

Submission Complete

MS4 Interim Progress Certification—18 Month Requirements

Alternate Identifier NYR20A520 Submission HQF-N8K4-6G1FH Revision 1 Form Version 1.1

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water, Bureau of Water Permits
625 Broadway, Albany, New York 12233-3505
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MS4 Operator Certification Form for eReports
SPDES General Permit for
Stormwater Discharges From
Municipal Separate Storm Sewer Systems (GP-0-24-001)

Instructions

As required by Part V.B.2. and Part V.B.3. of GP-0-24-001, the MS4 Operator must submit the Annual Report and the Interim Progress Certification, respectively. As stated in Part V.B.5. of GP-0-24-001, all reports must be signed in accordance with Part X.J. of GP-0-24-001.

MS4 Operator Name: Croton-Harmon Union Free School District

Permit ID: NYR20A 520

eReport Submission Number: HQF-N8K4-6G1FH

MS4 Operator Certification

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, to 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.

Name (please print or type)

Stephen Walker

Title

School Superintendent

Signature



Date

September 30, 2025



Department of
Environmental
Conservation

MS4 Interim Progress Certification—18 Month Requirements

version 1.1

(Submission #: HQF-N8K4-6G1FH, version 1)

Details

Originally Started By Dave Morelli

Alternate Identifier NYR20A520

Submission ID HQF-N8K4-6G1FH

Status Draft

Form Input

MS4 Operator Information

Municipality Name or Legal Entity Name

Croton-Harmon Union Free School District

Permit ID #:

NYR20A520

MS4 Operator Type

Non-traditional

Non-Traditional

School District

Traditional Non-Land Use or Non-Traditional

Traditional non-land use and non-traditional MS4 Operator requirements are found in Part VII of the MS4 General Permit.

Legal Municipal/Entity Mailing address

10 Gerstein Street
Croton-On-Hudson, NY 10520
Westchester

Ranking Official

Official Title	First and Last Name	Phone	Email
School Superintendent	Stephen Walker	914-271-4713	stephen.walker@chufsd.org

Report Preparer

Report Preparer Title	First and Last Name	Phone	Email
Stormwater Program Coordinator	Brad Kennedy	914-271-6109	brad.kennedy@chufsd.org
Other: Environmental Consultant	Dave Morelli	914-461-2966	dave.morelli@wsp.com

Stormwater Program Coordinator

Coordinator Title	First and Last Name	Phone	Email
Stormwater Program Coordinator	Brad Kennedy	914-271-6109	brad.kennedy@chufsd.org

Compliance Schedule Review**Compliance Schedule Resources**

Use the following links for more information on the permit and compliance schedule:
[MS4 Permit Webpage](#)

[MS4 Toolbox](#)

Have you reviewed compliance items due within two years of EDC, January 2, 2026?
Yes

Have you reviewed compliance items due within three years of EDC, January 2, 2027?
Yes

Have you reviewed compliance items due within four years of EDC, January 2, 2028?

Yes

Have you reviewed compliance items due within five years of EDC, January 2, 2029?

Yes

Have you reviewed compliance items which need to be completed routinely (annually, every five (5) years, etc.)?

Yes

Please enter any comments related to the questions in this section.

NONE PROVIDED

Certification

The ranking elected official or Principal Executive Officer for the MS4 Operator will be signing the form.

Yes

As the Ranking Elected Official or Principal Executive Officer, please download the certification form using the link below. Complete and sign the certification. Then, upload the certification form to this Interim Progress Certification and/or Annual Report.

[Certification Form](#)

Attach completed certification form.

[Croton Harmon UFSD Signed MS4 Operator Certifacation Form 9.30.25.pdf - 10/01/2025 05:01 PM](#)

Comment

NONE PROVIDED

Attachments

Date	Attachment Name	Context	User
10/1/2025 5:01 PM	Croton Harmon UFSD Signed MS4 Operator Certifacation Form 9.30.25.pdf	Attachment	Dave Morelli