	l	i	n	e	-	8	5																

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	2	0	1	5	-	s	t	o					
r	m	w	a	t	e	r	-	T	r	a	i	n	i	n	g	-	1	5	5																	

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	2	0	1	6	-	S	t	o	r					
m	w	a	t	e	r	-	T	r	a	i	n	i	n	g	-	S	e	r	i	e	s	-	1	6	8											

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	C	N	Y	-	S	t	o	r						
m	w	a	t	e	r	-	C	o	a	i	t	i	o	n	-	8	1																				

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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.

Maintain a regional stormwater website and information library for reference and use by regulated MS4s and the general public in the Syracuse Urban Area.

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

The stormwater website is successfully functioning as a municipal and public education tool based on the 5,449 recorded "hits" during the permit year. User statistics documented a 15% increase over the previous year.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

The website will be continuously updated to reflect new information and evolving program requirements. Non-current information and materials will be deleted. The website will be promoted as an educational tool for the general public and stormwater professionals.

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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.

Syracuse Post Standard Stormwater Pullout: Develop a 4-page pullout to be distributed in the main section of the daily Syracuse Post Standard newspaper that focuses on stormwater processes, impacts, issues of concern, primary pollutants of concern, and citizen generated solutions.

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

The pullout was published on April 18, 2017. As reported by the Post Standard, the insert was received by 144,000 individuals through print and an additional 1,600 online subscriptions.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

A similar "advertisement" will be published in a Syracuse newspaper in April 2018. The publication will be distributed in PDF format for inclusion on municipal websites or reprint for hard copy distribution at municipal buildings and public events.

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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.

A seasonally themed, electronic newsletter will be developed and distributed to interested individuals. The newsletter will maintain a focus on primary pollutants of concern, stormwater processes, and will offer advice on reducing negative water quality impacts through simple actions. The newsletter will encourage participation in locally sponsored events that support stormwater management and protection efforts.

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

Gardens and Gutters was electronically distributed on 5/1/17, 6/21/17, 8/16/17, and 9/28/17. A distribution database averaging 181 individuals is continually updated to reflect new subscribers and current contacts. The newsletter is promoted at public events, on-line, in other hard copy materials, and through direct promotion with existing organizations and groups with a complimentary focus. Feedback indicates that the topics, graphics tone is appropriate for the target audience. "Gardens and Gutters" for more information to promote for additional information. The goal of this newsletter is

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

			4
--	--	--	---

(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).

Quarterly distribution of Gardens and Gutters will continue electronically in 2018. Additional efforts will be made to grow the distribution list. The newsletter will also be posted on the CNY stormwater website and made available in PDF format for inclusion on municipal websites, or for reprint and hard copy distribution. The newsletter will be promoted through various social media forums, other hard copy materials and directly with complimentary stakeholder groups.

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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.

Electronic Outreach to CNY Contractors & Developers: Provide direct information on topics of interest to construction developers with a focus on current construction permit requirements and a additional considerations for doing business in MS4 communities. Information will be presented in a newsletter format and posted as a PDF on the stormwater website. The newsletter will be promoted via a bulk postcard mailing with additional assistance from the Syracuse Home Builder's Association. PDF will be available for distribution at municipal buildings and websites.

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

51 postcards were sent to individual contractors notifying them that the newsletter was available on the CNY Stormwater website on August 2, 2017. The newsletter in PDF format was distributed to the Coalition members for distribution and/or use on municipal websites. The Syracuse Builders Exchange assisted in distributing and promoting the newsletter.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Content will be updated for electronic distribution. The newsletter will be promoted on social media forums and in conjunction with the Syracuse Builders Exchange. The newsletter will also be published on the CNY Stormwater website and MS4s will receive a PDF for posting on their municipal websites.

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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.

Secure exhibitor booth space and two public events, and develop appropriate informational displays and handout materials. Efforts will be made to identify public events with reliably high attendance and complimentary objectives. Appropriately targeted materials and a stormwater display will be maintained and available for use at municipal events.

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

Informational tables were staffed at the Rosamond Gifford Zoo in Syracuse on 7/21/17 (75 table visitors) and at the Onondaga County Water Environment Protection Clean Water Fair on 9/16/17 (actual attendance 350). Approximately 425 informational handouts were distributed (lawn and garden care, NYS Dishwasher and Runoff Law, pet waste issues and responsibilities, green infrastructure, miscellaneous bookmarks, stormwater activity and coloring sheets and newsletters for school aged children, etc.). An interactive watershed model was utilized at both events.

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

			7
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

The CNY Stormwater Coalition Booth will be set up and staffed at a minimum of 2 public events in 2018: locations will be finalized with the intent of broadening the target audience. Materials will be updated and replaced as needed to stay current and relevant to SUA requirements.

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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.

CNY RPDB will conduct two training workshops for municipal representatives on topics selected to address current training and informational needs.

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

A full-day workshop was held on 11/16/17 at the NYS Fairgrounds. The workshop focused on winter road maintenance including materials issues (cost v. benefits, phosphorus issues and certified materials; safety and equipment calibration, environmental impacts of deicing materials). Presenters included NYS DOT Region 3 staff and Cornell Local Roads. The two-part workshop included classroom instruction and a train the trainer session where DOS staff demonstrated proper materials

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

			2
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Training workshops will be conducted for MS4 officials/staff in 2018. Specific topics and audiences will be determined based on feedback from MS4s, NYS DEC Region 7 and changes to the stormwater permit requirements.

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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.

Stormwater Public Survey Response Actions: CNY RPDB will compile/develop new and existing materials to address public education needs identified through the 2015 public survey, and identify appropriate outlets to expand outreach efforts. The survey indicated that the educational program can be strengthened by intensifying pet waste management messages, identifying new electronic outlets incorporating social media; and continuing to emphasize stormwater pathways and the

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

A Social media (Twitter and Facebook) were used to promote short stormwater management messages largely focused on pet waste management, zero phosphorus fertilizer and nutrient impacts on surface water quality. Social media response was not strong, but revisions to the stormwater website resulted in an increased number of "hits" over the previous permit year. A relationship with the NYS Restaurant Association was established and new outreach materials were posted on the

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

		5	2
--	--	---	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Social media efforts will be pursued more vigorously between April - October; CNY RPDB will continue to develop new messages and and delivery formats that are more accessible to younger audiences. Messages targeted toward informational needs identified in the survey results will continue. New audiences and partnership outlets will continue to be pursued. Effectiveness will be assessed by a follow up survey in 2020.

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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.

Identify and initiate opportunities that support the education objectives of the CNY Stormwater Coalition.

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

111 design engineers and landscape architects received PIE approved stormwater training through a series of five professional level stormwater management training courses held in Syracuse on 4/5/17, 5/10/17, 8/8/17, 2/7/18, and 3/8/18. 100 residents and municipal officials received information on stormwater management issues including phosphorus issues at a community meeting on 5/3/17. Development plans and projects reflect state approved stormwater practices and are in

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

			6
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

The professional stormwater training series will be continued during the 2018-19 permit year. Opportunities to engage community and stakeholder groups through informational meetings will be sought out as a means of addressing targeted educational needs and gaps.

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

2. URL(s) con't.:

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

URL

h	t	t	p	:	/	/	w	w	.	h	a	s	t	i	n	g	s	n	y	.	n	e	t	/	c	a	t	e	g	o	
r	y	/	r	e	p	o	r	t	s	/																					

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition:

SPDES ID

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

Address

City Zip -

Phone
() -

Library Annual Report SWMP Plan Comments

Address

City Zip -

Phone
() -

Other Annual Report SWMP Plan Comments

Address

City Zip -

Phone
() -

Web Page URL: Annual Report SWMP Plan Comments

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

eMail Comments

MS4 Annual Report Form

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

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

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 Hastings									
------------------	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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	8
---	---	---	---

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

3	6	5
---	---	---

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?

--	--

 /

--	--

 /

--	--	--	--

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	8
---	---	---	---

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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.

Number of comments on the annual report.

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

No comments were received.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

The annual report will be posted on the Town's website and comments will be documented and addressed as received.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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:

			5	2
--	--	--	---	---

 #

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

 %

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

		0
--	--	---

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

- | | |
|---|---|
| <input type="radio"/> Auto Recyclers | <input type="radio"/> Landscaping (Irrigation) |
| <input type="radio"/> Building Maintenance | <input type="radio"/> Marinas |
| <input type="radio"/> Churches | <input type="radio"/> Metal Plateing Operations |
| <input type="radio"/> Commercial Carwashes | <input type="radio"/> Outdoor Fluid Storage |
| <input type="radio"/> Commercial Laundry/Dry Cleaners | <input type="radio"/> Parking Lot Maintenance |
| <input type="radio"/> Construction Vehicle Washouts | <input type="radio"/> Printing |
| <input type="radio"/> Cross-Connections | <input type="radio"/> Residential Carwashing |
| <input type="radio"/> Distribution Centers | <input type="radio"/> Restaurants |
| <input type="radio"/> Food Processing Facilities | <input type="radio"/> Schools and Universities |
| <input type="radio"/> Garbage Truck Washouts | <input type="radio"/> Septic Maintenance |
| <input type="radio"/> Hospitals | <input type="radio"/> Swimming Pools |
| <input type="radio"/> Improper RV Waste Disposal | <input type="radio"/> Vehicle Fueling |
| <input type="radio"/> Industrial Process Water | <input type="radio"/> Vehicle Maint./Repair Shops |

Other:

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

 None

Sewersheds:

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

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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 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
---	---	---

 %

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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.

Number of dry weather flows identified.

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

No dry weather flows were identified.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

The Town inspects all outfalls at least once every 5 years. Inspections will be coordinated to ensure all are completed every 5 years.

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

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

How many MS4s contributed to this report?

--	--	--

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? Yes No

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

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

09/2004 03/2006 NT

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

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

		1
--	--	---

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

If Yes, how many public comments were received during this reporting period?

		0
--	--	---

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? Yes No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

- Notices of Violation #

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

 No Authority
- Stop Work Orders #

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

 No Authority
- Criminal Actions #

--	--	--	--	--

 No Authority
- Termination of Contracts #

--	--	--	--	--

 No Authority
- Administrative Fines #

--	--	--	--	--

 No Authority
- Civil Penalties #

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

 No Authority
- Administrative Orders #

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions #

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

 No Authority
- Other #

--	--	--	--	--

 No Authority

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

--	--	--

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

		1
--	--	---

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

		2
--	--	---

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

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

 %

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

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

 %

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

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition

SPDES ID
N Y R 2 0 A 2 6 0

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

T o w n C o d e E n f o r c e m e n t

Address

1 1 3 4 U S R o u t e 1 1

City

C e n t r a l S q u a r e

N Y

Zip

1 3 0 3 6 -

Phone

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

○ Library

Address

City

Zip

-

Phone

() -

○ Other

Address

City

Zip

-

Phone

() -

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

URL

URL

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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.

Number of construction sites inspected.

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

Two (2) sites, CNY Raceway and Pine View, were inspected on multiple occasions. The CNY Raceway site is the subject of ongoing stormwater violations. Significant time and expense has been expended by the Town to try to stabilize the CNY Raceway site.

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

			2
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Active construction sites will continue to be inspected and documented during the next reporting year.

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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

Yes No

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

Yes No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes No

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

		0
--	--	---

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

		0
--	--	---

 %

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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.

Number of permanent stormwater management practices inspected.

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

100% of the permanent stormwater management practices were inspected during the reporting year.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Inspections and needed maintenance activities will continue in the following year.

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" 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 checked="" type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input 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 checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" 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	8
---	---	---	---

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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

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

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

			4	0
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

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

				1
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

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

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

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

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

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

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

4. What was the date of the last training?

1	1	/	2	1	/	2	0	1	7
---	---	---	---	---	---	---	---	---	---

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

		0
--	--	---

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

		0	%
--	--	---	---

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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.

Sweeping conducted on municipal roads and parking lots.

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

All public roads and parking lots were swept.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continued sweeping of 100% of municipal parking lots and roads.

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

--	--	--

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

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed			
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed			
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed			
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay			
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary			
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed			
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments			
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

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

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

If N/A, go to question 3.

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

--	--	--

 %

Estimate what percentage was mapped in this reporting period.

--	--	--

 %

MS4 Annual Report Form

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

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

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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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

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

--	--	--

 %

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

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

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

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

--	--	--

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

--	--	--

 %

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

--	--	--

 %
 No Projects Planned

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

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

MS4 Annual Report Form

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

2	0	1	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 Hastings

SPDES ID

N	Y	R	2	0	A	2	6	0
---	---	---	---	---	---	---	---	---

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