#### MS4 Annual Report Cover Page

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

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

SPI	DES	ID						
N	Y	R	2	0	A	1	7	1

#### **Choose one:**

#### ■ This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

Naı	ne c	ot M	S4																			
V	i	1	1	а	g	υ	0	f	F	1	0	w	Ф	r	Н	i	1	1				

#### OR

#### O This report is being submitted on behalf of a Single Entity

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

Name o	of Si	ngle	e En	tity												

#### 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	Coali	tion													_

SPI	DES	ID						S	PD	ES	ID						SPI	DES	ID
N	Y	R	2	0	А			]	N	Y	R	2	0	A			N	Y	R
SPI	DES	ID						S	PD	ES	ID						SPI	DES	ID
N	Y	R	2	0	A			]	N	Y	R	2	0	Α			N	Y	R
SPI	DES	ID						S	PD	ES	ID						SPI	DES	ID
N	Y	R	2	0	А			]	N	Y	R	2	0	A			N	Y	R
SPI	DES	ID						S	PD	ES	ID						SPI	DES	ID
N	Y	R	2	0	А			]	N	Y	R	2	0	A			N	Y	R
SPI	DES	ID						S	PD	ES	ID						SPI	DES	ID
N	Y	R	2	0	A			]	N	Y	R	2	0	A			N	Y	R
SPI	DES	ID						S	PD	ES	ID						SPI	DES	ID
N	Y	R	2	0	А			1	И	v	R	2.	0	Д			N	Y	R

N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	A		

0 A

Cover Page 1 of 2



### **MS4 Annual Report Cover Page**

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

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

•	•	
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	N Y R 2 O A
· · · · · · · · · · · · · · · · · · ·		



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

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

	 SPI	)ES	Ш						
Name of MS4 Village of Flower Hill	N	Y	R	2	0	А	1	7	1

Each MS4 must submit an MCC form.

#### **Section 1 - MCC Identification Page**

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

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

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

If Jo	oint	Rep	ort,	ent	er c	oalı	tion	nai	ne:											
																			=	=
																				1 1
																				ĺ
L																		 	-	$\overline{}$
																				1 1
																				1 1

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

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

	SPL	)ES	Ш						
Name of MS4 Village of Flower Hill	N	Y	R	2	0	A	1	7	1

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	st Na	ame														MI		Las	t Na	ıme										
В	r	i	а	n														Н	е	r	r	i	n	g	t	0	n			
Titl	e																													
М	а	У	0	r																										
Ado	lres	s																												
1		В	0	n	n	i	е		Н	е	i	g	h	t	s		R	0	а	d										
City	У																			S	tate		Zip					_	 	 
City	a	n	h	а	s	s	е	t														Y	Zip 1	1	0	3	0	_		
Г.	a	n	h	a	S	s	е	t															1		0	3	0	_		
M	a	n	h	a	s @	s	e	t 1	1	а	g	е	f	1	0	W	е	r	h				1		0 r	3 3	0	_		
eM:	a ail a								1	a	g	е	f	1	0	W		r Cou		i	1 7	Y ]	1	1			0	] <b>-</b>		

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

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

	SPL	DES	ID						
Name of MS4 Village of Flower Hill	N	Y	R	2	0	А	1	7	1

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	st Na	ame				_										MI		Las	t Na	ıme												_
R	0	b	е	r	t											M		R	0	С	k	е	1	е	i	n						
Titl	e																													 		
С	0	d	е		Ε	n	f	0	r	С	е	m	е	n	t																	
Add	lres	S																														
1		В	0	n	n	i	е		Н	е	i	g	h	t	ន		R	0	а	d												
City	У																			St	tate		Zip					_				_
M	a	n	h	a	s	s	е	t												N	1   2	ζ	1	1	0	3	0	-				
eMa	ail		•							•			•								•											
С	0	d	е	е	n	f	0	r	С	е	r	@	v	i	1	1	a	g	е	f	1	0	W	е	r	h	i	1	1	0	r	g
Pho	ne																	Cou	ınty													
(	5	1	6	)	6	2	7	_	5	0	0	0						N	a	s	S	а	u									

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

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

	SPL	)ES	Ш						
Name of MS4 Village of Flower Hill	N	Y	R	2	0	A	1	7	1

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

																MI		Las	t N	ame	:										
R	i	С	h	а	r	d												F	a	1	С	0	n	е	s						
Titl	e																														
S	u	р	е	r	i	n	t	е	n	d	е	n	t		0	f		Р	u	b	1	i	С		W	0	r	k	S		
Ado	lres	s																													
1		В	0	n	n	i	е		Н	е	i	g	h	t	s		R	0	а	d											
City	/																			<u>S</u>	tate		Zip	)				_			
City	a	n	h	a	s	s	е	t												1 [		Y	Zip	1	0	3	0	_			
	a	n	h	а	S	s	е	t												1 [					0	3	0	_			
М	a	n y	h	ае	s	s	e @	t	i	1	1	a	g	е	f	1	0	W	е	1 [					0	3	0 r	<b>-</b>			
M eM	a ail w								i	1	1	а	g	е	f	1		W Cou		r	N .	Y	1	1							

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

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

	2	SPL	)ES	ΙD						
Name of MS4 Village of Flower Hill		N	Y	R	2	0	A	1	7	1

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	t Na	ıme													MI		Las	t Na	ame										
Title	е																												
D	&	В		Ε	n	g	i	n	е	е	r	S	а	n	d		А	r	С	h	i	t	е	С	t	S			
Add	lres	S																											
3	3	0		С	r	0	S	s	W	a	У	ន	Р	а	r	k		D	r	i	V	е							
City	7																		S	tate		Zip	)						
W	0	0	d	b	u	r	У												1	1 7	Y	1	1	7	9	7	-		
W eMa		0	d	b	u	r	У													1	Y	1	1	7	9	7	_		
		0	d	b	u	r	У													N   .	Y	1	1	7	9	7	] <b>-</b>		
	ail	0	d	b	u	r	У										Cou	ınty			Y	1	1	7	9	7	<b>-</b>		

### MS4 Municipal Compliance Certification (MCC) Form

Section 3 - Partner Information Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  • Yes ON 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/CoalitionName  N a s s a u c o u n t y s t o r u w a t e r  Partner/CoalitionName(con't)  C a a 1 i t i o n  SPDES Partner ID - If applicable in the state of the coalition in the state of the coalition in th	Name of	f M	S4	Vill	age	of F	lov	ver I	Hill														N	Y Y	R	2	0	А	1	7	1
Fried?  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.  Separate sheet for each MS4 in the coalition.  If No, proceed to Section 4 - Certification Statement.  Separate sheet for each MS4 in the coalition.  Separate sheet sheet sheet sheet sheet sheet sheet sheet sheet she	Section	n 3	- F	ar	tn.	er	In	for	ma	atio	<u>on</u>																				
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.    According to the coalition of the coalition of No, proceed to Section 4 - Certification Statement.	-	MS	54 w	ork	wi	th p	artı	ners	s/co	aliti	on	to c	om	ple	te s	om	e oı	all	pe	rmi	rec	quir	em	ents	s du	ring			•		_
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.    A		om	nlat	·	a for	rm o	tio	n h	مام	<b>(3</b> 7																		) Ye	3S	0	No
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.  A	-		-								art	ner	. In	for	ma	tioı	n pı	ovi	de	d in	ot	her	for	ma	ts v	vill	no	t b	e		
f No, proceed to Section 4 - Certification Statement.    A	acce	otec	l. If	yo	ur N	ΛS	4 c	oop	era	ted	wi	th a	cc	oali	tior	1, s	ubr	nit	one	e sh	eet	wi	th t	he	nar	ne (	of 1				
Artner/Coalition Name    N								•						•			eet	for	eac	ch N	ΛS <sup>2</sup>	4 in	th	e co	oali	tioı	1.				
N						1101.	1 +	- C	CI II	HC	ıııo	шз	ıaı	CIII	CIII.	•															
artner/Coalition Name (con t.)  Coaltiton Name (con t.)  Coaltiton Name (con t.)  SPDES Partner IID - If applicable  NYR 2 0 A 0 2 2  ddress  1 1 9 4 Prospect Ct Avenue nue  State Zip  NY 1 1 5 9 0 - 2 7 2 3  Mail  Storm Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	_				e					_				_					_	_											
								u	n	τ	У		S	τ	0	r	m	W	a	τ	е		CDI	)EC	D		ID			1'	1.1.
ddress  L 1 9 4 P r 0 s p e c t A v e n u e  State Zip  W e s t b u r y  Mail  St t 0 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  Short asks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)  MM1 M u 1 t i p 1 e T a s k s  MM3 M u 1 t i p 1 e T a s k s  MM4 MM5  MM6 M u 1 t i p 1 e T a s k s  MM6 M u 1 t i p 1 e T a s k s  MM7 MM8 M u 1 t i p 1 e T a s k s  MM8 MM9 MM9 MM9 MM9 MM9 MM9 MM9 MM9 MM9		Τ,																				]									
The first of the problem of the prob		1 -			_																			_		_	0				
State Zip  We s t b u r y  Mail  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  City  We s t b u r y  Mail  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  Compared to the state of the s		4		Р	r	0	s	р	е	С	t		A	v	е	n	u	е													
Mail 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  hone ( 5 1 6 ) 5 7 1 - 7 5 0 8  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)  MM1 M u 1 t i p 1 e T a s k s  MM3 M u 1 t i p 1 e T a s k s  MM4 MM5  MM6 M u 1 t i p 1 e T a s k s  MM6 M u 1 t i p 1 e T a s k s  MM7 MM8 M u 1 t i p 1 e T a s k s  MM8 MM9 MM9 MM9 MM9 MM9 MM9 MM9 MM9 MM9	ity																		St	ate		Zip									
Storm Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	w e s	t	b	u	r	У													N	1 2	7	1	1	5	9	0	-	2	7	2	3
Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? • Yes • N  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)  MM1 Multiple Tasks  MM2 Multiple Tasks  MM3 Multiple Tasks  MM4 — Tasks  MM6 Multiple Tasks  MM6 Multiple Tasks  MM6 Multiple Tasks  MM7 MM6 Multiple Tasks  Management Practices required for MS4s in impaired	Mail									•	,																	_			
Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? • Yes • N  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)  MM1 Multiple Tasks  MM2 Multiple Tasks  MM3 Multiple Tasks  MM4 Multiple Tasks  MM6 Multiple Tasks  MM6 Multiple Tasks  MM6 Multiple Tasks  Mdditional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	S t o	r	m	W	a	t	е	r	2	@	n	a	s	s	a	u	С	0	u	n	t	У	n	У	•	g	0	v			
What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks of MM1 Multiple Tasks of MM2 Multiple Tasks of MM3 Multiple Tasks of MM4 Multiple Tasks of MM4 Multiple Tasks of MM6 Multiple Tasks of Management Practices required for MS4s in impaired	hone		٦,				1					1						Le	gall	y B	indi	ng A	Agre	eme	ent i	n ac	coi	dan	ce		
MM1 Multiple Tasks  MM2 Multiple Tasks  MM3 Multiple Tasks  MM4 Multiple Tasks  MM6 Multiple Tasks  MM6 Multiple Tasks  Mdditional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	( 5 1	6	])	5	7	1	_	7	5	0	8								_	•		_	_							•	No
MM2 Multiple Tasks  MM3 Multiple Tasks  MM4 Multiple Tasks  MM5 Multiple Tasks  MM6 Multiple Tasks  Mdditional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	What tas	sks/	resp	on	sib	iliti	es	are	sha	rec	l w	ith	this	s pa	ırtn	er (	(e.g	s. N	M	1 S	cho	ol ]	Pro	gra	ms	or	Mι	ılti	ple	Tas	sks
MM2 Multiple Tasks  MM3 Multiple Tasks  MM4 Multiple Tasks  MM6 Multiple Tasks  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired		IV/I	,,	7	+		~	7			т	_		1-															_		
MM3 Multiple Tasks  MM4 Multiple Tasks  MM6 Multiple Tasks  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	MMI	Ivi	u		L		Ъ		е		1	а	5	K	5															<u></u>	<u> </u>
MM4  MM5  MM6  Multiple Tasks  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	MM2	M	u	1	t	i	р	1	е		Т	a	S	k	s																
MM6 Multiple Tasks  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	MM3	M	u	1	t	i	р	1	е		Т	a	s	k	s																
MM6 Multiple Tasks s Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	) MM4																												П		
MM6 Multiple Tasks Sks Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired														l																	
Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	) MM5																														
Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	MM6	M	u	1	t	i	р	1	е		Т	a	s	k	s																
Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	\ dditio	 1014	tacl	c /n	202	0110	ihi	litio	ac.					•	•	•					•				•			•	•		
where sites in provenient sites of seek internal and in the sites in the purious					•					000	, <b>D</b>	254	Ma	ma	aon	1010	+ D	rac	tica	0 0 100	יום	1 <b>r</b> 2/	1 fo	r N	(Q/	c i*	, ir	nnc	iro	d	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									0.				•		icil	ιΓ	uci	ice	S 10	.qu	11 50	1 IU	1 1V	104	·5 II	1 11.	пра	.11 C(	7	

### MS4 Municipal Compliance Certification (MCC) Form

		_																	_			SPI	DES	ID						
Name of	MS	4	Villa	age	of F	low	er I	Hill														N	Y	R	2	0	A	1	7	1
Section	13	- P	'ar	tn	er	Inf	for	ma	atio	on																				
Did your											to c	com	ıple	te s	om	e or	all	per	mit	rec	quir	eme	ents	du	ring	g th	is r	еро	rtin	g
period?																											) Ye	es	0	No
If Yes, co	-									4		Τ	c		4:			1	1 !	- <b>4</b> 1	l	c		4	:11		. 1	_		
Subm accep		-							-							-												3		
coalit			•				-																							
If No, pr	ocee	ed t	o S	Sect	tion	4	- C	erti	fica	atio	n S	Stat	em	ent.																
artner/Co	alitio	on N	lam	e																										
Man	h	a	s	s	е	t		В	a	У		Р	r	0	t	е	С	t	i	0	n									
artner/Co	aliti	on N	Vam	ne (c	on't	.)															1	SPI	DES	Par	tnei	r ID	- If	app	lica	ble
C o m	m	i	t	t	е	е																N	Y	R	2	0				
Address																														
1 5	V	а	n	d	е	r	V	е	n	t	е	r		A	V	е														
City	1. 1					,													ate		Zip			_					-	
Por	t		W	a	S	h	i	n	g	t	0	n						N	1 X		1	1	0	5	0	-	3	7	1	0
Mail		- T-			<u> </u>	<u> </u>	~	<b>m</b>		i	7																			
m b p	С	Ε	Х	е	С	@	g	m	а		1	•	С	0	m															
Phone 5 1	6	١	8	6	9	_	7	9	8	3											ng <i>A</i> -002				n ac		dan Ye			No
(   3   1		<i>)</i>					Ľ										WI	шО	I <b>I -</b> U	-00	-002	га	1111	.U.			16	28		INO
What tas	ks/r	esp	on	sib	iliti	es	are	sha	irec	l w	ith	this	s pa	ırtn	er (	e.g	. M	M	1 S	cho	01]	Pro	gra	ms	or	Mι	ıltip	ole	Tas	ks
MM1	M	u	1	t	i	р	1	е		Т	a	s	k	s																
MM2	М	u	1	t	i	р	1	е		Т	a	s	k	s																
MM3	W	a	t	е	r	_	~	u	a	1	i	t	У		m	0	n	i	t	0	r	i	n	<u></u>		0	t	h	e	r
							<u>q</u>			_	_	l						_						g	′					_
MM4	E	d	u	С	a	t	i	0	n	,		R	u	n	0	f	f		m	0	n	i	t	0	r	i	n	g		
MM5	E	d	u	С	a	t	i	0	n	,		R	u	n	0	f	f		m	0	n	i	t	0	r	i	n	g		
MM6	E	d	u	С	a	t	i	0	n																					
Addition	nal ta	ısk	s/re	esp	ons	ibi	litie	es																						
) Wate				•					egr	, Be	est .	Ma	nas	gem	ieni	t Pi	acı	ice	s re	equ	irec	l fo	r N	<b>1</b> S4	s ir	ı in	npa	ire	d	
wate			•						0.				•	_						1							1			

### MS4 Municipal Compliance Certification (MCC) Form

		_																				SPI	DES	ID						
Name of	MS	S4_`	Villa	age	of F	low	er I	Hill														N	Y	R	2	0	A	1	7	1
Section	1 3	- P	ar	tn	er	In	for	ma	atio	<u>on</u>																				
Did your period?	MS	4 w	ork	wi	th p	artı	ners	/co	alit	ion	to c	om	ple	te s	om	e or	all	per	mit	rec	quir	eme	ents	s du	ring	g th	is r∈	_		g No
If Yes, co Submaccep coalit If No, pro	nit a oted tion	se <sub>]</sub> . If . It	para you is r	ate ur N not	she MS neo	eet 4 co	for oop sary	eac era to	h p ted inc	wi cluc	th a	se	ali par	tior ate	ı, sı she	ubn	nit	one	sh	eet	wi	th t	he	nar	ne (	of t		÷		
Partner/Co						٦		Н	_	30	h		70		Р	76		+			+	i		n						
H e m	p	S N	t	e	a an't	q		п	a	r	b	0	r		Р	r	0	t	е	С	t		O	n	ten oe	. ID	1.6	<u></u>	1:00	La la
Partner/Co		i	t	t	e	) e																N	Y Y	R	2	0	- 11	арр	olica	ble
Address 2 9	S	р	r	i	n	g		S	t	r	е	е	t																	
City		-																St	ate		L Zip									
Оуѕ	t	е	r		В	a	У											N	1 7		1	1	7	7	1	-				
eMail																														
e . s	W	е	n	s	0	n	@	h	е	m	р	s	t	е	a	d	h	a	r	b	0	r	•	0	r	g				
Phone ( 5 1	6	)	6	7	7	_	5	9	2	1									-		ng <i>A</i> -002	_					dan Ye		0	No
What tas	ks/1	esp	on	sib	iliti	es	are	sha	irec	l w	ith	this	s pa	ırtn	er (	e.g	. M	M	1 S	cho	ol l	Pro	gra	ms	or	Μι	ıltip	ole '	Tas	ks)?
• MM1	М	u	1	t	i	р	1	е		Т	а	s	k	s																
<ul><li>MM2</li></ul>	М	u	1	t	i	р	1	е		Т	a	s	k	s																
<ul><li>MM3</li></ul>	W	a	t	е	r		q	u	a	1	i	t	У		m	0	n	i	t	0	r	i	n	g	,	0	t	h	е	r
• MM4	M	0	n	i	t	0	r		f	0	r		r	u	n	0	f	f			t	r	a	i	n	i	n	g		
<ul><li>MM5</li></ul>	M	0	n	i	t		r		f		r				n	0	f	f			t	r	a	i		i				_
• IVIIVI3	11/1		11			0	Т_			0	Т		r	u	11				,				а		n		n	a	$\Box$	
• MM6	Ε	d	u	С	a	t	i	0	n	,		t	r	a	i	n	i	n	g		&		r	е	s	е	a	r	С	h
Addition	al t	ask	s/re	esp	ons	ibi	litie	es																						
O Wate			•						0.				•	_	ieni	t Pi	acı	ice	s re	equ	irec	l fo	r N	1S4	s it	ı in	npa	ireo	1	

### MS4 Municipal Compliance Certification (MCC) Form

	SPDES ID
Name of MS4 Village of Flower Hill	N Y R 2 0 A 1 7 1
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all perm	
period?  If Yes, complete information below.	● Yes ○ No
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 s	
coalition. It is not necessary to include a separate sheet for each If No, proceed to Section 4 - Certification Statement.	MS4 in the coantion.
Partner/Coalition Name	
Town of North Hempstea	ad WQIP
Partner/Coalition Name (con't.)	SPDES Partner ID - If applicable
Project	M U L T I P L E
Address 220PlandomeRoad	
City Stat	te Zip
M a n h a s s e t N	Y 1 1 0 3 0 -
eMail	
e .   s   w   e   n   s   o   n   @   h   e   m   p   s   t   e   a   d   h   a   1  Phone	r b o r . o r g
Legally	Binding Agreement in accordance -0-08-002 Part IV.G.? ○ Yes No
What tasks/responsibilities are shared with this partner (e.g. MM1	School Programs or Multiple Teeks)
what tasks/responsionities are shared with this partner (e.g. iviivii	School Frograms of Wurupic Fasks)
O MM1	
O MM2	
MM3 Outfall Mapping	
O MM4	
O MM5	
O MM6	
Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices	raquired for MSAs in impaired
Watershed Improvement Strategy Best Management Practices watersheds included in GP-0-08-002 Part IX.	required for Mio48 in imparted

### MS4 Municipal Compliance Certification (MCC) Form

Name of MS4 Village of Flower Hill		N Y R 2 0 A 1 7 1
Section 3 - Partner Information		
Did your MS4 work with partners/coalition to c	complete some or all perm	
period? If Yes, complete information below.		● Yes ○ N
Submit a separate sheet for each partner.	. Information provided i	n other formats will not be
accepted. If your MS4 cooperated with a		
coalition. It is not necessary to include a f No, proceed to Section 4 - Certification S	1	MS4 in the coalition.
•	tatement.	
Partner/CoalitionName TownofNorth	Hempstea	ıd
$T \mid O \mid w \mid n \mid \mid O \mid t \mid \mid N \mid O \mid r \mid t \mid h \mid \mid$ Partner/Coalition Name (con't.)	H e m p s t e a	SPDES Partner ID - If applicable
arther/Coantion Name (con t.)		N Y R 2 0 A 3 1 8
Address		
2 2 0 P 1 a n d o m e R	o a d	
City	State	e Zip
Manhasset	N	Y 1 1 0 3 0 -
Mail		
e . s w e n s o n @ h e m p	steadhar	b   o   r   .   o   r   g
Phone		Binding Agreement in accordance
( 5 1 6 ) 8 6 9 - 6 3 1 1	with GP-	0-08-002 Part IV.G.? ○ Yes • N
What tasks/responsibilities are shared with	this partner (e.g. MM1 S	School Programs or Multiple Tasks
MM1 S.T.O.P. Pr	ogram	
MM2 S . T . O . P . P r	ogram	
MM3 3 1 1 C a 1 1 C e	n t e r	
) MM4		
) MM5		
) MM6		
Additional tasks/responsibilities		
Watershed Improvement Strategy Best I watersheds included in GP-0-08-002 Pa		required for MS4s in impaired
	111 I A	
watersneds included in GP-0-08-002 Pa		



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

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

	SPL	JE 2	עו						
Name of MS4 Village of Flower Hill	N	Y	R	2	0	А	1	7	1

#### **Section 4 - Certification Statement**

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

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

First Name	MI	Last Nam	ie								
B r i a n		нег	r	i n	g	t	0	n			
Title (Clearly print title of individual <u>signing</u> report)										 	
M a y o r											
Signature				Da	te	1			1 1		 
						/			/		

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,  $2 \mid 0 \mid 2 \mid 0$ 

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

			DIL	LO	$\mathbf{n}$						
Name of MS4/Coalition	Village of Flower Hill	I	N	Y	R	2	0	А	1	7	1

#### **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.

If Yes, choose one of the following

- O 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.

URI	_																												
W	W	W		h	е	m	р	s	t	е	а	d	h	а	r	b	0	r		0	r	g	/	d	0	С	u	m	е
n	t	ន	/																										
URI																													
W	W	W		m	a	n	h	a	s	ល	Ф	t	b	а	У	р	r	0	t	е	С	t	i	0	n	U	0	m	m
i	t	t	е	е		0	r	g	/	w	а	t	е	r	q	u	a	1	i	t	У		h	t	m				
URI																													_
URI	· _																												

● Yes ○ No



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

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

	SPL	DES	ID						
Name of MS4/Coalition Village of Flower Hill	N	Y	R	2	0	А	1	7	1

#### Minimum Control Measure 1. Public Education and Outreach

The information	in this	section	1S b	eing	reported	(check	cone):	
• On behalf of	n indix	ridual M	C/					

On behalf of an individual MS4On behalf of a coalition

How many MS4s contributed to this report?

#### 1. Targeted Public Education and Outreach Best Management Practices

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

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

- Pesticide and Fertilizer Application
- Pet Waste Management
- Recycling
- Riparian Corridor Protection/Restoration
- Trash Management
- Vehicle Washing
- Water Conservation
- Wetland Protection

Otl	ner:																	0	No	ne							
ВО	a	t	i	n	g	,	g	0	0	s	е	m	g	m	t	,	s	е	р	t	i	С	m	g	m	t	

Other

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

- Public EmployeesContractors
- ResidentialDevelopers
- BusinessesGeneral Public
- Restaurants Industries
- Other: Agricultural

t stu d t 1 d s е r S e n S a n C 0 а a

Other

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

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

		SPL	<u> JES</u>	ID						
Name of MS4/Coalition	Village of Flower Hill	N	Y	R	2	0	А	1	7	1

- 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:
- Construction Site Operators Trained #Trained 1
- Direct Mailings 2 # Mailings
- 5 Kiosks or Other Displays # Locations 1
- List-Serves # In List 2 0
- Mailing List # In List 2 5 4 7
- Newspaper Ads or Articles # Days Run 4 0
- Public Events/Presentations 0 # Attendees 2 0 0
- O School Program # Attendees
- TV Spot/Program # Days Run 0
- 2 7 Total # Distributed 5 Printed Materials:

Loc	ation	1s (6	e.g. 1	1bra	ries,	tow	n of	fices	s, K10	OSKS	)								
V	i	1	1	а	g	е		Н	а	1	1								
А	r	b	0	r		D	a	У											
Н	a	r	b	0	r	F	е	s	t	,		Ε	С	0	f	е	S	t	
E	a	r	t	h	D	a	У	,		M	i	n	i	М	a	r	t		

- Other: e e C i t y U S A Τ F а e b o o k r
- Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL																							_		_					
W	W	W	v	i	1	1	a	g	Ф	f	1	0	W	е	r	h	i	1	1	•	0	r	g	/	r	u	1	е	/	

URI	_																														
W	W	W		v	i	1	1	a	g	е	f	1	0	W	е	r	h	i	1	1		0	r	g	/	W	р	-	С	0	n
t	е	n	t	/	u	р	1	0	a	d	S	/	2	0	1	6	/	0	8	/	r	е	С	У	С	1	i	n	g	-	r
u	1	е	s		р	d	f																								

6



This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

						_															-			SPI	DES	ID						
Van	ne o	f M	[S4/	Coa	litic	on_V	/illa	ge o	of F	low	er H	ill												Ν	Y	R	2	0	A	1	7	1
	<b>W</b> Jrl		Pag	ge c	con'	't.:		Pro	ovio	de s	peo	eifi	e w	eb	ado	lres	sses	- n	ot ]	hon	ne j	pag	e.									
	W	W	W		v	i	1	1	a	g	е	f	1	0	W	е	r	h	i	1	1		0	r	g	/	W	р	-	С	0	n
	t	е	n	t	/	u	р	1	0	a	d	S	/	2	0	1	6	/	0	8	/	1	0	1	ß	u	S	t	a	i	n	а
	b	1	е	-	h	0	1	i	d	a	У	-	t	i	р	s		р	d	f												
1	JRL	,																														
	W	W	W	٠	v	i	1	1	а	g	е	f	1	0	W	е	r	h	i	1	1	•	0	r	g	/	W	р	_	С	0	n
	t	е	n	t	/	u	р	1	0	a	d	S	/	2	0	1	6	/	0	8	/	b	u	i	1	d	i	n	g	-	r	е
	g	u	1	а	t	i	0	n	s		р	d	f																			
Ì	JRL	,																														
	W	W	W	•	v	i	1	1	а	g	е	f	1	0	W	е	r	h	i	1	1	٠	0	r	g	/	а	b	0	u	t	-
ļ	u	s	/	1	i	n	k	s	/																							
1	JRL	,																														
	W	W	W	٠	v	i	1	1	а	g	е	f	1	0	W	е	r	h	i	1	1	•	0	r	g	/	b	u	i	1	d	i
	n	g	-	d	е	р	а	r	t	m	е	n	t	/																		
Ī	JRL	,																														
	W	W	W	٠	V	i	1	1	а	g	е	f	1	0	W	е	r	h	i	1	1	•	0	r	g	/	v	i	1	1	a	g
	е	_	f	0	r	m	/																									
1	JRL	,																														
	W	W	W	٠	f	a	С	е	b	0	0	k	٠	С	0	m	/	V	i	1	1	a	g	е	0	f	F	1	0	W	е	r
	Η	i	1	1	/																											
1	JRL	,																														
	W	W	W	٠	n	a	s	s	a	u	С	0	u	n	t	У	n	У	٠	g	0	V	/	1	8	7	6	/	S	t	0	r
	m	W	a	t	е	r	_	M	а	n	а	g	е	m	е	n	t	-	Р	r	0	g	r	a	m							

#### **MS4 Annual Report Form**

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

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

	S	PDI	ES I	ID						
Name of MS4/Coalition Village of Flower Hill		N.	Y	R	2	0	А	1	7	1

#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The Village Public Education and Outreach program will be tailored to describe topics related to the impacts of stormwater discharges on local water bodies, pollutants of concern and their sources (e.g., pathogens to Hempstead Harbor and Manhasset Bay), and the steps that can be taken to reduce pollutants in the stormwater runoff and non-stormwater discharges.

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

The Village has chosen to evaluate the annual number of direct stormwater and/or pollution prevention mailings to residents and businesses as an indicator for measuring the overall effectiveness of the Village's compliance with the Public Education and Outreach program requirements. The Village conducted two direct mailings related to stormwater pollution prevention through the Village newsletter in this reporting period.

<b>C</b> .	How many	times was	s this obser	vation meas	sured or eval	uated in this	reporting period?
------------	----------	-----------	--------------	-------------	---------------	---------------	-------------------

(ex.: samples/participants/events)

- D. Has your MS4 made progress toward this Measurable Goal during this reporting period?
  - Yes O No
- E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
- Yes No

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

The Village plans to continue evaluating the annual number of direct stormwater and/or pollution prevention mailings to residents and businesses as an indicator for measuring the overall effectiveness of the Village's compliance with the Public Education and Outreach program requirements in the next reporting cycle. The Village will conduct direct mailings periodically throughout the year.

#### **MS4 Annual Report Form**

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

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

SPDES ID

Name of MS4/Coalition Village of Flower Hill					N	Y	R	2	0	A	1	7	1
Minimum Control Measure 2. Public Involvement/Partici													
The information in this section is being reported (check	c one):												
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this re</li> </ul>	eport?												
1. What opportunities were provided for public development, evaluation and improvement o (SWMP) Plan during this reporting period?	f the Storm	ıw	ate	r Ma	anag			-		ran	1		
• Cleanup Events						# E	even	ıts					2
● Comments on SWMP Received					# (	Comi	men	ıts					0
<ul><li>Community Hotlines</li></ul>	Phone #	(	5	1 (	)	6	2	7	-	5	0	0	0
Phone # (	Phone #	(	5	1 (	)	5	7	1	-	7	5	3	3
Phone # (	Phone #	(			)				-		3	1	1
Phone # (	Phone #	(	5	1	5)	8	6	9	-	7	9	8	3
Phone # ( ) Phone # ( )													
Phone # ( )	Phone #	(			])				-				
<ul><li>Community Meetings</li></ul>					#	Atte	nde	es			2	1	5
○ Plantings						S	Sq. F	₹t.					
O Storm Drain Markings						# D	Orain	ns					
• Stakeholder Meetings					#	Atte	nde	es			1	2	0
<ul><li>Volunteer Monitoring</li></ul>						# E	ven	ıts				4	9
$lackbox{Other:} \ lackbox{W} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$													
2. Was public notice of availability of this annu Program (SWMP) Plan provided?	ıal report a	nc	l St	orm	wat	er N	Aar	nag	•	ent Ye		0	No
○ List-Serve # In List													
O Newspaper Advertising # Days Run													
○ TV/Radio Notices					#	Day	s Ru	ın					
• Other: Posted in Vill	a g e		Н	a [	. 1								

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



#### **MS4 Annual Report Form**

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

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

SPDES ID

YR

2

0 A

1

7 1

Please provide specific address(es) where notice(s) can be accessed - not home p																								
		+																						H
		+																						L
RL																								
																								Н
RL		_																						
		-																						
RL					-																			_
		+																						
		+																						_
RL																								
		$\dagger$																						_
RL		T																						
		+																						
RL		_																						
		+																						H
1 1	1	- 1	1	1	1	1	1	1	1	I	1	1	I	1	1	1	1			1	1	i .	1 '	1

Name of MS4/Coalition Village of Flower Hill



#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

SPDES ID

YR

2

0 A

OK Ple	L(s) ase p	coi rov	ı ı. vid	: e sp	eci	fic	ad	dre	ess(	es)	wh	iere	e no	otic	es	can	be	ac	ces	sec	<b>l</b> - 1	not	ho	me	e pa	ıge.	•		
JRL																													
																												H	
-	_																											L	
JRL																													
		T																											
		+																										_	<u>                                       </u>
																												L	
JRL																													
	+	+																										H	
																												<u></u>	
JRL		_																											_
																													_
JRL		Т																											
4	_	-																										L	
ID I			-		_	_																							
JRL		Τ																											
	+	+	<u> </u>																									$\vdash$	
JRL		-	-	-						-			-											-					_
IKL																													
+	+	+	<del>                                     </del>																									$\vdash$	
$\perp$	$\perp$	$\perp$																										L	

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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	me of MS4/Coalition Village of Flower Hill															N	Y	R	2	0	А	1	7	1
3. Where can the Program SWM																	M	ana	age	me	nt			
																	an	t ic	21/	o i I c	hlo	on	d	
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																								
Department													_						I					$\neg$
V   i   1   1   Address	a g e	H	а	1	1																			
	n n i	. e	Н	е	i	g	h	t	s		R	0	a	d										
City					_		_								Zip				l					
	a s s	e t									1	Ν.	Y		1	1	0	3	0	-				
Phone ( 5 1 6	) 6 2	2 7 -	5	0		0																		
\	) 6 2	2 7 -	5	U	0	U																		
○ Library Address ○ Annual Report ○ SWMP Plan ○ Comments																								
City													_		Zip									_ _
																				-				
Phone	\																							
	)																							
Other Address																								
City					_	_	_								Zip									_
																				-				
Phone	,					$\neg$																		
(	)																							
• Web Page URL:										) A	nnu	al I	Rep	ort		SV	WN	1P ]	Plar	1	$\circ$	Con	nme	nts
					Ī	Ī	Ī																	Ī
					+		1																	$\dashv$
Please provid	le specit	fic add	ress	of r	าลด	re w	he	re	ren	ort	car	n h∈	 e. ac	ces	sed	   _ n	ot	hor	ne ne	nac	re Je			
• eMail	Please provide specific address of page where report can be accessed - not home page.  © Comments																							

#### **MS4 Annual Report Form**

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

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

	SPDES ID										
Name of MS4/Coalition Village of Flower Hill	N Y R 2	0 A 1	7 1								
4.a. If this report was made available on the internet, what dat	e was it posted?										
Leave blank if this report was not posted on the internet.		]/									
4.b. For how many days was/will this report be posted?											
If submitting a report for single MS4, answer 5.a If submitting	ng a joint report, ans	swer 5.b									
5.a. Was an Annual Report public meeting held in this reporting period?  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 co	ontributing to this	report d	uring								
this reporting period?		○ Yes	○ No								
If No, is one planned for each?		○ Yes	○ No								
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.		○ Yes	• No								

#### **MS4 Annual Report Form**

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

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

	S	PDI	ES I	ID						
Name of MS4/Coalition Village of Flower Hill		N.	Y	R	2	0	А	1	7	1

#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

The Village's Public Involvement and Participation program will incorporate stewardship activities that help to reduce pollutants of concern (e.g., pathogens to Hempstead Harbor and Manhasset Bay) and encourage the general public, residents 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 Village has chosen to evaluate the number of community cleanup events as an indicator for measuring the overall effectiveness of the Village's compliance with the Public Involvement and Participation program requirements. There were two cleanups event hosted by the local protection committees in this reporting period. The Village continues to support programs that promote cleanup events available to Village residents.

C.	How many	v times v	vas this o	bservation	measured or	evaluated in	this reporting	period?

				1							
samples/participants/events											

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

	Yes	$\bigcirc$	No
_	1 03	$\sim$	110

(ex.:

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

Yes	$\circ$ No	)
1 03	$\circ$ 110	٠

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

The Village plans to continue evaluating the number of community cleanup events as an indicator for measuring the overall effectiveness of the Village's compliance with the Public Involvement and Participation program requirements in the next reporting cycle. The Village will sponsor/participate in cleanup events periodically throughout the next reporting period.



This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

Name of MS4/Coalition Village of Flower Hill	N Y R 2 0 A 1 7 1											
Minimum Control Measure 3. I	llicit Discharge Detection and Elimination											
The information in this section is being reported (o	check one):											
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to the</li> </ul>												
1. Enter the number and approx. percent of	of outfalls mapped: 13# 100%											
2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?												
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this											
O Auto Recyclers	• Landscaping (Irrigation)											
<ul><li>Building Maintenance</li></ul>	O Marinas											
○ Churches	O Metal Plateing Operations											
<ul> <li>Commercial Carwashes</li> </ul>	Outdoor Fluid Storage											
O Commercial Laundry/Dry Cleaners	Parking Lot Maintenance											
<ul> <li>Construction Vehicle Washouts</li> </ul>	○ Printing											
O Cross-Connections	O Residential Carwashing											
O Distribution Centers	• Restaurants											
O Food Processing Facilities	<ul> <li>Schools and Universities</li> </ul>											
○ Garbage Truck Washouts	Septic Maintenance											
<ul><li>Hospitals</li></ul>	• Swimming Pools											
O Improper RV Waste Disposal	• Vehicle Fueling											
O Industrial Process Water	• Vehicle Maint./Repair Shops											
• Other:	○ None											
Mobile Dog Wa	shing Vans											
O Sewersheds:												

This report is being submitted for the reporting period ending March 9, 2 0 2 0 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Village of Flower Hill	N Y R 2 0 A 1 7 1													
3.b. What types of illicit discharges have	e been found during this reporting period?													
O Broken Lines From Sanitary Sewer	O Industrial Connections													
O Cross Connections	○ Inflow/Infiltration													
O Failing Septic Systems	O Pump Station Failure													
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows													
O Illegal Dumping	O Straight Pipe Sewer Discharges													
<ul> <li>Other:</li> <li>C o n s t E r o s i o n</li> </ul>	○ None           n         &         P o o l         D i s c h a r g e													
	al illegal connections have been detected during this													
reporting period?	1 6													
5. How many illicit discharges have been	een confirmed during this reporting period?													
g.,g														
•	connections have been eliminated during this reporting													
period?														
7. Has the storm sewershed mapping be If No, approximately what percent was	g completed in this reporting period?													
ii ivo, approximatery what percent was	s completed in this reporting period?													
8. Is the above information available in														
Is this information available on the v If Yes, provide URL(s):	web? ○ Yes • No													
Please provide specific address of page	where map(s) 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 2 0

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

URL(s) con't.: Please provide specific address of page where map(s) can be access RL  RL  RL  RL	sed - 1			e pag	ge
Please provide specific address of page where map(s) can be access RL  RL  RL  RL  RL	sed - 1	not h	nome	e pag	ge
Please provide specific address of page where map(s) can be access RL  RL  RL  RL  RL	sed - 1	not h	nome	e pag	ge
RL RL					
RL					
RL					
RL					
RL					
RL					
RL					
				+	
RL					
			_		
Has an IDDE law been adopted for each traditional MS4 and/or happroved for all non-traditional MS4s contributing to this report?		DDE	-	• Ye	
ipproved for all non-traditional MIS is contributing to this report.				<b>9</b> 10	CS
If Yes, has every traditional MS4 contributing to this report certifi	ied th	nat th	his la	aw is	5
equivalent to the NYS Model IDDE Law?		• Y		$\circ$ N	

#### MS4 Annual Report Form

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

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

	SPL	)ES	ID						
Name of MS4/Coalition Village of Flower Hill	N	Y	R	2	0	А	1	7	1

#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

The Village Illicit Discharge Detection and Elimination program will focus on identifying, locating, eliminating, reducing and preventing illicit discharges to the Village municipal separate storm sewer system to the maximum extent practicable.

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

The Village has chosen to evaluate the number of illicit discharges detected as an indicator for measuring the overall effectiveness of the Village's compliance with the Illicit Discharge Detection and Elimination program requirements. There were sixteen illicit discharges detected in this reporting period. All illicit discharges are investigated and eliminated by the Village.

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

					1	
(ex.:	samp	les/	'part	tici	pant	s/events

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

• Yes O No

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

● Yes ○ No

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

The Village will continue to follow the procedures for IDDE described in 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 Village Discharge Local Law n a case-by-case basis.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

NVP20A171

Name of MS4/Coalition Village of Flower Hill		NY	R 2	0 A	1 7	7 1
Minimum Control Measures Construction Site and Post-Constru			<u>l</u>			
The information in this section is being reported (check one):						
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul>						
1a. Has each MS4 contributing to this report adopted a law, o mechanism that provides equivalent protection to the NYS Stormwater Discharges from Construction Activities?				_	or	) No
1b. Has each Town, City and/or Village contributing to this re equivalent to a NYSDEC Sample Local Law for Stormwat Sediment Control through either an attorney cerfification Analysis Workbook?	er Mana	gemen the N	t and	Erosi	on ai p	
If Yes, Towns, Cities and Villages provide date of equivalent		nple La 19/2004		aw. 03/2006	5 C	NT
2. Does your MS4/Coalition have a SWPPP review procedure	e in plac	e?		• Ye	s C	No No
3. How many Construction Stormwater Pollution Prevention reviewed in this reporting period?	Plans (S	SWPPI	Ps) ha	ve bee	<u>n</u>	1
4. Does your MS4/Coalition have a mechanism for receipt an comments related to construction SWPPPs?	d consid		of p Yes	ublic O No	<b>o</b> C	NT
If Yes, how many public comments were received during this	reporting	period	1?			0
5. Does your MS4/Coalition provide education and training f	for contra	actors	abou	t the lo	ocal	

**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:

O Notices of Violation	#			<ul><li>No Authority</li></ul>
O Stop Work Orders	#			O No Authority
O Criminal Actions	#			O No Authority
O Termination of Contracts	#			O No Authority
O Administrative Fines	#			O No Authority
O Civil Penalties	#			O No Authority
O Administrative Orders	#			O No Authority
O Enforcement Actions or Sanctions	#			
○ Other	#			O No Authority

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

	_	SPL	)ES	Ш						
Name of MS4/Coalition Village of Flower Hill		N	Y	R	2	0	A	1	7	1

### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The	e 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 a during this reporting period?	acre or i	more 0
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	r jurisd	iction 0
3.	What percent of active construction sites were inspected during this reporting p	period?	O NT
4.	What percent of active construction sites were inspected more than once?		% ONT %
5.	Do all inspectors working on behalf of the MS4s contributing to this report use	the NY	S
	Construction Stormwater Inspection Manual? • Yes	○ No	$\circ$ NT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prever (SWPPPs) of construction projects that are subject to MS4 review and approva	1?	
		○ No	$\circ$ NT
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made avapublic review?	ailable f ○ Yes	or O No
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	d.	

### **MS4 Annual Report Form**

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

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

SPDES ID

Name of MS4/Coalition Village of Flower Hill															N	Y	R	2	0	A	1	7	1					
(																												
<b>6. con't.:</b> Submit a	dditic	nna]	l na	നല	ะละ	ne	ede	d																				
			_	igu	<i>a a a</i>	110	cac	a.																				
MS4/Coalit     Departm		ffic	ee																									
	1 1	a	g	е		Н	a	1	1																			
Address																												
1	ВО	n	n	i	е		Н	е	i	g	h	t	s		R	0	а	d										
City																			Zip		_	_						
	n h	а	S	S	е	t									N	I Y			1	1	0	3	0	-	Ш			
Phone (5	1 6	١	6	2	7	_	5	0	0	0																		
\	1 0	)	O	۷		_	J	0	U	U																		
O Library Address																												
City																	_		Zip									
																								_				
Phone		. [																										
(		)				-																						
Other																												
Address																												
City																Т	٦		Zip					_ [				
Phone																								_				
(		)				_																						
\		<i>/</i> [	D	1			1.1.				1.1		1.		0117	וחח	<b>.</b>		1			.1	4	1				
O Web Page U	UKL(S	s):	Р	ieas	se p	rov	ıae	spe	CIII	c a	aare	ess	wne	ere	5 W	PPI	rs c	an	be a	icce	sse	a - :	not	nor	me p	oage	ð.	
																								=		+		퓜
															_						_			$\dashv$	$\dashv$	$\dashv$	$\dashv$	$\dashv$
URL																								$\neg$				$\overline{}$
																								=	ightharpoonup	ightharpoons	_	_

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

	S	PDI	ES I	ID						
Name of MS4/Coalition Village of Flower Hill		N.	Y	R	2	0	А	1	7	1

#### 7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

The Village's Construction Site Stormwater Runoff Control program will provide equivalent protection to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activity. This includes reviewing SWPPs submitted to the Village for projects disturbing an acre or greater of land. The Village also requires erosion and sediment controls for every project requiring a building permit regardless of the amount of land disturbance.

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

The Village has chosen to evaluate the percent of SWPPPs reviewed as an indicator for measuring the overall effectiveness of the Village's compliance with the Construction Site Stormwater Runoff Control program requirements. The threshold for a SPDES General Permit for Stormwater Discharges from Construction Activity is rarely met within the Village. The Village reviewed the one SWPPP submitted to the Village in the reporting period (100%).

	TT	4.	411.9		4.	1		1 4 1	• 41	• 4•	. 10
•	How many	rimes	was thi	s onser	vation	measured	or	evaluated	in th	iis renorfin	o nerina?

					1		
(ex.:	samp	les/	'part	ici	pant	s/events	)

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

	Yes	$\bigcirc$	No
_	1 03	$\sim$	110

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

-	<b>T</b> 7	$\sim$ 1 T	
(	Yes	$\circ$ No	`
•	1 00	$\sim$ 110	,

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

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

### **MS4 Annual Report Form**

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

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

		<b>J P</b>		S	SPD	ES ID					
Name of MS4/Coalition	Village of Flower	r Hill			N	YR	2	0 A	1	7 1	
	Control Mea		-Constructio	n Storm	<u>wa</u>	<u>ter N</u>	<u>/Ia</u>	nage	<u>me</u>	<u>nt</u>	
The information in the	nis section is bein	ng reported (chec	ck one):								
<ul><li>On behalf of an inc</li><li>On behalf of a coa</li></ul>											
	nany MS4s cont	ributed to this 1	report?								
1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?											
		# Inventoried	# Inspections	# Times Maintain							
Alternative Practice	ces	0	0		0						
• Filter Systems		2 5 2	4 x	4 2	x						
• Infiltration Basins		0	0	(	0						
• Open Channels		0	0	(	0						
Ponds		0	0		0						
<ul><li>Wetlands</li></ul>		0	0		0						
Other		6	2 4	2 4	4						
2. Do you use an BMPs, inspecti	ions and maint	anance?		ŕ		-		• Ye		n O No	
3. What types of Development/E		•		-	t L	ow Ir	npa	act			
<ul><li>Building Codes</li></ul>	O Municipal C	omprehensive P	lans								
Overlay Districts	Open Space	Preservation Pro	ogram								
<ul><li>Zoning</li></ul>	O Local Law o	r Ordinance									

MCM 5 Page 1 of 3

O Land Use Regulation/Zoning

Other Comprehensive Plan

○ None

Other:

O Watershed Plans

### **MS4 Annual Report Form**

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

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

	SPDES ID
Name of MS4/Coalition Village of Flower Hill	N Y R 2 0 A 1 7 1
4a. Are the MS4s contributing to this report involved in a regional/wat	• 0
	○ Yes • No
4b. Does the MS4 have a banking and credit system for stormwater ma	anagement practices?
	○ Yes ● No
4c. Do the SWMP Plans for each MS4 contributing to this report inclu	•
and approval of banking and credit of alternative siting of a storm	water management practice?  ○ Yes • No
	○ Yes ● No
4d. How many stormwater management practices have been implement reporting period?	○ Yes ● No
4d. How many stormwater management practices have been implement	○ Yes ● No  nted as part of this system in this  □ □ □  ram implementation attended

#### **MS4 Annual Report Form**

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

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

Name of MS4/Coalition Village of Flower Hill	N .	Y	R	2	0	A	1	7	1

#### 6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

The Village's 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 Village's municipal separate storm sewer system.

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

The Village has chosen to evaluate the number of BMPs in the Village's inventory as an indicator for measuring the overall effectiveness of the Village's compliance with the Post-Construction Stormwater Management program requirements. The Village has 258 BMPs inventoried. The Village will add to the inventory if applicable private BMPs are constructed.

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

					1	
(ex.:	samp	les/	'part	ici	pant	s/events

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

• Yes O No

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

● Yes ○ No

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

The Village will add new BMPs to the inventory as necessary and will evaluate the number of BMPs inventoried as an indicator for measuring the overall effectiveness of the Village's compliance with the Post-Construction Stormwater Management program requirements in the next reporting cycle.

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

	SPD	ES	ID						
Name of MS4/Coalition Village of Flower Hill	N	Y	R	2	0	А	1	7	1

#### Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):		
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>		
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.

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

		periorn	ica mitiii	the past 5
<b>Operation/Activity/Facility</b>	Addressed i	n SWMP?	<u>vears?</u>	) <del>-</del>
Street Maintenance	• Yes	○ No	. • Yes	$\bigcirc$ No
Bridge Maintenance	O Yes	• No	. O Yes	No
Winter Road Maintenance	• Yes	○ No	. • Yes	$\bigcirc$ No
Salt Storage	• Yes	○ No	. • Yes	○ No
Solid Waste Management	• Yes	○ No	. • Yes	$\bigcirc$ No
New Municipal Construction and Land Disturba	nce • Yes	○ No	. • Yes	$\bigcirc$ No
Right of Way Maintenance	• Yes	○ No	. • Yes	$\bigcirc$ No
Marine Operations		• No	. O Yes	<ul><li>No</li></ul>
Hydrologic Habitat Modification		• No	. O Yes	No
Parks and Open Space	• Yes	○ No	. • Yes	$\bigcirc$ No
Municipal Building	_	○ No	. • Yes	$\bigcirc$ No
Stormwater System Maintenance		○ No	. • Yes	$\bigcirc$ No
Vehicle and Fleet Maintenance	• Yes	○ No	. • Yes	○ No
Other	• Yes	○ No	. • Yes	$\bigcirc$ No

### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

	2	PDE2 ID					
Name of MS4/Coalition Village of Flower Hill		N Y R	2	0 A	1	7	1
2. Provide the following information about municipal operat	ions good	housek	eepi	ng pr	rogr	am	is:
Parking Lots Swept (Number of acres X Number of times swep	t)	# Acr	es				1
• Streets Swept (Number of miles X Number of times swept)		# Mil	es			2	1
• Catch Basins Inspected and Cleaned Where Necessary			#		2	5	0
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>			#		2	5	8
hispected and Cleaned where recessary							
<ul> <li>Phosphorus Applied In Chemical Fertilizer</li> </ul>		# Lb	s.				0
Nitrogen Applied In Chemical Fertilizer		# Lb	s.				0
<ul> <li>Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N</li> </ul>	Jumber of	# Acres			С	) _ [	0
times applied to the nearest tenth.)							
3. How many stormwater management trainings have been p	orovided t	o munic	ipal	emp	loye	ees	
during this reporting period?							1
4. What was the date of the last training?	0	4 / 1	7	/ 2	0	1	9
5. How many municipal employees have been trained in this	reporting	period:	•				2
6. What percent of municipal employees in relevant positions	s and depa	artment	s rec	ceive		_	
stormwater management training?				1	0	0	%

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

Name of MS4/Coalition Village of Flower Hill	N .	Y	R	2	0	A	1	7	1

#### 7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

The Village Stormwater Pollution Prevention and Good Housekeeping for Municipal Operations program will address operations that collect, store or release sediments, wastes or other potential pollutants (e.g., pathogens to Hempstead Harbor and Manhasset Bay).

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

The Village has chosen to evaluate the number of catch basins inspected annually as an indicator for measuring the overall effectiveness of the Village's compliance with the Stormwater Pollution Prevention and Good Housekeeping for Municipal Operations program requirements. Catch basins are inspected monthly and cleaned as required. There were 250 catch basins cleaned in this reporting period.

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

				1	
samp	les/	part	tici	pant	s/events

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

	Yes	$\bigcirc$ No
lacksquare	1 03	$\sim$ 110

(ex.:

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

Yes	$\bigcirc$ No
168	$\sim$ 100

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

The Village plans to continue the ongoing catch basin inspection and cleaning schedule during the next reporting cycle. The Village will continue to follow the BMPs outlined in the NYSDEC Municipal Pollution Prevention and Good Housekeeping Assistance Document as necessary.