

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 

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

SPDES ID  

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Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

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OR

This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

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OR

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

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

Name of Coalition


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**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2021

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

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

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

Name of MS4

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

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

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

For each contact, select all that apply:

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

First Name        MI  Last Name

Title

Address

City             State   Zip      -

eMail

Phone              County

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

MCC form for period ending March 9, 2021

Name of MS4 Village of Sleepy Hollow

SPDES ID

N Y R 2 0 A 3 0 6

**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).

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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

A n t h o n y

MI

Last Name

O l i v e r i

Title

V . P . , A I E n g i n e e r s , I n c . , P . C .

Address

5 7 0 T a x t e r R o a d

City

E l m s f o r d

State

N Y

Zip

1 0 5 2 3 -

eMail

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

Phone

( 9 1 4 ) 6 3 1 - 8 6 0 0

County

W e s t c h e s t e r

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

MCC form for period ending March 9, 2021

Name of MS4 Village of Sleepy Hollow

SPDES ID

N Y R 2 0 A 3 0 6

**Section 3 - Partner Information**

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

 Yes    No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C o u n t y   o f   W e s t c h e s t e r

Partner/Coalition Name (con't.)

I n f o r m a t i o n   T e c h n o l o g y

SPDES Partner ID - If applicable

Address

1 4 8   M a r t i n e   A v e n u e

City

W h i t e   P l a i n s

State   Zip

N Y   1 0 6 0 1 -

eMail

s t w 1 @ w e s t c h e s t e r g o v . c o m

Phone

( 9 1 4 ) 9 9 5 - 3 0 4 7

Legally Binding Agreement in accordance  
with GP-0-08-002 Part IV.G.?

 Yes    No

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

 MM1

 MM2

 MM3 M a p p i n g

 MM4

 MM5

 MM6 M a p p i n g

Additional tasks/responsibilities

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