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MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 3

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

SPDES ID grid with values: N Y R 2 0 A 3 1 8

Choose one:

- Selected radio button: This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

Name of MS4

Name of MS4 grid with values: T o w n o f N o r t h H e m p s t e a d

OR

- Radio button: This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

Name of Single Entity grid

OR

- Radio button: 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

Name of Coalition grid (3 rows)

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MS4 Annual Report Cover Page

MCC form for period ending March 9, 2023

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

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 Town of North Hempstead

SPDES ID NYR 20A318

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 Jennifer MI Last Name Desena

Title Supervisor

Address 220 Plandome Road

City Manhasset State NY Zip 11030

eMail desena.j@northhempsteadny.gov

Phone (516) 869-6311 County Nassau

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 3

Name of MS4

SPDES ID

N Y R 2 0 A 3 1 8

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

MI

Last Name

Title

Address

City

State

Zip

eMail

Phone

County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

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| Town of North Hempstead |
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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

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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 2 3

Name of MS4 Town of North Hempstead

SPDES ID

N Y R 2 0 A 3 1 8

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

N a s s a u C o u n t y S t o r m w a t e r

Partner/Coalition Name (con't.)

C o a l i t i o n

SPDES Partner ID - If applicable

N Y R 2 0 A 0 2 2

Address

1 1 9 4 P r o s p e c t A v e n u e

City

W e s t b u r y

State

N Y

Zip

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s t o r m w a t e r 2 @ n a s s a u c o u n t y n y . g o v

Phone

(5 1 6) 5 7 1 - 7 5 0 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 M u l t i p l e T a s k s

MM3 M u l t i p l e T a s k s

MM4

MM5

MM6 M u l t i p l e T a s k s

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, 2023

Name of MS4

SPDES ID
N Y R 2 0 A 3 1 8

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

H e m p s t e a d H a r b o r P r o t e c t i o n

Partner/Coalition Name (con't.)

C o m m i t t e e

SPDES Partner ID - If applicable

N Y R 2 0 A

Address

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Phone

(5 1 6) 6 7 7 - 5 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 M u l t i p l e T a s k s
- MM3 W a t e r M o n i t o r i n g ; O t h e r T a s k s
- MM4 R u n o f f M o n i t o r i n g
- MM5 R u n o f f M o n i t o r i n g
- MM6 M u l t i p l e T a s k s

Additional tasks/responsibilities

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

DRAFT

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

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

Name of MS4

| | | | | | | | | | | | | | | | | | | |
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| T | o | w | n | o | f | N | o | r | t | H | e | m | p | s | t | e | a | d |
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SPDES ID

| | | | | | | | | |
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Section 3 - Partner Information

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

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Partner/Coalition Name (con't.)

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SPDES Partner ID - If applicable

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Address

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City

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State

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Zip

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eMail

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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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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- MM2

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- MM3

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- MM4

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- MM5

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- MM6

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Additional tasks/responsibilities

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

| |
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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

Section 3 - Partner Information

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

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

eMail

Phone

() -

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

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

- MM1
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

DRAFT

MS4 Annual Report Form

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

| | | | |
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| 2 | 0 | 2 | 3 |
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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

Name of MS4/Coalition

| | | | | | | | | | | | | | | | | | | | | | | | | |
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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?

| | | |
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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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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DRAFT

MS4 Annual Report Form

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

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| 2 | 0 | 2 | 3 |
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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

| |
|-------------------------|
| Town of North Hempstead |
|-------------------------|

SPDES ID

| | | | | | | | | |
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| N | Y | R | 2 | 0 | A | 3 | 1 | 8 |
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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?

| | | |
|--|--|--|
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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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Other

2. Specific audiences targeted during this reporting period:

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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Other

DRAFT

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

| |
|-------------------------|
| Town of North Hempstead |
|-------------------------|

SPDES ID

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

- | | | | | | | | |
|--|----------------------------------|--|---|---|---|---|---|
| <input type="radio"/> Construction Site Operators Trained | # Trained | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | |
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| <input checked="" type="radio"/> Direct Mailings | # Mailings | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">3</td></tr></table> | | | | 3 | |
| | | | 3 | | | | |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table> | | | 2 | 1 | |
| | | 2 | 1 | | | | |
| <input checked="" type="radio"/> List-Serves | # In List | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">5</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table> | 2 | 4 | 5 | 0 | 0 |
| 2 | 4 | 5 | 0 | 0 | | | |
| <input checked="" type="radio"/> Mailing List | # In List | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">7</td><td style="width: 20px; height: 20px; text-align: center;">7</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table> | 7 | 7 | 0 | 0 | 0 |
| 7 | 7 | 0 | 0 | 0 | | | |
| <input checked="" type="radio"/> Newspaper Ads or Articles | # Days Run | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table> | | | 4 | 0 | |
| | | 4 | 0 | | | | |
| <input checked="" type="radio"/> Public Events/Presentations | # Attendees | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">6</td></tr></table> | | | 2 | 6 | |
| | | 2 | 6 | | | | |
| <input checked="" type="radio"/> School Program | # Attendees Districts | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">9</td></tr></table> | | | | 9 | |
| | | | 9 | | | | |
| <input checked="" type="radio"/> TV Spot/Program | # Days Run | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">6</td><td style="width: 20px; height: 20px; text-align: center;">5</td></tr></table> | | 3 | 6 | 5 | |
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| <input checked="" type="radio"/> Printed Materials: | Total # Distributed | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">5</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table> | | 1 | 5 | 0 | |
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Locations (e.g. libraries, town offices, kiosks)

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DRAFT

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

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| Town of North Hempstead |
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SPDES ID

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MS4 Annual Report Form

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Name of MS4/Coalition

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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The Town's Public Education and Outreach program will be tailored to describe topics related to the impacts of stormwater discharges on local waterbodies, pollutants of concern and their sources, and the steps that can be taken to reduce pollutants in stormwater runoff and non-stormwater discharges. The Town's program will make special note of the discharge of pathogens and nitrogen to the Long Island Sound and the discharge of pathogens to Manhasset Bay and Hempstead Harbor.

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

The Town has chosen to evaluate the distribution of materials as an indicator for measuring the overall effectiveness of the Town's compliance with the Public Education and Outreach program requirements. The Town continues to meet its goal with public information displays in Town Hall and materials through social media, mailings and public events. For example, the Town posted 24 social media posts related to stormwater.

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 SWMP?

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 plans to continue evaluating the distribution of stormwater and/or pollution prevention materials as an indicator for measuring the overall effectiveness of the Town's compliance with the Public Education and Outreach program requirements in the next reporting cycle. The Town will post, display and distribute materials throughout the next reporting period.

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Name of MS4/Coalition

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Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?

| | | |
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1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- Cleanup Events # Events

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- Comments on SWMP Received # Comments

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- Community Hotlines

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- Storm Drain Markings # Drains

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- Stakeholder Meetings # Attendees

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- Volunteer Monitoring # Events

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

- List-Serve # In List

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- Newspaper Advertising # Days Run

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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

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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

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Library Annual Report SWMP Plan Comments

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Other Annual Report SWMP Plan Comments

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Web Page URL: Annual Report SWMP Plan Comments

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

eMail Comments

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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

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| Town of North Hempstead |
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4.a. If this report was made available on the internet, what date was it posted?

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

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

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

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

Yes No

If Yes, what was the date of the meeting?

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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.

DRAFT

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

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| Town of North Hempstead |
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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

The Town's Public Involvement and Participation program incorporates stewardship activities that help reduce pollutants of concern (e.g., pathogens and nitrogen to Long Island Sound and pathogens to Manhasset Bay Hempstead Harbor) and encourage the general public, residents, employees and businesses to become involved in stormwater management and environmental stewardship events.

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

The Town has chosen to evaluate the sustainability programs as an indicator for measuring the overall effectiveness of the Town's compliance with the Public Involvement and Participation program requirements. The Town provided 90 rain barrels to residents in the reporting period. The Town continues to meet its goal in supporting programs that encourage public involvement. There has been a steady level of public engagement.

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 SWMP?

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 will continue evaluating Sustainability programs as an indicator for measuring the overall effectiveness of the Town's compliance with the Public Involvement and Participation program requirements in the next reporting cycle. The Town will host and promote events related to stormwater management and environmental stewardship periodically throughout the year.

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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

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| Town of North Hempstead |
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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?

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

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

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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

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Sewersheds:

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MS4 Annual Report Form

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

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

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

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

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

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

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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

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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

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| Town of North Hempstead |
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SPDES ID

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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

The Town Illicit Discharge Detection and Elimination program will focus on identifying, locating, eliminating, reducing and preventing illicit discharges to the maximum extent practicable, including the discharge of pathogens and nitrogen to the Long Island Sound and the discharge of pathogens to Manhasset Bay and Hempstead Harbor.

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

The Town has chosen to evaluate the number of citations for illicit discharges (Chapter 47B.I.6.) as an indicator for measuring the overall effectiveness of the Town's compliance with the IDDE program requirements. The Town issued citations for illicit discharges in this reporting period.

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 SWMP?

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 will continue to follow the procedures for IDDE described in the Town's Written Procedures for MCM 3: IDDE and the CWP/USEPA Illicit Discharge Detection and Elimination: A Guidance Manual for Program Development and Technical Assessment. Illicit discharges will be investigated and eliminated according to the authority provided by the Town code on a case-by-case basis.

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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

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| Town of North Hempstead |
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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?

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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?

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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?

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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:

- Notices of Violation #

| | | | | | |
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 ○ No Authority
- Stop Work Orders #

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 ○ No Authority
- Criminal Actions #

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 ○ No Authority
- Termination of Contracts #

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 ○ No Authority
- Administrative Fines #

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 ○ No Authority
- Civil Penalties #

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 ○ No Authority
- Administrative Orders #

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 ○ No Authority
- Enforcement Actions or Sanctions #

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 ○ No Authority
- Other #

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 ○ No Authority

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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

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| Town of North Hempstead |
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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?

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

| | | |
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| | | 1 |
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- How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

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

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 %
- What percent of active construction sites were inspected more than once? NT

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

DRAFT

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

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| Town of North Hempstead |
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7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

The Town's Construction Site Stormwater Runoff Control program will provide equivalent protection to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activity. The Town program will take note of any potential discharges of pathogens and nitrogen to the Long Island Sound and pathogens to Manhasset Bay and Hempstead Harbor through the SWPPP review and approval process.

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

The Town has chosen to evaluate the number of SWPPPs reviewed as an indicator for measuring the overall effectiveness of the Town's compliance with the Construction Site Stormwater Runoff Control program requirements. The Town reviewed and commented on the two SWPPPs submitted to the Town in this reporting period.

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 plans to continue evaluating the number of SWPPPs reviewed as an indicator for measuring the overall effectiveness of the Town's compliance with the Construction Site Stormwater Runoff Control program requirements in the next reporting cycle. The Town will review SWPPPs as they are submitted to the Town for comment and approval.

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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

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| Town of North Hempstead |
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SPDES ID

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

Yes No

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

Yes No

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

Yes No

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

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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

| | | |
|--|---|---|
| | 5 | 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

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| Town of North Hempstead |
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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

The Town Post-Construction Stormwater Management program will address stormwater runoff from regulated (i.e., land disturbances of an acre or greater) new development and redevelopment projects to the Town's MS4. The Town recommends and encourages the use of best management practices on new development and redevelopment projects through the zoning and site plan approval process regardless of the disturbance size.

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

The Town has chosen to evaluate the consideration of the use of green infrastructure measures in capital improvements as an indicator for measuring the overall effectiveness of the Town's compliance with the Post-Construction Stormwater Management program requirements. Green infrastructure, including sediment control structures, have been planned for in the Town's capital improvements.

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 SWMP?

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 plans to continue evaluating the consideration of the use of green infrastructure measures in capital improvements as an indicator for measuring the overall effectiveness of the Town's compliance with the Post-Construction Stormwater Management program requirements in the next reporting period.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

Name of MS4/Coalition Town of North Hempstead

SPDES ID
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Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

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

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

DRAFT**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

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| Town of North Hempstead |
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SPDES ID

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

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

| | | | | |
|--|--|---|---|---|
| | | 5 | . | 0 |
|--|--|---|---|---|
- Streets Swept (Number of miles X Number of times swept) # Miles

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 6 | 0 | 2 |
|---|---|---|---|---|
- Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|---|---|---|
| | | 4 | 5 | 4 |
|--|--|---|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|---|---|
| | | | 3 | 7 |
|--|--|--|---|---|
- Phosphorus Applied In Chemical Fertilizer # Lbs.

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

| | | | | |
|--|---|---|---|---|
| | 9 | 4 | 7 | 3 |
|--|---|---|---|---|
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

| | | | | | |
|--|--|---|---|---|---|
| | | 4 | 7 | . | 0 |
|--|--|---|---|---|---|

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

| | | | |
|--|--|---|---|
| | | 1 | 5 |
|--|--|---|---|

4. What was the date of the last training?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | / | 0 | 6 | / | 2 | 0 | 2 | 3 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | |
|---|---|---|
| 5 | 6 | 5 |
|---|---|---|

 8

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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MS4 Annual Report Form

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

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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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| Town of North Hempstead |
|-------------------------|

SPDES ID

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| N | Y | R | 2 | 0 | A | 3 | 1 | 8 |
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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

The Town Pollution Prevention and Good Housekeeping for Municipal Operations program will address operations that collect, store or release sediments, wastes or other potential pollutants.

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

The Town has chosen to evaluate its Clean Sweep Program as an indicator for measuring the overall effectiveness of the Town's compliance with the Pollution Prevention and Good Housekeeping program requirements. The Town continued its Clean Sweep Program, sweeping 12,602 miles of streets in this reporting period. GPS units are installed in sweepers to track activity.

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 SWMP?

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 plans to continue the ongoing Clean Sweep Program and evaluate the Program as an indicator for measuring the overall effectiveness of the Town's compliance with the Pollution Prevention and Good Housekeeping program requirements in the next reporting cycle. The Town will continue to follow the BMPs outlined in the Town Best Management Practices for Municipal Facilities and Operations guidance document.