

MS4 Annual Report Cover Page**MCC form for period ending March 9, 2023**

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

SPDES ID

N Y R 2 0 A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 VILLAGE OF NEW HARTFORD

SPDES ID

N	Y	R	2	0	A	1	3	2
---	---	---	---	---	---	---	---	---

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 VILLAGE OF NEW HARTFORD

SPDES ID

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-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-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

Title

M A Y O R

Address

4 8 G E N E S E E S T R E E T

City

N E W H A R T F O R D N Y 1 3 4 1 3 -
eMail m a v o r @ v i l l a g e o f n e w h a r t f o r d . c o m

1

Phone _____ County _____

$$\left(\begin{array}{ccc|c} 3 & 1 & 5 & \\ \end{array} \right) \left| \begin{array}{cccc|cc} 7 & 3 & 2 & - & 1 & 1 & 4 & 7 \end{array} \right.$$

County

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 VILLAGE OF NEW HARTFORD

SP

N	Y	R	2	0	A	1	3	2
---	---	---	---	---	---	---	---	---

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

T	h	o	m	a	s										L	H	u	g	h	e	s								
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Title

Public Works Superintendent

Address

Mail

eMail: thughes@villageofnewhartford.com

Phone

$$(\boxed{3} \ \boxed{1} \ \boxed{5}) \ \boxed{7} \ \boxed{2} \ \boxed{4} - \boxed{0} \ \boxed{3} \ \boxed{7} \ \boxed{9} \quad \boxed{\text{O}} \ \boxed{\text{n}} \ \boxed{\text{e}} \ \boxed{\text{i}} \ \boxed{\text{d}} \ \boxed{\text{a}} \ \boxed{\text{ }} \ \boxed{\text{ }}$$

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4: VILLAGE OF NEW HARTFORD

SPDES ID

N	Y	R	2	0	A	1	3	2
---	---	---	---	---	---	---	---	---

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

D o n a l d B a t h k e

Title

Consultant - Retired DPW Supt

Address

4 8 Genesee Street

City

New Hartford NY 13413 -

1

Phone _____ County _____

3

()

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

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

SPDES ID

Name of MS4

VILLAGE OF NEW HARTFORD			
-------------------------	--	--	--

N	Y	R	2	0	A	1	3	2
---	---	---	---	---	---	---	---	---

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	r	k	i	m	e	r	-	o	n	e	i	d	a		C	o		C	o		p	r	e	h	e	n	s	i	v	e
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	---

Partner/Coalition Name (con't.)

P	l	a	n	n	i	n	g		P	r	o	g	r	a	m													
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES Partner ID - If applicable

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

Address

3	2	1		M	a	i	n		S	t	r	e	e	t																	
---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

U	t	i	c	a																										
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	3	5	0	1	-	1	2	2	9
---	---	---	---	---	---	---	---	---	---

eMail

p	l	a	n	n	i	n	g	@	o	c	g	o	v	.	n	e	t																
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

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

Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.? Yes No

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

- MM1

F	a	c	t		S	h	e	e	t	s	,	W	e	b	l	i	n	k	s	,	T	r	a	i	n	i	g
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
- MM2

C	l	e	a	n	-	U	p	s		a	n	d		S	W		G	r	o	u	p		M	e	e	t	i	ng
---	---	---	---	---	---	---	---	---	--	---	---	---	--	---	---	--	---	---	---	---	---	--	---	---	---	---	---	----
- MM3

S	t	o	r	m		S	y	s	t	e	m		M	a	p	p	i	n	g														
---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM4

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM5

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM6

T	r	a	i	n	i	g		I	l	l	i	c	i	t		D	i	s	s	h	a	r	g	e										
---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

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 Village of New Hartford

SPDES ID

N Y R 2 0 A 1 3 2

Section 3 - Partner Information

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

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

Sauquoit Creek Intermunicipal

Partner/Coalition Name (con't.) **SPDES Partner ID - If applicable**
C o m m i s s i o n N Y R 2 0

Address

321 Main Street

City _____ State _____ Zip _____
U t i c a N Y 1 3 5 0 1 - _____

eMail

Phone

(3 1 5) 7 9 8 - 5 7 1 0 Legally Binding Agreement in accordance with GP-08-002 Part IV.G. Yes No

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

MM1 Water Body / Concern Stewardship

MM2 Annual Creek Cleanup Event

MM3 Annual Creek Cleanup Event

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.

MS4 Municipal Compliance Certification (MCC) Form**MCC form for period ending March 9, 2023**

SPDES ID

Name of MS4 **Village of New Hartford****N Y R 2 0 A 1 3 2****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

O n e i d a H e r k i m e r S o l i d W a s t e

Partner/Coalition Name (con't.)

A u t h o r i t y

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 6 0 0 G e n e s e e S t r e e t

City

U t i c a

State

N Y 1 3 5 0 2 -

Zip

eMail

o h s w a @ o h s w a . g o v

Phone

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

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

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

- MM1 **W e b S i t e f o r d i s p o s a l o p t i o n s**
- MM2 **R e s i d e n t i a l D r o p o f f S i t e**
- MM3 **H o u s e h o l d h a z a r d o u s w a s t e s i t e**
- MM4
- MM5
- MM6 **C o n t r a c t e d W a s t e D i s p o s a l S i t e**

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

SPDES ID

Name of MS4: VILLAGE OF NEW HARTFORD

N Y R 2 0 A 1 3 2

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 **D** O **N** A **L** D MI **J** Last Name **R** Y A N

Title (Clearly print title of individual signing report)

M A Y O R _____

Signature

Donald J. Ryan

Date

0	5	/	0	8	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

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, 2023

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 NEW HARTFORD

SPDES ID

Water Quality Trends

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

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

How many MS4s are contributed to this report?

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

Yes No

If Yes, choose one of the following

- Report(s) attached to the annual report
- Web Page(s) where report(s) is/are pro

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

1181

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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 NEW HARTFORD

SPDES ID

N Y R 2 0 A 1 3 2

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

1. Targeted Public Education and Outreach Best Management Practices

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

- Construction Sites
- General Stormwater Management Information
- Household Hazardous Waste Disposal
- Illicit Discharge Detection and Elimination
- Infrastructure Maintenance
- Smart Growth
- Storm Drain Marking
- Green Infrastructure/Better Site Design/Low Impact Development
- Other:
- Pesticide and Fertilizer Application
- Pet Waste Management
- Recycling
- Riparian Corridor Protection/Restoration
- Trash Management
- Vehicle Washing
- Water Conservation
- Wetland Protection
- None

2. Specific audiences targeted during this reporting period:

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

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9, 2023**

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 NEW HARTFORD**SPDES ID

N	Y	R	2	0	A	1	3	2
---	---	---	---	---	---	---	---	---

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

- Construction Site Operators Trained
- Direct Mailings
- Kiosks or Other Displays
- List-Serves
- Mailing List
- Newspaper Ads or Articles
- Public Events/Presentations
- School Program
- TV Spot/Program
- Printed Materials:

# Trained				
# Mailings				
# Locations				2
# In List				
# In List				
# Days Run				2
# Attendees				
# Attendees				
# Days Run				
Total # Distributed				

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

V	i	l	l	a	g	e	O	f	f	i	c	e				
V	i	l	l	a	g	e	D	P	W		G	a	r	a	g	e

● Other:

A	r	b	o	r		D	a	y								
---	---	---	---	---	--	---	---	---	--	--	--	--	--	--	--	--

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

URL

w	w	w	.v	i	l	l	a	g	e	o	f	n	e	w	h	a	r	t	f	o	r	d	.d	i	g	i	t	a	l		
t	o	w	p	a	t	h	.	o	r	g	:	1	0	1	1	4	/	c	o	n	t	e	n	t	/	s	t	o	r	m	w
a	t	e	r																												

URL

w	w	w	.o	h	s	w	a	.	o	r	g	/	/	h	o	u	s	e	h	o	u	l	d	-	h	a	z	a	d	o	
u	s	/	w	a	s	t	e	/																							

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023.

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 NEW HARTFORD

SPDES ID

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

URL

http://sauquoitcreekcommission.org/content/

URL

www.ocgov.net/oneida/planning/environmentwater/stormwater/video5

URL

www.villageofnewhartford.com / content / Stormwater12 / home / :field = annual Reports Documents / file62 .p

111

URL
https://rippleeffectocsd.org

100

111

Barriers to success

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 **VILLAGE OF NEW HARTFORD**SPDES ID

N	Y	R	2	0	A	1	3	2
---	---	---	---	---	---	---	---	---

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Provide a public education program by distributed educational materials to residents and businesses in the community concerning the impacts of stormwater discharges and POC's on water bodies. This includes but is not limited to: BMP outreach to help the public better understand the impacts of stormwater and pollution runoffs thru printed public education material, the MS4 library, the village website and waste site disposal option publications. SWCD provides training to contractors in the county. ~~the village stormwater web site had 2 592 hits in the reporting period~~

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

Following the measurable goals detailed above in 4.A that meet the requirements of the Village SWMP.

Quantifiable results are hard to determine in a small (1.5sq.mile) Village that is built out with a piped stormwater conveyance system. The best observation is the absence of stormwater related issues and localized flooding that would be caused by the local population not following BMP's. It seems as tho the village population tends to be good stewards of their properties without additional

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).

Continuing to follow the measurable goals detailed above in 4.A. that meet the requirements of the Village Notice of intent. Continue to follow the Village Stormwater Management Plan outline. After the 2023 report deadline a village news letter has been sent to all residents and businesses with heavy emphasis on waste disposal options, sanitary sewer overflows, fog, non flushables, roof runoff, an MS4 section and an Arbor day section detailing the benefits of the urban forest as it relates to stormwater runoff. these items will be in 2024 annual report.

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.

SPDES ID

Name of MS4/Coalition

VILLAGE OF NEW HARTFORD

N Y R 2 0 A 1 3 2

Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?

--	--	--

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

 Cleanup Events# Events

			0
--	--	--	---

 Comments on SWMP Received# Comments

			0
--	--	--	---

 Community HotlinesPhone # (

3	1	5
---	---	---

)

7	3	3
---	---	---

 -

6	6	6	6
---	---	---	---

Phone # (

0		
---	--	--

)

0		
---	--	--

 -

--	--	--

Phone # (

3	1	5
---	---	---

)

7	2	4
---	---	---

 -

0	3	7	9
---	---	---	---

Phone # (

0		
---	--	--

)

0		
---	--	--

 -

--	--	--

Phone # (

3	1	5
---	---	---

)

7	3	2
---	---	---

 -

1	1	4	7
---	---	---	---

Phone # (

0		
---	--	--

)

0		
---	--	--

 -

--	--	--

Phone # (

0		
---	--	--

)

0		
---	--	--

 -

--	--	--

Phone # (

0		
---	--	--

)

0		
---	--	--

 -

--	--	--

Phone # (

0		
---	--	--

)

0		
---	--	--

 -

--	--	--

Phone # (

0		
---	--	--

)

0		
---	--	--

 -

--	--	--

 Community Meetings# Attendees

--	--	--

 PlantingsSq. Ft.

--	--	--

 Storm Drain Markings# Drains

--	--	--

 Stakeholder Meetings# Attendees

--	--	--

 Volunteer Monitoring# Events

--	--	--

 Other:

S	a	u	q	u	o	i	t		C	o	m	m	i	s	o	n	M	e	e	t	i	n	g	s
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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

 Yes No List-Serve# In List

--	--	--	--

 Newspaper Advertising# Days Run

--	--	--

 TV/Radio Notices# Days Run

--	--	--

 Other:

V	i	l	l	a	g	e		B	o	a	r	d		M	e	e	t	i	n	g		A	g	e	n	d	a
---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---

 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, 2023.

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 NEW HARTFORD

SPDES ID

N	Y	R	2	0	A	1	3	2
---	---	---	---	---	---	---	---	---

2. URL(s) con't.:

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

URL

URL

URL

URL

URL

URL

URI

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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 NEW HARTFORD

VILLAGE OF NEW HARTFORD

SPDES ID

2. URL(s) con't.:

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

URL

URL

URL

URL

URI

URI

URL

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

VILLAGE OF NEW HARTFORD			
-------------------------	--	--	--

SPDES ID

N	Y	R	2	0	A	1	3	2
---	---	---	---	---	---	---	---	---

4.a. If this report was made available on the internet, what date was it posted?

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

0	5	/	1	5	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

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

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

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

5.a. Was an Annual Report public meeting held in this reporting period? Yes No

If Yes, what was the date of the meeting?

0	5	/	0	8	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

If No, is one planned?

 Yes No**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?** Yes No

If No, is one planned for each?

 Yes No**6. Were comments received during this reporting period?** Yes No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9, 2 0 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 **VILLAGE OF NEW HARTFORD**

SPDES ID							
N	Y	R	2	0	A	1	3
2	0	2	3				

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Continued to promote public involvement in implementing the SWMPP by: providing BMP outreach letters to all entities via web site, participation in the Sauquoit Creek Commission, participation in the Oneida-Herkimer Stormwater Management Working Group, participation in the Oneida County Pump Station Steering Committee.

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

Following the measurable goals detailed above in 7.A that meet the requirements of the Village SWMP.
Tracking public comments on Annual Report. To date no public comments have been received since the first annual report was completed.

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).

Continuing the measurable goals detailed above in 7.A. that meet the requirements of the Village NOI. Continue to follow the Village Stormwater Management Plan outline.

*The annual report public meeting is not held in the reporting year but is held for the reporting year prior to submission to the DEC and any public comments will be included as appendix to the report.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023.

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 NEW HARTFORD

SPDES ID

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?

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 1 2 3 9

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

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

● Other:

V i l l a g e c a t c h b a s i n s

- Sewersheds:

Village Stormwater sewer watershed

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

VILLAGE OF NEW HARTFORD			
-------------------------	--	--	--

SPDES ID

N	Y	R	2	0	A	1	3	2
---	---	---	---	---	---	---	---	---

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

<input type="radio"/> Broken Lines From Sanitary Sewer <input type="radio"/> Cross Connections <input type="radio"/> Failing Septic Systems <input type="radio"/> Floor Drains Connected To Storm Sewers <input type="radio"/> Illegal Dumping <input type="radio"/> Other: _____	<input type="radio"/> Industrial Connections <input type="radio"/> Inflow/Infiltration <input type="radio"/> Pump Station Failure <input type="radio"/> Sanitary Sewer Overflows <input type="radio"/> Straight Pipe Sewer Discharges <input checked="" type="radio"/> None
--	--

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

		0
--	--	---

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

		0
--	--	---

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

		0
--	--	---

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?

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

8. Is the above information available in GIS?
Is this information available on the web?
If Yes, provide URL(s):

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

URL

h	t	t	p	p	s	:	/	/	v	i	l	l	a	g	e	n	e	w	h	a	r	t	f	o	r	d	.	d	i	g	i	t
a	l	t	o	w	p	a	t	h	.	o	r	g	:	1	0	1	1	4	/	c	o	n	t	e	n	t	/	s	t	o	r	
m	w	a	t	e	r	0	2	/	s	u	b	i	n	d	e	x	/	:	f	i	e	l	d	=	m	a	p	s	;	/	c	

URL

o	n	t	e	n	t	/	D	o	c	u	m	e	n	t	s	/	F	i	l	e	/	3	8	.	p	d	f					

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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 NEW HARTFORD

SPDES ID

8. URL(s) con't.:

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

URL

URL

URL

URL

URL

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

● Yes ○ No

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

Yes No NT

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

	5	0
--	---	---

 %

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9, 2023**

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 NEW HARTFORD**SPDES ID

N	Y	R	2	0	A	1	3	2
---	---	---	---	---	---	---	---	---

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Continued to enforce a regulatory local law that ensures compliance with Phase II Stormwater Regulations to eliminate non-stormwater pollutant discharges, continued tracking illicit discharges and compile violation listing, maintained catch basin stenciling, continued Sanitary Sewer Overflow Response Plan reporting, maintained the GIS mapping of stormwater system, continue to provide illicit discharge training, continued outfall inspections, provided waste disposal site info.

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

Following the measurable goals detailed above in 12.A that meet the requirements of the Village NOI. Continue to follow the Village Stormwater Management Plan outline to reduce Illicit Discharges. County installed Sanitary Sewer flow meters that will show increases or reduction of wet weather inflows compared to baseline data. This data shows ms4 contributions to part county sanitary pump station bypassing to the mohawk river. To the best of writers knoledge this data has not bee provided to the village

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).

Conduct a municipal employee Illicit Discharge refresher training and train new relivant employees as required.

Continue to follow the procedures detailed above in 12.A that meet the requirements of the Village NOI. Plan to inspect 100% out falls 2023/2024 reporting year.

Continue to follow Oneida County engineering recomendations to satisfy SSO consent order

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 VILLAGE OF NEW HARTFORD

SPDES ID							
N	Y	R	2	0	A	1	3
2	0	A	1	3	2		

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

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

On behalf of an individual MS4
 On behalf of a coalition

How many MS4s contributed to this report?

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

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

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

09/2004 03/2006 NT

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

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 0

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

If Yes, how many public comments were received during this reporting period? 0

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

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

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

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9, 2023**

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 NEW HARTFORD**SPDES ID

N	Y	R	2	0	A	1	3	2
---	---	---	---	---	---	---	---	---

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

--	--	--

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

		0
--	--	---
2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		0
--	--	---
3. What percent of active construction sites were inspected during this reporting period? NT

		0
--	--	---

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

		0
--	--	---

 %
5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT
6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT

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

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

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9, 2023**

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 NEW HARTFORD**

SPDES ID						
N	Y	R	2	0	A	1
3	2					

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

Continued to implement and enforce a written policy and program that ensures compliance with Phase II Stormwater Regulations and local laws to reduce or eliminate stormwater transported pollutants that originate from construction activities that result in a cumulative land disturbance of greater than or equal to one acre if one is proposed. The village did not provide contractor training, this is provided by Oneida County Soil and Water Conservation District.

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

No construction activities occurred within the MS4 that met the criteria detailed above. The Village has only had one development or redevelopment project occur since the beginning of the MS4 program and that site was under 1 acre.

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).

Continue to follow the procedures detailed above in 7.A should a construction project requiring MS4 permitting is required.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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 NEW HARTFORD

SPDES ID

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

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

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices			
<input type="radio"/> Filter Systems			
<input type="radio"/> Infiltration Basins			
<input type="radio"/> Open Channels			
<input type="radio"/> Ponds			
<input type="radio"/> Wetlands			
<input type="radio"/> Other			

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

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

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

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9, 2023**

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 NEW HARTFORD**SPDES ID

N	Y	R	2	0	A	1	3	2
---	---	---	---	---	---	---	---	---

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 Impact Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

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

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9, 2 0 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 **VILLAGE OF NEW HARTFORD**

SPDES ID

N Y R 2 0 A 1 3 2**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

Post construction BMP's that have been installed within the MS4 area were under one acre and are the owners responsibility. Continue to implement and enforce a written policy and program that ensures compliance with Phase II Stormwater Regulations to reduce or eliminate stormwater transported pollutants that originate from Post construction activities that result in a cumulative land disturbance of greater than or equal to one acre if one occurs.

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

No inspections or maintenance has been scheduled during the reporting year.

C. How many times was this observation measured or evaluated in this reporting period?**0**

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period? Yes No**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?** Yes No**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

Continue to follow the procedures detailed above in 6.A in the event a construction project is proposed.

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 **VILLAGE OF NEW HARTFORD**SPDES ID

N	Y	R	2	0	A	1	3	2
---	---	---	---	---	---	---	---	---

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.

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

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

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9, 2023**

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 NEW HARTFORD**

SPDES ID							
N	Y	R	2	0	A	1	3
2	0	2	3	2			

2. Provide the following information about municipal operations good housekeeping programs: Parking Lots Swept (Number of acres X Number of times swept)# Acres

			6	5
--	--	--	---	---

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

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

 Catch Basins Inspected and Cleaned Where Necessary#

		7	3
--	--	---	---

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

--	--	--	--

 Phosphorus Applied In Chemical Fertilizer# Lbs.

--	--	--	--

 Nitrogen Applied In Chemical Fertilizer# Lbs.

--	--	--	--

 Pesticide/Herbicide Applied
(Number of acres to which pesticide/herbicide was applied X Number of
times applied to the nearest tenth.)# Acres

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

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

			0
--	--	--	---

4. What was the date of the last training?

1	1	/	1	4	/	2	0	1	8
---	---	---	---	---	---	---	---	---	---

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

		0
--	--	---

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

1	0	0	%
---	---	---	---

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9, 2023**

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 NEW HARTFORD**

SPDES ID							
N	Y	R	2	0	A	1	3
2	0	2	3				

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

Followed the DPW guidance document that eliminates and prevents stormwater and non-stormwater runoff transported pollutants from entering the MS4. This Guidance program has ten main components which include the Estimated Cost, Responsible Department, Schedule and Measurable Goal for Employee Training, SW System Maintenance, Street/Lot Cleaning, Hazardous Program, Park Maint., Snow Removal, Vehicle Washing and Maintenance Policy, Waste Disposal

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

Following the Pollution Prevention and Good Housekeeping in Municipal Operations Guidance detailed above in 7.A.

Keeping records on file of maintenance activities detailed above in 7.A.

Rebuilt 0 catch basins.

Catch basin cleaning data details condition and amount of debris cleaned from the sump.

Planted 0 village street trees

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).

Continue to follow the Pollution Prevention and Good Housekeeping in Municipal Operations guidance procedures detailed above in 7.A

Conduct a municipal employee Good Housekeeping refresher training 2023/24 reporting year.

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 **VILLAGE OF NEW HARTFORD**SPDES ID
N Y R 2 0 A 1 3 2**Additional Watershed Improvement Strategy Best Management Practices**

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

On behalf of an individual MS4
 On behalf of a coalition

How many MS4s contributed to this report? **| | |****MS4s must answer the questions or check NA as indicated in the table below.**

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

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

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

If N/A, go to question 3.

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

| | | %

Estimate what percentage was mapped in this reporting period.

| | | %

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9, 2 0 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 **VILLAGE OF NEW HARTFORD**

SPDES ID							
N	Y	R	2	0	A	1	3
2							

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

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? **0 0 %**

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

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

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

7b. How many projects have been sited in this reporting period? **0**

7c. What percent of the projects included in 7b have been completed in this reporting period? **0 %**

7d. What percent of projects planned in previous years have been completed? **0 %**
 No Projects Planned

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, [2 | 0 | 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 **VILLAGE OF NEW HARTFORD**

SPDES ID

N	Y	R	2	0	A	1	3	2
---	---	---	---	---	---	---	---	---

9. Has your MS4/Coalition developed and implemented a program of native planting? Yes No N/A

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding? Yes No N/A

11. Does your MS4/Coalition have a pet waste bag program? Yes No N/A

12. Does your MS4/Coalition have a program to manage goose populations? Yes No N/A