This is a Joint Annual Report from members of the Stormwater Coalition of Albany County, a Coalition formed in October 15, 2008 via an intermunicipal agreement. This intermunicipal agreement includes 12 co-signatories, all of which are regulated municipal or non-traditional “MS4s”.

While each regulated “MS4” has its own SPDES Permit and is required to file an Annual Report by June 1, it is possible for those regulated entities with legally binding agreements to submit a Joint Annual Report (Part V. C. 2 of SPDES Permit No. GP-0-10-002).

The entities listed below chose to file a Joint Annual Report. The reporting document itself was developed by New York State Department of Environmental Conservation (NYSDEC) and is structured so that municipalities can isolate and summarize activities implementing as a Coalition, and describe program activities implemented as an individual “MS4” municipality.

For this particular Annual Report, Coalition-wide activities are summarized and recorded for the first two required minimum control measures (Public Education and Outreach-MCM1 and Public Participation-MCM2), while individual activities are recorded for the remaining measures (Illicit Discharge Detection and Elimination-MCM3; During and Post Construction Stormwater Management-MCM4 & MCM5; and Municipal Operations/Good Housekeeping-MCM6).

The following regulated entities participated in this Joint Annual Report and their individual SPDES Permit ID numbers are in parenthesis.

- Albany County (NYR20A359)
- City of Albany (NYR20A464)
- Town of Bethlehem (NYR20A208)
- City of Cohoes (NYR20A243)
- Town of Colonie (NYR20A190)
- Village of Colonie (NYR20A076)
- Village of Green Island (NYR20A377)
- Village of Menands (NYR20A144)
- Town of New Scotland (NYR20A463)
- Village of Voorheesville (NYR20A210)
- City of Watervliet (NYR20A087)
- State University of New York at Albany (NYR20A234)

Individuals interested in learning more about the content of the Joint Annual Report should contact either the Coalition Stormwater Program Coordinator (518-447-5645) or those individuals designated as the Stormwater Management Program Coordinator on the MS4 Municipal Compliance Certification (MCC) Form. For additional Stormwater Management Program information, go to the Stormwater Coalition website which describes both individual and collaborative program activities with links to individual MS4 websites for more information (www.stormwateralbanycounty.org).
This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

Name of MS4

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

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

Stormwater Coalition of Albany County

SPDES ID
NYR20A359
NYR20A464
NYR20A208
NYR20A243
NYR20A190
NYR20A076

SPDES ID
NYR20A377
NYR20A144
NYR20A210
NYR20A087
NYR20A234

SPDES ID
NYR20A

Cover Page 1 of 2
Provide SPDES ID of each permitted MS4 included in this report.

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</table>
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:

Stormwater Coalition of Albany County
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

Name of MS4: ALBANY COUNTY

MS4 Municipal Compliance Certification (MCC) Form

Section 2 - Contact Information

First Name: Daniel
Title: County Executive
Address: 112 State St. Room 200
City: Albany
State: NY
Zip: 12207
Phone: (518) 447-7040
Email: countyexecutive@albanycounty.com

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

SPDES ID: NYR20A359

MCC form for period ending March 9, 2012

MCC Page 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).

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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: Laura
MI: R
Last Name: DeGaetano
Title: Sr. Natural Resource Planner
Address: 112 State St Room 720
City: Albany
State: NY
Zip: 12207
Phone: (518) 447-5678
eMail: ldegaetano@albanycounty.com

Name of MS4: Albany County
SPDES ID: NYR20A359

MCC Page 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
Darrell
MI

Last Name
Duncan

Title
Commissioner DPW

Address
449 New Salem Rd.

City
Voorheesville
State
NY
Zip
12186

eMail
darrell.duncan@albanycounty.com

Phone
(518) 765-2055

Name of MS4
Albany County

SPDES ID
NYR20A359
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: Margaret
MI: D
Last Name: DellaRocci

Title: Sr. Engineering Technician

Address: P.O. Box 449 New Salem Rd.
City: Voorheesville
State: NY
Zip: 12186

Email: mdellarocco@albanycounty.com
Phone: (518) 765-1786

Name of MS4: Albany County
SPDES ID: NYR20A359

MCC Page 2
MS4 Municipal Compliance Certification (MCC) Form
MCC form for period ending March 9, 2012

Name of MS4: Albany County

SPDES ID: NYR20A359

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 (con't.)

Stormwater Coalition of Albany

Address
112 State Street, Room 720

City Albany

State NY Zip 12207

eMail nheinzen@albanycounty.com

Phone (518) 447-5645

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 Education Materials & Events

□ MM2 SWMP Coordination

□ MM3 Storm System Map 'g-ORI Support

□ MM4 Training Support

□ MM5 Training - GI Local Laws

□ MM6 Training Support

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, 2012

SPDES ID
NYR20A359

Name of MS4
Albany County

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
Daniel
MI
P
Last Name
McCoy

Title (Clearly print title of individual signing report)
County Executive

Signature
Daniel P. McCoy

Date
5/21/2012

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
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:

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<tbody>
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<td>County</td>
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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Name of MS4: City of Albany

SPDES ID: NYR20A464

MCC form for period ending March 9, 2012

MCC Page 1
**MS4 Municipal Compliance Certification (MCC) Form**

MCC form for period ending March 9, 2012

Name of MS4: City of Albany

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<td>(518) 434-5300</td>
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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

SPDES ID: NYR20A464
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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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
Maryella

MI

Last Name
Bell

Title
Junior Engineer Water Department

Address
10 North Enterprise Drive

City
Albany

State
NY

Zip
12204

eMail
bellm@ci.albany.ny.us

Phone
(518) 434-5104

County
Albany
MS4 Municipal Compliance Certification (MCC) Form
MCC form for period ending March 9, 2012

Name of MS4: City of Albany

SPDES ID: NYR20A464

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
Stormwater Coalition of Albany

Address
112 State Street, Room 720

City: Albany
State: NY
Zip: 12207

eMail: nheinzen@albanycounty.com

Phone: (518) 447-5644

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 Education Materials & Events
- MM2 SWWP Coordination
- MM3 Storm System Mapping - ORI Support
- MM4 Training & Support
- MM5 Training - GI Local Laws
- MM6 Training Support

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, 2012

Name of MS4: City of Albany

SPDES ID: NYR20A464

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-08-002 Part VI.J.

First Name: Robert
MI: F
Last Name: Cross

Title: Commissioner

Signature:

Date: 05/24/2012

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 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4: TOWN OF BETHLEHEM

SPDES ID: NYR20A208

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:

Stormwater Coalition of Albany County

MCC Page 1
Name of MS4: TOWN OF BETHLEHEM

SPDES ID: NYR20A208

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: GREGG
MI: 
Last Name: SAGENDORPH
Title: HIGHWAY SUPERINTENDENT
Address: 74 ELM AVENUE EAST
City: SELKIRK
State: NY
Zip: 12158
Phone: (518) 439-4955
County: ALBANY
eMail: GSAGENDORPH@TOWNOFBETHLEHEM.ORG

MCC Page 2
**Signature Authorization Form**

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<tr>
<td>Gregg Sagendorph</td>
<td>Highway Superintendent</td>
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</table>

<table>
<thead>
<tr>
<th>Signature of person described in paragraph (1):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="signature.jpg" alt="Signature" /></td>
<td>5/7/12</td>
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</table>

**The permittee must notify the Department of any change in this information. This form should only be sent in with the Annual Report.**

<table>
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<tr>
<th>Name and/or Title of person responsible for signing and submitting MS4 Annual Report:</th>
<th>Phone:</th>
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<tbody>
<tr>
<td>Paul Penman, P.E. - Town Engineer</td>
<td>(518) 439-4955</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Name:</th>
<th>Mailing Address:</th>
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<th>State:</th>
<th>Zip:</th>
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<tbody>
<tr>
<td>Paul Penman</td>
<td>445 Delaware Avenue</td>
<td>DELMAR</td>
<td>NY</td>
<td>12054</td>
</tr>
</tbody>
</table>

Return To: MS4 Coordinator
Bureau of Water Permits
New York State Department of Environmental Conservation
625 Broadway
Albany, NY 12233-3505
**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

<table>
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<tr>
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<th>MI</th>
<th>Last Name</th>
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<td><strong>PAUL</strong></td>
<td></td>
<td><strong>PENMAN</strong></td>
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<table>
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<tr>
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<tr>
<td><strong>445 DELAWARE AVENUE</strong></td>
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<table>
<thead>
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<tbody>
<tr>
<td><strong><a href="mailto:PPENMAN@TOWNOFBETHLEHEM.ORG">PPENMAN@TOWNOFBETHLEHEM.ORG</a></strong></td>
</tr>
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<table>
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<tr>
<th>Phone</th>
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<tr>
<td><strong>(518) 439-4955</strong></td>
</tr>
</tbody>
</table>

MCC Page 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).
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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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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

Name of MS4: TOWN OF BETHLEHEM

SPDES ID: NYR20A208

First Name: B R I A N
MI: M
Last Name: K I S E
Title: A S S I S T A N T E N G I N E E R
Address: 4 4 5 D E L A W A R E A V E N U E
City: D E L M A R
State: N Y
Zip: 1 2 0 5 4
eMail: BKISE@TOWNOFBETHLEHEM.ORG
Phone: (5 1 8) 4 3 9 - 4 9 5 5

MCC Page 2
MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4: TOWN OF BETHLEHEM

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: Stormwater Coalition of Albany

SPDES ID: NYR20A208

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: Stormwater Coalition of Albany

SPDES ID: NYR20A208

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: Stormwater Coalition of Albany

SPDES ID: NYR20A208

Address: 112 State Street, Room 720

City: Albany

State: NY

Zip: 12207

eMail: nheinzen@albanycounty.com

Phone: (518) 447-5645

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 Education Materials & Events

☐ MM2 SWMP Coordination

☐ MM3 Storm System Mapping & ORI Support

☐ MM4 Training Support

☐ MM5 Training - GI Local Laws

☐ MM6 Training Support

Additional tasks/responsibilities

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

MCC Page 3
MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4: Town Bethlehem

SPDES ID: NYR20A208

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: Paul
MI: M
Last Name: Penman

Title: (Clearly print title of individual signing report)
Town Engineer

Signature: [Signature]

Date: 05/21/2012

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 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4: City of Cohoes

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:

Stormwater Coalition of Albany County

SPDES ID: NYR20A243
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: John
MI: T
Last Name: McDonald

Title: Mayor

Address: 97 Mohawk Street

City: Cohoes
State: NY
Zip: 12047

County: Albany

Phone: (518) 233-2119

eMail: jmcdonald@ci.cohoes.ny.us

SPDES ID: NYR20A243
MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4: City of Cohoes
SPDES ID: NYR20A243

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).
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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: Melissa
MI: A
Last Name: Ashline-Heil
Title: Director of Building and Planning
Address: 97 Mohawk Street
City: Cohoes
State: NY
Zip: 12047
eMail: mashline-heil@ci.cohoes.ny.us
Phone: (518) 233-2130
County: Albany

MCC Page 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).

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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

Name of MS4 City of Cohoes

SPDES ID NY R 2 0 A 2 4 3

First Name G a r r y MI F Last Name N a t h a n

Title C i t y E n g i n e e r

Address 9 7 M o h a w k S t r e e t

City C o h o e s State N Y Zip 1 2 0 4 7

eMail g n a t h a n @ c i . c o h o e s . n y . u s

Phone ( 5 1 8 ) 2 3 3 - 2 1 3 1

County A l b a n y
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
Stormwater Coalition of Albany

Partner/Coalition Name (cont.)
County

Address
112 State Street, Room 720

City
Albany

State
NY

Zip
12207

eMail
nheinzen@albanycounty.com

Phone
(518) 447-5645

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 Education Materials & Events

☐ MM2 SWMP Coordination

☐ MM3 Storm System Map 'g - ORI Support

☐ MM4 Training Support

☐ MM5 Training - GI Local Laws

☐ MM6 Training Support

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, 2012

Name of MS4: City of Cohoes

SPDES ID: NYR20A243

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: John

MI: T

Last Name: McDonald

Title: Mayor

Signature:

Date: 05/21/2012

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
Name of MS4: Town of Colonie

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:

Stormwater Coalition of Albany County

SPDES ID: NYR20A190
MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4: Town of Colonie

SPDES ID: NYR20A190

Section 2 - Contact Information

Important Instructions - Please Read

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

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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).
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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: Paula
MI: A
Last Name: Mahan
Title: Supervisor
Address: 534 Loudon Road
City: Newtonville
State: NY
Zip: 12128
eMail: colonie@colonie.org
Phone: (518) 783-2728
County: Albany
MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4: Town of Colonie

SPDES ID: NYR20 A190

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).
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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: John
MI: J
Last Name: Dzialo

Title: Sr Public Works Operations Tech

Address: 347 Old Niskayuna Road

City: Latham
State: NY
Zip: 12110

Phone: (518) 783-6292

eMail: dzialoj@colonie.org

County: Albany

MCC Page 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

Stormwater Coalition of Albany

SPDES ID

NYR20A190

Address

112 State Street, Room 720

City

Albany

State

NY

Zip

12207

eMail

nheinzen@albanycounty.com

Phone

(518) 447-5645

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 Education Materials & Events

- MM2 SWMP Coordination

- MM3 Storm System Mapping - ORI Support

- MM4 Training Support

- MM5 Training - GI Local Laws

- MM6 Training Support

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, 2012

Name of MS4: Town of Colonie

SPDES ID: NYR20A190

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: Paula
MI: A
Last Name: Mahan

Title: Supervisor

Signature: Paula A. Mahan

Date: 05/21/2012

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

MCC Page 4
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:

<table>
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<tr>
<th>Stormwater Coalition of</th>
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<tr>
<td>Albany County</td>
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Section 2 - Contact Information

Important Instructions - Please Read

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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

Frank

MI

A

Last Name

Leak

Title

Mayor

Address

2 Thunder Road

City

Village of Colonie

State

NY

Zip

12205

County

Albany

Phone

(518) 869-7562

SPDES ID

NYR20A076
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).
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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

---

**Name of MS4**

Village of Colonie

**SPDES ID**

NYR20A076

---

**First Name**

Randy

**MI**


**Last Name**

Rivera

**Title**

Code Enforcement Dept. Head

**Address**

2 Thunder Road

City

Village of Colonie

State

NY

Zip

12205

**eMail**

dpw@colonievillage.org

**Phone**

(518) 869-6372

County

Albany

---

MCC Page 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).
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4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
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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

Name of MS4: Village of Colonie

First Name: Ronald
MI: J
Last Name: Laberge

Title: Vice Pres, Laberge Group

Address: 4 Computer Drive West

City: Albany
State: NY
Zip: 12205

eMail: rjlaberge@labergegroup.com

Phone: (518) 458-7112

SPDES ID: NYR20A076

MCC Page 2
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.

**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**

| Stormwater Coalition of Albany |

**Address**

| 112 State Street - room 720 |

**City**

| Albany |

**State**

| NY |

**Zip**

| 12207 |

**eMail**

| nancy.heinzen@albanycounty.com |

**Phone**

| (518) 447-5645 |

**SPDES Partner ID - If applicable**

| NYR20 |

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

- [ ] Yes
- [ ] No

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

- [ ] MM1 Education Materials & Events
- [ ] MM2 SWMP Coordination
- [ ] MM3 Storm System map & ORI Support
- [ ] MM4 Training Support
- [ ] MM5 Training - GI Local Laws
- [ ] MM6 Training Support

Additional tasks/responsibilities

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

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

- [ ] Yes
- [ ] No
MS4 Municipal Compliance Certification (MCC) Form
MCC form for period ending March 9, 2012

Name of MS4: Village of Colonie

SPDES ID: NYR20A076

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, 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."

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.

First Name: Frank
MI: L
Last Name: Leak

Title: Mayor

Signature: [Signature]
Date: 5/15/2012

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
Name of MS4: VILLAGE OF GREEN ISLAND

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:

STORMWATER COALITION OF ALBANY COUNTY
MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4: VILLAGE OF GREEN ISLAND

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: ELLEN

MI: M

Last Name: MCNULTY - RYAN

Title: MAYOR

Address: 20 CLINTON STREET

City: GREEN ISLAND

State: NY

Zip: 12183

eMail: MAYOR@VILLAGEOFGREENISLAND.COM

Phone: (518) 273-2201

County: ALBANY
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

**Name of MS4**

VILLAGE OF GREEN ISLAND

**SPDES ID**

NYR20A377

**Name of MS4**

VILLAGE OF GREEN ISLAND

**SPDES ID**

NYR20A377

**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**

SEAN

**MI**

E

**Last Name**

WARD

**Title**

EXECUTIVE ASSISTANT TO THE MAYOR

**Address**

20 CLINTON STREET

**City**

GREEN ISLAND

**State**

NY

**Zip**

12183

**eMail**

SEANW@VILLAGEOFGREENISLAND.COM

**Phone**

(518) 273-2201

**County**

ALBANY

MCC Page 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

Stormwater Coalition of Albany

Partner/Coalition Name (cont.)

County

Address

112 State Street, Room 720

City

Albany

State

NY

Zip

12207

Phone

(518) 447-5645

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 Education Materials & Events

- MM2 SWMP Coordination

- MM3 Storm System Map 'g-ORI Support

- MM4 Training Support

- MM5 Training - GI Local Laws

- MM6 Training Support

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, 2012

Name of MS4: VILLAGE OF GREEN ISLAND

SPDES ID: NYR 20 A 377

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: E L L E N
MI: M
Last Name: M C N U L T Y - R Y A N

Title: (Clearly print title of individual signing report)
M A Y O R

Signature: 

Date: 05/23/2012

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
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:

<table>
<thead>
<tr>
<th>Stormwater Coalition of Albany County</th>
</tr>
</thead>
</table>

Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

Name of MS4: Village of Menands

SPDES ID: NYR20A144
MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4: Village of Menands

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: Megan
MI: 
Last Name: Grenier

Title: Mayor

Address: 250 Broadway

City: Menands
State: NY
Zip: 12204

Phone: (518) 434-2922
eMail: villageofmenands@hotmail.com

MCC Page 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

Name of MS4: Village of Menands

SPDES ID: NYR20A144

First Name: Paul
MI: C
Last Name: Reuss

Title: Executive Assistant to the Mayor

Address: 250 Broadway
City: Menands
State: NY
Zip: 12204

eMail: villageofmenands@hotmail.com

Phone: (518) 434-2922

County: Albany

MCC Page 2
MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4: Village of Menands

SPDES ID: NYR20A144

**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:** Stormwater Coalition of Albany

**Partner/Coalition Name (con't.):** County

**Address:** 112 State Street, Room 720

**City:** Albany

**State:** NY

**Zip:** 12207

**eMail:** nheinzen@albanycounty.com

**Phone:** (518) 447-5645

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** Education Materials & Events
- **MM2** SWMP Coordination
- **MM3** Storm System Mapp'g - ORI Support
- **MM4** Training Support
- **MM5** Training - GI Local Laws
- **MM6** Training Support

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, 2012

Name of MS4: Village of Menands

SPDES ID: NYR20A144

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: Megan  MI:  Last Name: Grenier

Title (Clearly print title of individual signing report): Mayor

Signature: 

Date: 05/21/2011

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
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:

Stormwater Coalition of Albany County
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

Name of MS4
Town of New Scotland

SPDES ID NYR20A463

Thomas Dolin
Supervisor
2029 New Scotland Road
Slingerlands NY 12159
tdolin@townofnewscotland.com
518 439 4889

MCC form for period ending March 9, 2012
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

Name of MS4: Town of New Scotland

SPDES ID: NYR20A463

First Name: Paul
MI: 
Last Name: Cantlin

Title: Stormwater Management Officer

Address: 2029 New Scotland Road, Slingerlands, NY 12159

City: Slingerlands
State: NY
Zip: 12159

eMail: pcantlin@townofnewscotland.com

Phone: (518) 439-9153

County: Albany
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: Stantec
Title: Report Preparer
Address: 3 Columbia Circle, Suite 6
City: Albany
State: NY
Zip: 12203
eMail: keith.menia@stantec.com
Phone: (518) 452-4358
County: Albany
**Name of MS4**: Town of New Scotland

**SPDES ID**: NYR20A463

---

**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**

Stormwater Coalition of Albany

**Address**

112 State Street Room 720

**City**

Albany

**State Zip**

NY 12207

**eMail**

nheinzen@albanycounty.com

**Phone**

(518) 447-5645

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 Education Materials & Events
- [ ] MM2 SWMP Coordination
- [ ] MM3 Storm System Map 'g - ORI Support
- [ ] MM4 Training Support
- [ ] MM5 Training - GI Local Laws
- [ ] MM6 Training Support

**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, 2012

Name of MS4: Town of New Scotland

SPDES ID: NYR20A463

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 VIJ.

First Name: Thomas
MI: D
Last Name: Dolin

Title: Supervisor

Signature: [Signature]

Date: 03/21/2012

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

MCC Page 4
MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4: Village of Voorheesville

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:

Stormwater Coalition of Albany County
MS4 Municipal Compliance Certification (MCC) Form
MCC form for period ending March 9, 2012

Name of MS4: Village of Voorheesville

SPDES ID: NYR20A210

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: Robert
MI: Con
Last Name: way

Title: Mayor, Village of Voorheesville

Address: P.O. Box 367

City: Voorheesville
State: NY
Zip: 12186

County: Albany

Phone: (518) 765-2692
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

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: Glenn
MI: J
Last Name: Hebert
Title: Stormwater Program Coordinator
Address: Village Hall PO Box 367
City: Voorheesville
State: NY
Zip: 12186
eMail: glennhebert@nycap.rr.com
Phone: (518) 765-2698

Name of MS4: Village of Voorheesville
SPDES ID: NYR20A210

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).

For each contact, select all that apply:
MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4: Village of Voorheesville

SPDES ID: NYR20A210

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:
Stormwater Coalition of Albany

Partner/Coalition Name (cont.):

SPDES Partner ID - If applicable:
NYR20

Address:
112 State Street, Room 720

City:
Albany

State:
NY

Zip:
12207

eMail:
nheinzen@albanycounty.com

Phone:
(518) 447-5645

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 Education Materials & Events

○ MM2 SWMP Coordination

○ MM3 Storm System Map 'g-ORI Support

○ MM4 Training Support

○ MM5 Training - GI Local Laws

○ MM6 Training Support

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, 2012

Name of MS4: Village of Voorheesville

SPDES ID: NYR20A210

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: Robert
MI: D
Last Name: Conway

Title: Mayor

Signature:

Date: 05/30/12

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
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:

Stormwater Coalition of Albany County
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

Name of MS4: City of Watervliet

SPDES ID: NY R 20 A 087

First Name: Michael

MI: P

Last Name: Manning

Title: Mayor

Address: 215th Street

City: Watervliet

State: NY

Zip: 12189

eMail: mmanning@watervliet.com

Phone: (518) 270-3800

City of Watervliet

County: Albany

MCC Page 2
MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4

City of Watervliet

SPDES ID

NYR20A087

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).
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5. Report Preparer (Consultants may provide company name in the space provided).

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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

David

MI

R

Last Name

Dressel

Title

Water Plant Operator

Address

222 Watervliet Shaker Rd

City

Watervliet

State

NY

Zip

12189

eMail

dressel@watervliet.com

Phone

(518) 785-7082

County

Albany

MCC Page 2
MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4: City of Watervliet

SPDES ID: NYR20A087

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 (con't.)

Stormwater Coalition of Albany

Address

112 State Street

City: Albany

State: NY

Zip: 12207

eMail: nheinzen@albanycounty.com

Phone: (518) 447-5644

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 Education Materials & Events
- MM2 SWMP Coordination
- MM3 Storm System Mapping - ORI Support
- MM4 Training Support
- MM5 Training - GI Local Laws
- MM6 Training Support

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, 2012

Name of MS4: City of Watervliet
SPDES ID: NYR20A087

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: Michael
MI: P
Last Name: Manning

Title: (Clearly print title of individual signing report)
Mayor

Signature

Date: 05/22/2012

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
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:

<table>
<thead>
<tr>
<th>Stormwater Coalition of Albany County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Name of MS4: University at Albany (SUNY Uptown Campus)

SPDES ID: NYR20A234

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).
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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: George
MI: P
Last Name: Philip
Title: President
Address: 1400 Washington Avenue
City: Albany
State: NY
Zip: 12222
Phone: (518) 437-4900
eMail: gphilip@albany.edu

MCC Page 2
## Signature Authorization Form

**Permittee Name:** University at Albany

**SPDES NO.:** NYR20A

**Facility Name:** University at Albany

<table>
<thead>
<tr>
<th>Name of person described in paragraph (1):</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>George M. Philip</td>
<td>President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of person described in paragraph (1):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>George M. Philip</td>
<td>2/13/12</td>
</tr>
</tbody>
</table>

**THE PERMITTEE MUST NOTIFY THE DEPARTMENT OF ANY CHANGE IN THIS INFORMATION. THIS FORM SHOULD ONLY BE SENT IN WITH THE ANNUAL REPORT.**

<table>
<thead>
<tr>
<th>Name and/or Title of person responsible for signing and submitting MS4 Annual Report:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Campus Planning</td>
<td>(518) 442-3400</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Name:</th>
<th>Mailing Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Errol Millington</td>
<td>1400 Washington Ave, SBA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany</td>
<td>NY</td>
<td>12222</td>
</tr>
</tbody>
</table>

**Return To:**

MS4 Coordinator  
Bureau of Water Permits  
New York State Department of Environmental Conservation  
625 Broadway  
Albany, NY 12233-3505
Section 2 - Contact Information

Important Instructions - Please Read

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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

Name of MS4: University at Albany (SUNY Uptown Campus)

First Name: Errol
MI: 
Last Name: Millington
Title: Director Campus Planning
Address: 1400 Washington Avenue BLDG 25
City: Albany
State: NY
Zip: 12222
eMail: emillington@albany.edu
Phone: (518) 442-3400
County: Albany

SPDES ID: NYR20A234

MCC Page 2
Section 2 - Contact Information

Important Instructions - Please Read

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

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- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

Name of MS4: University at Albany (SUNY Uptown Campus)

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
</tr>
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<tbody>
<tr>
<td>Frank</td>
<td></td>
<td>Fazio</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th></th>
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<tbody>
<tr>
<td>Campus Planner</td>
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</table>

<table>
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<tr>
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<tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany</td>
<td>NY</td>
<td>12222</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>eMail</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:ffazio@albany.edu">ffazio@albany.edu</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>(518) 442-3400</td>
<td>Albany</td>
</tr>
</tbody>
</table>
**MS4 Municipal Compliance Certification (MCC) Form**

**MCC form for period ending March 9, 2012**

Name of MS4: University at Albany (SUNY Uptown Campus)  
SPDES ID: NYR20A234

### 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.

<table>
<thead>
<tr>
<th>Partner/Coalition Name</th>
<th>SPDES ID</th>
<th>SPDES Partner ID - If applicable</th>
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<tbody>
<tr>
<td>Stormwater Coalition of Albany</td>
<td></td>
<td>NYR20</td>
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</table>

<table>
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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>112 State Street Room 720</td>
<td>Albany</td>
<td>NY</td>
<td>12207</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>eMail</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td><a href="mailto:nheinzen@albanycounty.com">nheinzen@albanycounty.com</a></td>
<td>(518) 447 - 5645</td>
</tr>
</tbody>
</table>

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** Education Materials and Events
- **MM2** Coordination & Events
- **MM3** Technical Support & Materials
- **MM4** Training & Mgmt. Assistance
- **MM5** Training & Mgmt. Assistance
- **MM6** Training

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, 2012

Name of MS4: University at Albany (SUNY Uptown Campus)
SPDES ID: NYR20A234

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: Errol
MI
Last Name: Millington

Title: (Clearly print title of individual signing report)
Director Campus Planning

Signature:

Date: 05/21/12

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, 2012.

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

Name of MS4/Coalition: Stormwater Coalition of Albany County

SPDES ID: NYR20

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? 2

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

○ Yes ◆ No

If Yes, choose one of the following

○ Report(s) attached to the annual report
○ Web Page(s) where report(s) is/are provided below

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

URL

URL

URL

URL
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

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? 12

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:

☐ Fertilizer
☐ Law - Pharmaceuticals
☐ Other

2. Specific audiences targeted during this reporting period:

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

☐ Students
☐ Elected Officials
☐ Other

Name of MS4/Coalition: Stormwater Coalition of Albany County

SPDES ID: NYR20

This report is being submitted for the reporting period ending March 9, 2012.
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:
  - Locations (e.g. libraries, town offices, kiosks)
  - # Trained 79
  - # Mailings 18
  - # Locations 64
  - # In List 2524
  - # In List 47316
  - # Days Run 7
  - # Attendees 1752
  - # Attendees 528
  - # Days Run 468
  - Total # Distributed 38180

- Other:
  - Staff - Bds - TDEGIWkshp

- Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.
  - URL: albanycounty.com/edcp/swp.asp
  - stormwateralbanycounty.org
  - albanyny.org/Government/Departments/WaterandWaterSupply/Stormwater.asp
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, **2012**

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

Name of MS4/Coalition: Stormwater Coalition of Albany County

SPDES ID: NYR20

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

<table>
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<tr>
<th>URL</th>
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</tbody>
</table>
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.

1) Purchase CWP Webcast series for 2011, continue to invite others to attend using e-mail list, and grow e-mail invitation list, based on participation
2) Finalize website vendor selection, design site, organize information to be posted and launch site
3) Continue to supply brochure racks

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

1) CWP 2011 Webcast series: Permit Year 2012-six webinars, average attendance-17 participants. Permit Year 2011-four webinars, average attendance-10 participants. E-mail invite list and attendance--growing.
2) Coalition website: vendor selected, site designed, information assembled, and site launched
3) Brochure rack: members receive requested literature, inventory & distribution adequate

C. How many times was this observation measured or evaluated in this reporting period? 3

(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).

1) Revisit as a SW Coalition, pollutants of concern, geographic areas of concern, waterbodies of concern, and target audiences unique to each MS4 and shared. Prioritize educational effort based on analysis. Focus on mutually recognized target audiences. Incorporate priorities into SWMP Goals.
2) Promote Coalition website via a press release, Coalition list serve, and 3 write-ups in member newsletters.
3) Replenish publications inventory, as needed; secure financing, order, distribute items.
**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 □ 2

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
- Comments on SWMP Received
- Community Hotlines
- Community Meetings
- Plantings
- Storm Drain Markings
- Stakeholder Meetings
- Volunteer Monitoring
- Other:

<table>
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<th># Events</th>
<th># Comments</th>
<th>Phone # 1</th>
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<td>162</td>
<td>3438</td>
<td></td>
</tr>
</tbody>
</table>

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

- Yes □  No □

- List-Serve
- Newspaper Advertising
- TV/Radio Notices
- Other: Posting Boxes -- VColTheVillager
- 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, 2012.

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

<table>
<thead>
<tr>
<th>Name of MS4/Coalition</th>
<th>SPDES ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stormwater Coalition of Albany County</td>
<td>NYR 20</td>
</tr>
</tbody>
</table>

2. **URL(s) con't.:**

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

<table>
<thead>
<tr>
<th>URL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.colerievilage.org/ms4annualreport.pdf">www.colerievilage.org/ms4annualreport.pdf</a></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.stormwateralbanycounty.org">www.stormwateralbanycounty.org</a></td>
<td></td>
</tr>
</tbody>
</table>

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: Stormwater Coalition of Albany County

SPDES ID: NYR20

2. URL(s) con't.:
Please provide specific address(es) where notices can be accessed - not home page.

URL

URL

URL

URL

URL

URL

URL
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition: Stormwater Coalition of Albany County

SPDES ID: NYR20

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

- MS4/Coalition Office
  - Annual Report  SWMP Plan  Comments
  - Stormwater Coalition of Albany County
  - Address
    - 112 State Street, Room 720
  - City
    - Albany
  - Zip
    - NY 12207
  - Phone
    - (518) 447-5645

- Library
  - Annual Report  SWMP Plan  Comments
  - Address
  - City
  - Zip
  - Phone
    - (____) _____-____

- Other
  - Annual Report  SWMP Plan  Comments
  - Address
  - City
  - Zip
  - Phone
    - (____) _____-____

- Web Page URL:
  - Annual Report  SWMP Plan  Comments
  - www.stormwateralbanycounty.org

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

- eMail
  - Comments
  - swcoalition@albanycounty.com
3. Where can the public access copies of this annual report, Stormwater Management Program SWMP Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

- **MS4/Coalition Office**
  - **Department**: Department of Public Works
  - **Address**: 449 New Salem Road
  - **City**: Voorheesville
  - **Zip**: NY 12186
  - **Phone**: (518) 765-2786

- **Library**
  - **Address**:
  - **City**:
  - **Zip**: -
  - **Phone**: (___) ___-___

- **Other**
  - **Address**: 112 State Street Room 720
  - **City**: Albany
  - **Zip**: NY 12207
  - **Phone**: (518) 447-5670

- **Web Page URL**
  - **URL**: http://www.albanycounty.com/swp.asp

- **eMail**
  - **Email**: mdellarocco@albanycounty.com

This report is being submitted for the reporting period ending March 9, 2012.

Albany County

Name of MS4/Coalition

SPDES ID: NYR20A359

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

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 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition Office: City of Albany

| SPDES ID | NYR 20A 464 |

3. **Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?**

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

- **MS4/Coalition Office**
  - Dept. of Water & Water Supply
  - Address: 10 North Enterprise Drive
  - City: Albany, NY
  - Zip: 12204
  - Phone: (518) 434-5300

- **Library**
  - Address
  - City
  - Zip
  - Phone

- **Other**
  - Address
  - City
  - Zip
  - Phone

- **Web Page URL:**

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

- **eMail**
  - stormwater@ci.albany.ny.us

Comments

MCM 2 Page 4 of 6
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: TOWN OF BETHLEHEM

SPDES ID: NYR20A208

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

- MS4/Coalition Office
  - Annual Report
  - SWMP Plan
  - Comments
  
  Department: DPW - ENGINEERING DIVISION
  
  Address: 445 DELAWARE AVENUE
  
  City: DELMAR NY 12054
  
  Phone: (518) 439-4955

- Library
  - Annual Report
  - SWMP Plan
  - Comments
  
  Address:
  
  City: Zip:
  
  Phone: ( )

- Other
  - Annual Report
  - SWMP Plan
  - Comments
  
  Address:
  
  City: Zip:
  
  Phone: ( )

- Web Page URL:
  - Annual Report
  - SWMP Plan
  - Comments
  
  WWW.TOWNOFBETHLEHEM.ORG/PAGES/
  STORMWATER/DPWSWABOUTUS.ASP
  
  Please provide specific address of page where report can be accessed - not home page.

- eMail
  - Comments
  
  STORMWATERMANAGEMENT@TOWNOFBETHLEHEM.ORG
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: City of Cohoes

SPDES ID: NYR20A243

3. Where can the public access copies of this annual report, Stormwater Management Program (SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

- MS4/Coalition Office
  - Annual Report
  - SWMP Plan
  - Comments

  Department: Building and Planning
  Address: 97 Mohawk Street
  City: Cohoes
  Zip: NY 12047
  Phone: (518) 233-2131

- Library
  - Annual Report
  - SWMP Plan
  - Comments

  Address: 
  City: 
  Zip: 
  Phone: 

- Other
  - Annual Report
  - SWMP Plan
  - Comments

  Address: 
  City: 
  Zip: 
  Phone: 

- Web Page URL:
  - Annual Report
  - SWMP Plan
  - Comments


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

- eMail
  - Comments

City of Cohoes: NYR20A243
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: Town of Colonie

SPDES ID: NYR20A190

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

- ☐ MS4/Coalition Office
  - ☐ Annual Report  ☐ SWMP Plan  ☐ Comments
  - Department: Stormwater Management Office
  - Address: 347 Old Niskayuna Road
  - City: Latham NY
  - Zip: 12110
  - Phone: (518) 783-6292

- ☐ Library
  - ☐ Annual Report  ☐ SWMP Plan  ☐ Comments
  - Address: 
  - City: 
  - Zip: 
  - Phone: 

- ☐ Other
  - ☐ Annual Report  ☐ SWMP Plan  ☐ Comments
  - Address: 
  - City: 
  - Zip: 
  - Phone: 

- ☐ Web Page URL:
  - ☐ Annual Report  ☐ SWMP Plan  ☐ Comments
  - URL: www.colonie.org

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

- ☐ eMail
  - ☐ Annual Report  ☐ SWMP Plan  ☐ Comments

MCM 2 Page 4 of 6
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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 Colonie |
| SPDES ID | NYR20A076 |

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP Plan and submit comments on those documents?

Enter address/contact info and select radiobutton to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

- **MS4/Coalition Office**
  - Department
  - Address
  - City
  - Zip
  - Phone

- **Library**
  - Address
  - City
  - Zip
  - Phone

- **Other**
  - Address
  - City
  - Zip
  - Phone

- **Web Page URL:**
  - www.colonievillage.org/ms4%20annual%20report.pdf

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

- **eMail**
  - esims@colonievillage.org

- **Comments**
### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

<table>
<thead>
<tr>
<th>Name of MS4/Coalition</th>
<th>VILLAGE OF GREEN ISLAND</th>
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</thead>
<tbody>
<tr>
<td>SPDES ID</td>
<td>NYR20A377</td>
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#### 3. Where can the public access copies of this annual report, Stormwater Management Program (SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

- **MS4/Coalition Office**
  - **Department**: VILLAGE OF GREEN ISLAND
  - **Address**: 20 CLINTON STREET
  - **City**: GREEN ISLAND
  - **Zip**: NY 12183
  - **Phone**: (518) 273-2201

- **Library**
  - **Address**: 
  - **City**: 
  - **Zip**: 
  - **Phone**: 

- **Other**
  - **Address**: 
  - **City**: 
  - **Zip**: 
  - **Phone**: 

- **Web Page URL**: www.villageofgreenisland.com

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

- **eMail**: SEANW@VILLAGEOFGREENISLAND.COM

---

This report is being submitted for the reporting period ending March 9, 2012.
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, **2012**

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

<table>
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<th>Name of MS4/Coalition</th>
<th>Stormwater Coalition of Albany County-Village of Menands</th>
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<tbody>
<tr>
<td>SPDES ID</td>
<td>NYR20A144</td>
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3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

<table>
<thead>
<tr>
<th>MS4/Coalition Office</th>
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<th>SWMP Plan</th>
<th>Comments</th>
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<tr>
<td>250 Broadway</td>
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<tr>
<td>(518) 434-2922</td>
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<th>SWMP Plan</th>
<th>Comments</th>
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<tr>
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<tr>
<th>Web Page URL:</th>
<th>Annual Report</th>
<th>SWMP Plan</th>
<th>Comments</th>
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</table>

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

<table>
<thead>
<tr>
<th>eMail</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

- **MS4/Coalition Office**
  - **Department**
  - **Address**
    - 2029 New Scotland Road
  - **City**
    - Slingerlands
  - **Zip**
    - NY 12159
  - **Phone**
    - (518) 439-5193

- **Library**
  - **Address**
  - **City**
  - **Zip**
  - **Phone**
    - (518) 439-

- **Other**
  - **Address**
  - **City**
  - **Zip**
  - **Phone**
    - (518) 439-4865

- **Web Page URL:**

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

- **eMail**
  - pcantlin@townofnewscotland.com

This report is being submitted for the reporting period ending March 9, 2012.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: Stormwater Coalition of Albany County - Voorheesville

SPDES ID: NYR20A210

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

- MS4/Coalition Office
  - Annual Report
  - SWMP Plan
  - Comments
  - Stormwater Management Office
  - Address
  - 29 Voorheesville Ave., POBOX 367
  - Voorheesville, NY 12186
  - Phone: (518) 765-2698

- Library
  - Annual Report
  - SWMP Plan
  - Comments
  - Address
  - City
  - Zip
  - Phone

- Other
  - Annual Report
  - SWMP Plan
  - Comments
  - Address
  - City
  - Zip
  - Phone

- Web Page URL:
  - Annual Report
  - SWMP Plan
  - Comments
  - Please provide specific address of page where report can be accessed - not home page.

- eMail
  - glennhebert@nycap.rr.com

Comments
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: Stormwater Coalition of Albany County-City of Watervliet

SPDES ID: NYR20

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

- MS4/Coalition Office - Annual Report - SWMP Plan - Comments
  
  Department: Watervliet Water Plant
  
  Address: 222 Watervliet Shaker Rd
  
  City: Watervliet Zip: NY 12189
  
  Phone: (518) 785-7082

- Library - Annual Report - SWMP Plan - Comments
  
  Address: 
  
  City: Zip: 
  
  Phone: 

- Other - Annual Report - SWMP Plan - Comments
  
  Address: City Hall 215th Street
  
  City: Watervliet Zip: NY 12189
  
  Phone: 

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

- eMail - Comments
3. Where can the public access copies of this annual report, Stormwater Management Program (SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

- **MS4/Coalition Office**
  - Name of MS4/Coalition: University at Albany (SUNY Uptown Campus)
  - Address: 1400 Washington Ave., Bldg. 25
  - City: Albany
  - Zip: NY 12222
  - Phone: (518) 442-3400

- **Library**
  - Address:
  - City:
  - Zip:
  - Phone:

- **Other**
  - Address:
  - City:
  - Zip:
  - Phone:

- **Web Page URL:**
  - Please provide specific address of page where report can be accessed - not home page.

- **eMail**
  - Comments:
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: Stormwater Coalition of Albany County

SPDES ID: NYR20

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.

   05 / 04 / 2012

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

   14

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?
   If Yes, what was the date of the meeting?

   Yes / No

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

   Yes / No
Due to poor attendance at previous public meetings, the Stormwater Coalition decided to not host a 2012 Joint Annual Report public meeting this year. Instead the DRAFT Joint Annual Report was posted on the Stormwater Coalition website for 14 days and an e-mail announcement regarding the website posting was sent out to the Stormwater Coalition list serve (461 e-mail addresses).

In addition to this Coalition website posting, three individual MS4s presented the DRAFT Joint Annual Report to their governing boards at regularly scheduled meetings (City of Cohoes Common Council-May 8, 2012; Village of Green Island Village Board-May 21, 2012; City of Watervliet Common Council-May 17, 2012), while a fourth MS4, the Village of Colonie hosted a May 14, 2012 public meeting. The Village of Colonie meeting was publicized in 3 different newspapers (3 legal notices) and in their newsletter, The Villager. Public attendees: zero. The Town of Bethlehem and Albany County posted the DRAFT Joint Annual Report on their individual websites.

Other than the City of Cohoes, there were no public comments directed to either the Stormwater Coalition or individual MS4s about the 2012 DRAFT Joint Annual Report. Nor were their comments during the reporting year about either the 2011 Joint Annual Report or individual Storm Water Management Programs.

Below are the City of Cohoes 2012 DRAFT Joint Annual Report comments as submitted by the City of Cohoes Engineering Department to be included in the FINAL 2012 Joint Annual Report:

On May 8, 2012 at 7pm in the Common Council Chambers of Cohoes City Hall a presentation of Year 9 MS4 Annual Report was given to the Common Council and about 5 members of the general public. After the presentation Councilmember Roger Cassucci asked questions on catch basin cleaning and a general discussion about this issue ensued for about 15 minutes. This was the only response to the report. There weren’t any changes made to the SWMP plan.
MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: Stormwater Coalition of Albany County

SPDES ID: NYR20

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.

1) Attempt to upload SWMP Plan into MS4 Permit Manager system
2) Incorporate a water quality message into Clean Up event promotions
3) Build into Coalition website, tools for the public to learn about and participate in public participation events

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

1) Before uploading SWMP Plan into MS4 Permit Manager, issues regarding wording of text and overall organization of SWMP needed to be addressed by Coalition members. Key decisions have been made and the Coalition is moving towards finalizing Goals. Uploading issues are anticipated.
2) Minimally two MS4s included a water quality message with Clean Up event promotions.
3) Website includes an interface to both promote public participation events and sign up individuals.

C. How many times was this observation measured or evaluated in this reporting period? 3

(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).

1) SWMP Measurable Goals. While Coalition members have documented their activities as detailed in the permit (SWMP Plan), by 3/9/2013 Coalition members will develop clearer measurable goals (both individual and Coalition-wide) to be included in Plan(s), for public review and input.
2) Maintenance of Demo Rain Gardens. Clarify maintenance needs with partners, identify personnel needs, by whom, identify costs, sources of funding, write up, share, & monitor maintenance plan(s).
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: Albany County

SPDES ID: NYR20A359

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? [ ]

1. Enter the number and approx. percent of outfalls mapped: [335 # 100 %]

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? [0]

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

○ Auto Recyclers
● Building Maintenance
○ Churches
○ Commercial Carwashes
○ Commercial Laundry/Dry Cleaners
○ Construction Vehicle Washouts
○ Cross-Connections
○ Distribution Centers
○ Food Processing Facilities
○ Garbage Truck Washouts
○ Hospitals
○ Improper RV Waste Disposal
○ Industrial Process Water

● Other:

Roadways, drainage easements

○ Sewersheds:

MCM 3 Page 1 of 4
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Albany County
SPDES ID: NYR20A359

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

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

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

38

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

32

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

32

7. Has the storm sewershed mapping been completed in this reporting period?
   Yes  No
   [ ] 0%

8. Is the above information available in GIS?
   Yes  No
   Yes  No

   Is this information available on the web?
   Yes  No
   Yes  No

   If Yes, provide URL(s):
   www.aims.org/webmap/
   ***Restricted access***

   If No, approximately what percent was completed in this reporting period?

   Please provide specific address of page where map(s) can be accessed - not home page.
MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9, 2012.
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Albany County
SPDES ID: NYR 2 OA 3 5 9

8. URL(s) con't.: Please provide specific address of page where map(s) can be accessed - not home page

<table>
<thead>
<tr>
<th>URL</th>
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<tbody>
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</table>

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

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

11. What percent of staff in relevant positions and departments has received IDDE training?  100 %

MCM 3 Page 3 of 4
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition: Albany County

SPDES ID: NYR 20 A 359

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.

BMP: ORI Create a Priority Watershed Map with County outfall locations and Impaired Water body information layers included to aid in Outfall Reconnaissance Inventory. Provided the created map to the County Colonic DPW subdivision to inventory their findings when performing routine inspection of streets, catchbasins and outfalls to identify possible pollutants that can be used to target specific audiences or activities in the Ann Lee Pond/Stump Pond watershed and the Patroon Creek.

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

County DPW crew received the ORI map and information on outfall reconnaissance to perform routine inspections of 11 of the targeted outfalls on a section of CR151 (Albany Shaker Road) in the Ann Lee Pond watershed on a trial basis. In the route chosen for 2011 reporting year crews observed roadway, catchbasins and outfalls in targeted section with results of sediment and trash as major pollutants in the targeted area.

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

(ex.: samples/participants/events)

1 1

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).

Increase the area of routine inspections to include all County roadways, catchbasins and outfalls delineated in the Ann Lee Pond watershed, record findings and choose the appropriate education media for the targeted audience according to the findings. DPW crews will continue road sweeping, catchbasin cleaning in these and other areas to reduce pollution sources.
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.

BMP: Begin sewer shed training activities to the inventory of all County owned drainage structures within the MS4 area utilizing GIS and download all information onto a central web site to promote sewer shed mapping in an digital format.

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

Attended Sewer shed training activities and began the initial development procedures for the collection of all the existing County highway drainage plans and County owned facilities records into one digital file that will overlap with other municipalities in the same watersheds to help in the detection and elimination of pollutants of concern and illicit discharges.

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

(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).

Complete GIS inventory of all drainage structures on County roads and facilities within the MS4 boundaries and import information into digital format.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Albany County

SPDES ID: NYR 201359

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?

[ ] [ ] [ ]

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?

[ ] [ ] [ ]

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:

<table>
<thead>
<tr>
<th>Action</th>
<th>#</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notices of Violation</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Stop Work Orders</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Criminal Actions</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Termination of Contracts</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Administrative Fines</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Civil Penalties</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Administrative Orders</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Enforcement Actions or Sanctions</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>No Authority</td>
</tr>
</tbody>
</table>
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Albany County

SPDES ID: NYR20A359

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? [ ]

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

3. What percent of active construction sites were inspected during this reporting period? ○ NT 100%

4. What percent of active construction sites were inspected more than once? ○ NT 100%

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, 2012**

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

Name of MS4/Coalition: Albany County

SPDES ID: NY R 2 0 A 3 5 9

6. **cont.**:

Submit additional pages as needed.

- **MS4/Coalition Office**
  - Department: Albany County DPW
  - Address: 449 New Salem Road
  - City: Voorheesville NY
  - Zip: 12186
  - Phone: (518) 765-2786

- **Library**
  - Address:
  - City:
  - Zip:
  - Phone: ( )

- **Other**
  - Address:
  - City:
  - Zip:
  - Phone: ( )

- **Web Page URL(s):** Please provide specific address where SWPPPs can be accessed - not home page.
  - URL:
  - URL:
  - URL:
  - URL:
  - URL:
  - URL:

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MCM 4 Page 2 of 3
MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9, 2012
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Albany County
SPDES ID: NYR20A359

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.

BMP: Permit Review  To identify the County's role in the MS4 permitting requirements related to NYSGML239 review process a stormwater note was added to the County Planning Board Notification Form in 2011. This note informs municipal, planning, zoning, legislative boards and project applicants of the County's responsibility to comply with MS4 Permit GP-0-10-002 and any construction activity permits under GP-0-1-001.

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

The goal of this notification and review provides the County the opportunity to increase awareness of stormwater regulations and illicit discharge regulations to the public involved in development activities throughout the County. This notification also provides the County the opportunity to review the any possible negative stormwater impacts to County roadways, drainage systems and facilities.

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

286 (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 the notification process on the Albany County Planning Board Notification Form and continue staff review of submitted local projects for possible negative stormwater impacts.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Albany County

SPDES ID: NYR20A359

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?

<table>
<thead>
<tr>
<th>Practice Type</th>
<th># Inventoried</th>
<th># Inspections</th>
<th># Times Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Practices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filter Systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infiltration Basins</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Open Channels</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Ponds</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Wetlands</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

○ Other:

County GML239 Review

MCM 5 Page 1 of 3
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: Albany County

SPDES ID: NYR 20A359

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?

4. 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?
MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: Albany County

SPDES ID: NYR20A359

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.

BMP: Maintenance Activity of Post Construction Stormwater Management. Provided training, reporting materials and BMP information to the County DPW foremen, Commissioner and deputy Commissioner concerning the maintenance and repair of post construction practices under County jurisdiction.

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

County DPW employees responsible for inspection and maintenance of post construction practices received a binder with illustrated maintenance cards describing the proper purpose and function of BMPs with detailed inspection procedures and suggested inspection intervals. All responsible parties received paper copies of road plans with exact locations for each existing post construction practice.

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

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).

Schedule site visits to all county owned post construction stormwater practices and review inspection forms, maintenance procedures and reporting methods for possible additional training needs, deficiencies, or revisions in the program to effectively reduce pollutants in stormwater discharges to the MEP.
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.

BMP: Reduction of Stormwater Runoff. Four County employees, 1 Planning Dept. elected board member, and 2 invited private consultant employees attended Green Infrastructure Training in 2011.

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

Green Infrastructure will increase awareness and applicability of Green Infrastructure in County construction projects and will aid in the review of development projects through the Planning Department under the General Municipal Law 239.

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).

County will look into additional training that will fit into planning Green infrastructure into Linear projects for future design and implementation and to incorporate runoff reduction into routine upgrades in stormwater conveyance systems whenever possible. Planning Department will review GML239 projects for compliance under the MS4 permit for implementation of Green Infrastructure practices.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: Albany County

SPDES ID: NYR 20 A 35 9

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.

<table>
<thead>
<tr>
<th>Operation/Activity/Facility</th>
<th>Addressed in SWMP?</th>
<th>years?</th>
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<tbody>
<tr>
<td>Street Maintenance</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Bridge Maintenance</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Winter Road Maintenance</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Salt Storage</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Solid Waste Management</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>New Municipal Construction and Land Disturbance</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Right of Way Maintenance</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Marine Operations</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hydrologic Habitat Modification</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Parks and Open Space</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Municipal Building</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Stormwater System Maintenance</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Vehicle and Fleet Maintenance</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

MCM 6 Page 1 of 3
2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 1
- Streets Swept (Number of miles X Number of times swept) # Miles 250
- Catch Basins Inspected and Cleaned Where Necessary # 132
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 18
- Phosphorus Applied In Chemical Fertilizer # Lbs. 0
- Nitrogen Applied In Chemical Fertilizer # Lbs. 0
- 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? 6

4. What was the date of the last training? 01/30/2012

5. How many municipal employees have been trained in this reporting period? 23

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 27%
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.

BMP: Pollution Prevention Inspected the interior of the DPW main Facility in Voorheesville and prepared a map for compliance in Pollution prevention and spill Response. The interior plan map delineates DPW activities in the Paint Booth, body shop, garage and vehicle wash facility.

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

The inspection and map provided a list of necessary actions including training, supplies and updates to the facility.

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

\[
\begin{array}{c|c|c}
\text{Ex: samples/participants/events} & 1
\end{array}
\]

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

\[
\begin{array}{c|c|c}
\text{Yes} & \text{No}
\end{array}
\]

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

\[
\begin{array}{c|c|c}
\text{Yes} & \text{No}
\end{array}
\]

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

Continue spill response training activities, post spill response procedures and create a list of repairs, improvements and items needed to add to County budget when funding becomes available.
7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011.

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

Name of MS4/Coalition: Albany County

SPDES ID: NYR20A359

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.

Provide training on invasive species to County DPW crews on invasive species. Information concerning types of plants and pests that can be spread through routine roadway maintenance and drainage activities. Provide color handouts with species of management concerns for removal and control. List obtained from NYS Invasive Species Clearinghouse. Also provided info on the cleaning of wood debris on County ROW concerning Emerald Ash Borer and Asian Longhorned Beetle.

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

Training and information provided will be used to identify problems on County roadways, easements and facilities and to alert proper authorities to provide proper removal and or control of the invasive species. Training will provide procedures for transporting material (soil, water, vegetation, tree debris) from County construction sites and maintenance activities to prevent the spread of invasive species.

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

(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).

Process will be ongoing with additional information and updates provided. DPW crews are instructed to contact the Stormwater Management Officer or assigned delegate, for further instruction and procedures depending on the type and location of the invasive species.

MCM 6 Page 3 of 3
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition: City of Albany

SPDES ID: NYR20A464

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? [ ]

1. Enter the number and approx. percent of outfalls mapped: [ ] 61 # 100%

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? [ ] 19

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

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other:

- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops
- None

Sewersheds:

Patroon Creek Sewershed
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: City of Albany  SPDES ID: NYR20A464

3.b. What types of illicit discharges have been found during this reporting period?
- □ Broken Lines From Sanitary Sewer
- □ Industrial Connections
- □ Cross Connections
- □ Inflow/Infiltration
- □ Failing Septic Systems
- □ Pump Station Failure
- □ Floor Drains Connected To Storm Sewers
- □ Sanitary Sewer Overflows
- □ Illegal Dumping
- □ Straight Pipe Sewer Discharges
- □ Other:

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%

8. Is the above information available in GIS? □ Yes  □ No
   Is this information available on the web? □ Yes  □ No
   If Yes, provide URL(s):
   Please provide specific address of page where map(s) can be accessed - not home page.

URL

URL

MCM 3 Page 2 of 4
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition
City of Albany

SPDES ID
NYR20A464

8. URL(s) con't.: Please provide specific address of page where map(s) can be accessed - not home page

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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

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

11. What percent of staff in relevant positions and departments has received IDDE training? 
   100 %
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.

BMP: Outfall Reconnaissance Inventory (ORI)
By April, 2013 complete an outfall reconnaissance inventory, as described in EPA publication entitled Illicit Discharge Detection and Elimination: A Guidance Manual for Program Development and Technical Assistance, of 100% of the outfalls within urbanized area. For the regulated MS4 listed in this Annual Report Form (MCM 3), all of the outfalls will be surveyed.

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

Since the effective date of SPDES General Permit GP-0-08-002 (May 1, 2008), 31 outfalls of a total of 61 outfalls have been inventoried within the urbanized area of the City of Albany.

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

(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).

Outfalls will be inventoried on a watershed basis, using the following schedule:
2012 - Normans Kill/Hudson River watersheds
By following this schedule, all stormwater outfalls will be inventoried on time by April, 2013.
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?

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

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

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

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?

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?

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: City of Albany

SPDES ID: NYR20A464

6. con’t.:

Submit additional pages as needed.

- **MS4/Coalition Office**

  Department: Dept. of Water and Water Supply

  Address: 10 N. Enterprise Drive

  City: Albany

  Zip: NY 12204

  Phone: (518) 434-5300

- **Library**

  Address:

  City: Zip: Phone: ( ) -

- **Other**

  Address:

  City: Zip: Phone: ( ) -

- **Web Page URL(s):** Please provide specific address where SWPPPs can be accessed - not home page.

  URL:

  URL:
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.

BMP: Local Ordinances for Construction Site Runoff Control
Erosion and sedimentation from construction sites can lead to reduced water quality and other environmental problems. Phase II municipalities must implement a stormwater management program that includes a component for controlling erosion and sediment on construction sites disturbing at least one acre.

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

The City of Albany established a local ordinance in 2008 to enforce erosion and sedimentation problems on active construction sites. During this reporting year, no permitted construction sites were graded unsatisfactory during an inspection. Enforcement action did not need to be taken on any active permitted construction site. One non-permitted site was issued a Stop Work Order.

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).

Inspection and subsequent Enforcement actions will continue to be used in instances where erosion and sedimentation from active sites cause water quality problems and violations.
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.

BMP: Municipal Construction Inspection Program
Construction sites lacking adequate stormwater controls can contribute significant amounts of sediment to streams and lakes. The City of Albany has a construction inspection program to ensure all active sites have the proper controls in place.

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

There were 9 active construction sites with active Construction Activity permits within the City of Albany urbanized area during this reporting period. All sites were inspected by city personnel to ensure Erosion and Sediment Control Practices were in place and functioning as described in the "Blue Book" and designed in the Plans submitted for review and approval during the plan review and permitting process.

C. How many times was this observation measured or evaluated in this reporting period? 9

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).

Active construction sites will continue to be inspected to ensure all regulations and plans are being properly followed and/or implemented.
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.

BMP: Construction Phase Plan Review
Stormwater site plans must be reviewed by municipal staff to ensure they address local requirements, are consistent with the NYSDEC Design Manual and effectively protect water quality.

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

During this reporting period, there were 14 projects in the City of Albany which submitted plans for review in regards to MS4 requirements. All projects were reviewed and comments were returned to the applicant. Any required changes were made to the design and reviewed again to ensure all SPDES requirements were addressed.

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

14

(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).

All design plans will continue to be reviewed to ensure all stormwater requirements are met in accordance with local law and the NYS DEC Design Manual.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: City of Albany

SPDES ID: NYR20A464

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?
[ ]

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?
[ ]

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:

<table>
<thead>
<tr>
<th>Action</th>
<th>Number</th>
<th>Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notices of Violation</td>
<td>#1</td>
<td>No Authority</td>
</tr>
<tr>
<td>Stop Work Orders</td>
<td>#1</td>
<td>No Authority</td>
</tr>
<tr>
<td>Criminal Actions</td>
<td>#</td>
<td>No Authority</td>
</tr>
<tr>
<td>Termination of Contracts</td>
<td>#</td>
<td>No Authority</td>
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<tr>
<td>Administrative Fines</td>
<td>#</td>
<td>No Authority</td>
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<tr>
<td>Civil Penalties</td>
<td>#</td>
<td>No Authority</td>
</tr>
<tr>
<td>Administrative Orders</td>
<td>#</td>
<td>No Authority</td>
</tr>
<tr>
<td>Enforcement Actions or Sanctions</td>
<td>#</td>
<td>No Authority</td>
</tr>
<tr>
<td>Other</td>
<td>#</td>
<td>No Authority</td>
</tr>
</tbody>
</table>
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?

<table>
<thead>
<tr>
<th>Alternative Practices</th>
<th>Filter Systems</th>
<th>Infiltration Basins</th>
<th>Open Channels</th>
<th>Ponds</th>
<th>Wetlands</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td># Inventoried</td>
<td># Inspections</td>
<td># Times Maintained</td>
<td>#</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td>6</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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

City of Albany

MCM 5 Page 1 of 3
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: City of Albany

SPDES ID: NYR20A464

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?  

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?  

100%
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.

BMP: SMP Inspection and Maintenance
The effectiveness of post-construction stormwater management practices (SMPs) depends upon regular inspections of the control measures. The City of Albany has an inspection and maintenance program in place for SMPs within the urbanized area.

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

During this reporting period, four city owned management practices were inspected to ensure proper operation.

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

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).

SMPs, both publicly and privately owned, will be inspected based on the following schedule:
2012 - Normans Kill/Hudson River watershed SMPs
Any SMPs which require maintenance will be properly addressed.
**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.

<table>
<thead>
<tr>
<th>Operation/Activity/Facility</th>
<th>Addressed in SWMP?</th>
<th>years?</th>
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<tbody>
<tr>
<td>Street Maintenance</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Bridge Maintenance</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Winter Road Maintenance</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Salt Storage</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Solid Waste Management</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>New Municipal Construction and Land Disturbance..</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Right of Way Maintenance</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Marine Operations</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Hydrologic Habitat Modification</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Parks and Open Space</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Municipal Building</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Stormwater System Maintenance</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Vehicle and Fleet Maintenance</td>
<td>Yes/No</td>
<td>Yes/No</td>
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<tr>
<td>Other</td>
<td>Yes/No</td>
<td>Yes/No</td>
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: City of Albany

SPDES ID: NYR20A464

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

- Parking Lots Swept (Number of acres X Number of times swept)
- Streets Swept (Number of miles X Number of times swept)
- Catch Basins Inspected and Cleaned Where Necessary
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary

- Phosphorus Applied In Chemical Fertilizer
- Nitrogen Applied In Chemical Fertilizer
- Pesticide/Herbicide Applied
  (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 2

4. What was the date of the last training? 01/31/2012

5. How many municipal employees have been trained in this reporting period? 3

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 100%
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.

BMP: Street Sweeping and Catch Basin Cleaning
By sweeping the streets and cleaning catch basins throughout the city, less floatables will reach SMPs and pollute the waters.

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

During the inspections of the city owned SMPs, there were no floatables found.

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

(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).

Streets will continue to be swept and catch basins will continue to be cleaned to eliminate floatables before they reach SMPs.
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? [ ]

1. Enter the number and approx. percent of outfalls mapped: [93 # 100 %]

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? [40]

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

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other: [ ] None

- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops

- Sewersheds: [ ]

TOWN OF BETHLEHEM
NYR20A208

OWN OF BETHLEHEM
NYR20A208
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: TOWN OF BETHLEHEM

SPDES ID: NYR20A208

3.b. What types of illicit discharges have been found during this reporting period?
- Broken Lines From Sanitary Sewer
- Cross Connections
- Failing Septic Systems
- Floor Drains Connected To Storm Sewers
- Illegal Dumping
- Other:
- None

4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 3

5. How many illicit discharges have been confirmed during this reporting period? 3

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 3

7. Has the storm sewershed mapping been completed in this reporting period? Yes
   If No, approximately what percent was completed in this reporting period? 43%

8. Is the above information available in GIS? Yes
   Is this information available on the web? Yes
   If Yes, provide URL(s):
   Please provide specific address of page where map(s) can be accessed - not home page.
   URL: WWW.AIMS.GIS.ORG/WEBMAP/
   **RESTRICTED ACCESS - CONTACT MS4 FOR USER NAME AND PASSWORD**
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

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

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

97%
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.

Continue to map and screen outfalls within MS4, in order to help identify and eliminate illegal discharges. Maintain a mechanism for residents to contact Town staff to report illegal discharges.

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

15% of known outfalls confirmed and screened with no illegal discharges detected. All complaints reported to the Town were investigated and addressed within 48 hours of complaint.

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

3 (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).

Town will map any new outfalls and screen 20% of known outfalls within the MS4 boundaries. In addition the Town will continue to investigate and address discharges that are in violation of the adopted IDDE local law.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: TOWN OF BETHLEHEM

SPDES ID: NYR20A208

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?

□ 10

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:

<table>
<thead>
<tr>
<th>Action</th>
<th>Number</th>
<th>Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notices of Violation</td>
<td>8</td>
<td>N/A</td>
</tr>
<tr>
<td>Stop Work Orders</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Criminal Actions</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Termination of Contracts</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Administrative Fines</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Civil Penalties</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Administrative Orders</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Enforcement Actions or Sanctions</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>
**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? 10

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 8

3. What percent of active construction sites were inspected during this reporting period? 100%

4. What percent of active construction sites were inspected more than once? 100%

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes  

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

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? Yes
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, **2012**

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

<table>
<thead>
<tr>
<th>Name of MS4/Coalition</th>
<th>TOWN OF BETHLEHEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPDES ID</td>
<td>NYR20A208</td>
</tr>
</tbody>
</table>

6. **cont.**:

Submit additional pages as needed.

- **MS4/Coalition Office**
  - **Department**: DPW - ENGINEERING DIVISION
  - **Address**: 445 DELAWARE AVENUE
  - **City**: DELMAR
  - **Zip**: 12054
  - **Phone**: (518) 439-4955

- **Library**
  - **Address**:
  - **City**:
  - **Zip**: -
  - **Phone**: ( ) -

- **Other**
  - **Address**:
  - **City**:
  - **Zip**: -
  - **Phone**: ( ) -

- **Web Page URL(s)**: Please provide specific address where SWPPPs can be accessed - not home page.
  - **URL**:
    -
    -
    -
    -
  - **URL**:
    -
    -
    -
    -

MCM 4 Page 2 of 3
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: TOWN OF BETHLEHEM

SPDES ID: NYR20A208

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.

Ensure all SWPPP inspection and enforcement procedures are accurately documented and tracked.

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

100% of active construction sites were inspected to ensure compliance with GP-0-10-001. Enforcement actions were taken and documented when necessary.

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

17

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 inspections of all active construction sites. Town will document in writing standard inspection procedures and develop a tracking sheet for all active SWPPPs.
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: **TOWN OF BETHLEHEM**

SPDES ID: **NYR20A208**

## 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?

<table>
<thead>
<tr>
<th>Practice Type</th>
<th># Inventoried</th>
<th># Inspections</th>
<th># Times Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Practices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filter Systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infiltration Basins</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open Channels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ponds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wetlands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Practice Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Codes</td>
<td></td>
</tr>
<tr>
<td>Municipal Comprehensive Plans</td>
<td></td>
</tr>
<tr>
<td>Overlay Districts</td>
<td></td>
</tr>
<tr>
<td>Open Space Preservation Program</td>
<td></td>
</tr>
<tr>
<td>Zoning</td>
<td></td>
</tr>
<tr>
<td>Local Law or Ordinance</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Land Use Regulation/Zoning</td>
<td></td>
</tr>
<tr>
<td>Watershed Plans</td>
<td></td>
</tr>
<tr>
<td>Other Comprehensive Plan</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: TOWN OF BETHLEHEM  
SPDES ID: NYR20A208

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?  
   70%
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.

Ensure all SWPPPs are reviewed for compliance with current permit requirements in accordance with standard Town procedures. In addition make sure O&M agreements are in place for private post construction practices.

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

100% of SWPPPs were reviewed for compliance with current permit requirements. All privately owned post construction inventoried during this reporting period have a signed O&M agreement in place.

C. How many times was this observation measured or evaluated in this reporting period? 5

(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).

By 3/9/2013, document in writing SWPPP review procedures and develop a tracking sheet for both Town owned post construction practices and private post construction practices, where a O&M agreements are in place.
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: TOWN OF BETHLEHEM  
SPDES ID: NYR20A208

### 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.

<table>
<thead>
<tr>
<th>Operation/Activity/Facility</th>
<th>Addressed in SWMP?</th>
<th>Self-Assessment performed within the past 3 years?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Maintenance</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Bridge Maintenance</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Winter Road Maintenance</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Salt Storage</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Solid Waste Management</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>New Municipal Construction and Land Disturbance</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Right of Way Maintenance</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Marine Operations</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Hydrologic Habitat Modification</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Parks and Open Space</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Municipal Building</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Stormwater System Maintenance</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Vehicle and Fleet Maintenance</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

MCM 6 Page 1 of 3
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: TOWN OF BETHLEHEM

SPDES ID: NYR20A208

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

- Parking Lots Swept  (Number of acres X Number of times swept) # Acres 18
- Streets Swept  (Number of miles X Number of times swept) # Miles 525
- Catch Basins Inspected and Cleaned Where Necessary # 116
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #
- Phosphorus Applied In Chemical Fertilizer # Lbs.
- Nitrogen Applied In Chemical Fertilizer # Lbs. 600
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 1375.5

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 4

4. What was the date of the last training? 02/28/2012

5. How many municipal employees have been trained in this reporting period? 7

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 70%
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.

Continued inspection and cleaning of all streets and catch basins, as well as the continued training of municipal staff responsible for implementation of the SWMPP.

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

All streets were swept and all catch basins in need of maintenance were appropriately addressed. Additionally, majority of staff attended training workshop on Green Infrastructure.

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).

Ensure appropriate staff is adequate is trained in stormwater basics and maintenance.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: City of Cohoes  
SPDES ID: NYR 20 A 2 4 3

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? ______

1. Enter the number and approx. percent of outfalls mapped: __________ 76 # 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/sewersheds were targeted for inspection during this reporting period?

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other:
- None

- Sewersheds:

MCM 3 Page 1 of 4
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: City of Cohoes

SPDES ID: NYR20A243

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

- Broken Lines From Sanitary Sewer
- Cross Connections
- Failing Septic Systems
- Floor Drains Connected To Storm Sewers
- Illegal Dumping
- Other: None

4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 1

5. How many illicit discharges have been confirmed during this reporting period? 1

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 1

7. Has the storm sewershed mapping been completed in this reporting period? Yes

If No, approximately what percent was completed in this reporting period? 70%

8. Is the above information available in GIS? Yes

Is this information available on the web? Yes

If Yes, provide URL(s):

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

URL: www.aims-gis.org/webmap

***restricted access***
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

<table>
<thead>
<tr>
<th>Name of MS4/Coalition</th>
<th>City of Cohoes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPDES ID</td>
<td>NYR20A243</td>
</tr>
</tbody>
</table>

8. **URL(s) con't.:**
   Please provide specific address of page where map(s) can be accessed - not home page

<table>
<thead>
<tr>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>URL</td>
</tr>
<tr>
<td>URL</td>
</tr>
<tr>
<td>URL</td>
</tr>
<tr>
<td>URL</td>
</tr>
</tbody>
</table>

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

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

11. **What percent of staff in relevant positions and departments has received IDDE training?**
    - 20%
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: City of Cohoes

SPDES ID: NYR20A243

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.

Still working with CBI software to better track the IDDEs.

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

City forces investigated possible illegal connections.

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

3

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).

Once the CBI software becomes available (without problems) it will be easier to track down IDDEs.
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: City of Cohoes

**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?

- [ ] [ ] [ ]

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?

- [ ] [ ] [ ]

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:

<table>
<thead>
<tr>
<th>Action</th>
<th>Number</th>
<th>Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notices of Violation</td>
<td>7</td>
<td>No Authority</td>
</tr>
<tr>
<td>Stop Work Orders</td>
<td>1</td>
<td>No Authority</td>
</tr>
<tr>
<td>Criminal Actions</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Termination of Contracts</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Administrative Fines</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Civil Penalties</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Administrative Orders</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Enforcement Actions or Sanctions</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>No Authority</td>
</tr>
</tbody>
</table>
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?

   [ ] [ ] 2

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

   [ ] [ ] 4

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

   ○ NT

   [ ] [ ] 100%

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

   ○ NT

   [ ] [ ] 100%

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, 2012

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

Name of MS4/Coalition: City of Cohoes

SPDES ID: NYR20A243

6. **con't.**

Submit additional pages as needed.

- **MS4/Coalition Office**
  
  Department: Building and Planning
  
  Address:
  97 Mohawk Street
  
  City: Cohoes
  
  Zip: NY 12047
  
  Phone: (518) 233-2130

- **Library**
  
  Address:
  
  City: 
  
  Zip:
  
  Phone: ( )  - 

- **Other**
  
  Address:
  
  City: 
  
  Zip:
  
  Phone: ( )  - 

- **Web Page URL(s):** Please provide specific address where SWPPPs can be accessed - not home page.

  URL:
  
  URL:
  
  URL:
  
  URL:
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: City of Cohoes

SPDES ID: NYR20A243

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.

Reviewed 100% of the SWPPPS (one submitted and reviewed; and one currently submitted and under review).

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

All are either reviewed or under review; therefore Cohoes was effective in meeting this goal.

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

1

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).

City has internal meetings with the City Engineer, Planning Board Engineer, Stormwater Management Officer and Planning Board Chairman when necessary.
# 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?

<table>
<thead>
<tr>
<th>Alternative Practices</th>
<th># Inventoried</th>
<th># Inspections</th>
<th># Times Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filter Systems</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Infiltration Basins</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open Channels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ponds</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Wetlands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

---

MCM 5 Page 1 of 3
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition: City of Cohoes

SPDES ID: NYR20A243

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?

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?
   ●●● %
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.

Inspect all City owned stormwater management facilities. Obtain copies of inspection reports for non City owned stormwater management facilities.

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

The City owned facilities were inspected; non City owned facilities to forward copies of inspections.

C. How many times was this observation measured or evaluated in this reporting period? 2

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

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

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

Use CBI software to track inspections, more effectively track catch basins work, educate new personnel to the City's MS4 laws and guidance.
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.

<table>
<thead>
<tr>
<th>Operation/Activity/Facility</th>
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<th>Self-Assessment performed within the past 3 years?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Maintenance....................................................</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
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<td>Yes/No</td>
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<td>Yes/No</td>
<td>Yes/No</td>
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<td>Yes/No</td>
<td>Yes/No</td>
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<td>Yes/No</td>
<td>Yes/No</td>
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<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Right of Way Maintenance...............................................</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Marine Operations.....................................................</td>
<td>Yes/No</td>
<td>Yes/No</td>
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<td>Hydrologic Habitat Modification......................................</td>
<td>Yes/No</td>
<td>Yes/No</td>
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<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Municipal Building.....................................................</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Stormwater System Maintenance........................................</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Vehicle and Fleet Maintenance........................................</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Other............................................................................</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, **2012**

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

<table>
<thead>
<tr>
<th>Name of MS4/Coalition</th>
<th>City of Cohoes</th>
<th>SPDES ID</th>
<th>N Y R 2 0 A 2 4 3</th>
</tr>
</thead>
</table>

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

- **Parking Lots Swept**: (Number of acres X Number of times swept) # Acres: 3
- **Streets Swept**: (Number of miles X Number of times swept) # Miles: 1 4 7 4
- **Catch Basins Inspected and Cleaned Where Necessary** #: 5 5
- **Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary** #: 2

- **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

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

#### 4. What was the date of the last training? 03 / 06 / 2012

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

#### 6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 60%
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.

With all the City owned buildings inventoried, the City continued with the audits of 5 pump stations during the recording period and revising the schedule for the remaining ones. Catch basin cleaning continues.

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

Audits for the remaining facilities to be done during 2012.

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

(ex.: samples/participants/events)

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

○ Yes  ○ No

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

○ Yes  ● No

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

The audits took more time than scheduled but the remaining ones are scheduled to be done by the next reporting cycle. Catch basin repairs ongoing.
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, **2012**

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

Name of MS4/Coalition: **Town of Colonie**

| SPDES ID | N Y R 2 0 A 1 9 0 |

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? □ □ □

1. Enter the number and approx. percent of outfalls mapped: □ 8 0 0 # □ 1 0 0 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? □ 1 0 7

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
- Parking Lot Maintenance
- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops
- None
- Pet Waste Complaints
- Kromma Kill, Dry River, Salt Kill

MCM 3 Page 1 of 4
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Colonie

SPDES ID: NYR20A190

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

- Broken Lines From Sanitary Sewer
- Cross Connections
- Failing Septic Systems
- Floor Drains Connected To Storm Sewers
- Illegal Dumping
- Other: Pet Complaints

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

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

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?
   - 85%

8. Is the above information available in GIS?
   - Yes
   - No
   Is this information available on the web?
   - Yes
   - No
   If Yes, provide URL(s):
   
   Please provide specific address of page where map(s) can be accessed - not home page.

   URL: www.aims.gis.org/webmap
   **restricted access**

MCM 3 Page 2 of 4
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

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

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

   0%
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.

Number of illicit discharges detected and eliminated

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

Even with increased outfall dry weather inspections no illicit discharges were discovered for this reporting period.

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

(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).

Town staff will continue to focus on outfall dry weather surveys in the next reporting cycle. It is anticipated that this will lead to an increase in illicit discharges detected and eliminated.
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, **2012**

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

Name of MS4/Coalition: **Town of Colonie**

SPDES ID: **NYR20A190**

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### Minimum Control Measures 4 and 5.

**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? [ ]

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? [ ] 4

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:

<table>
<thead>
<tr>
<th>Action</th>
<th>Number</th>
<th>Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notices of Violation</td>
<td>6</td>
<td>No Authority</td>
</tr>
<tr>
<td>Stop Work Orders</td>
<td>2</td>
<td>No Authority</td>
</tr>
<tr>
<td>Criminal Actions</td>
<td>2</td>
<td>No Authority</td>
</tr>
<tr>
<td>Termination of Contracts</td>
<td>2</td>
<td>No Authority</td>
</tr>
<tr>
<td>Administrative Fines</td>
<td>2</td>
<td>No Authority</td>
</tr>
<tr>
<td>Civil Penalties</td>
<td>2</td>
<td>No Authority</td>
</tr>
<tr>
<td>Administrative Orders</td>
<td>2</td>
<td>No Authority</td>
</tr>
<tr>
<td>Enforcement Actions or Sanctions</td>
<td>2</td>
<td>No Authority</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>No Authority</td>
</tr>
</tbody>
</table>
**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? [ ] [ ]

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

3. What percent of active construction sites were inspected during this reporting period? [ ] [ ]

4. What percent of active construction sites were inspected more than once? [ ] [ ]

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, 2012.

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

Name of MS4/Coalition: Town of Colonie  
SPDES ID: NYR20A190

## 6. cont.:
Submit additional pages as needed.

- **MS4/Coalition Office**
  Department: Stormwater Management Office  
  Address: 347 Old Niskayuna Road  
  City: Latham  
  Zip: NY 12110 -  
  Phone: (518) 783-2758

- **Library**
  Address:  
  City:  
  Zip:  
  Phone: ( ) -

- **Other**
  Address:  
  City:  
  Zip:  
  Phone: ( ) -

- **Web Page URL(s):** Please provide specific address where SWPPPs can be accessed - not home page.
  URL:  
  URL:  
  URL:  
  URL:  

MCM 4 Page 2 of 3
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.

Number of water quality violations observed through construction site inspections will decrease with continued inspections.

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

With continued construction site effluent sampling and regular inspections there has been some decrease in failed erosion and sediment control practices on active sites.

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

(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 conduct inspections and share sampling results with developers to evaluate the effectiveness of erosion and sediment control measures. Keep building a good working relationship with contractors regarding effective E&SC practices.
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?

<table>
<thead>
<tr>
<th>Practice Type</th>
<th># Inventoried</th>
<th># Inspections</th>
<th># Times Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Practices</td>
<td>4</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Filter Systems</td>
<td>3</td>
<td>76</td>
<td></td>
</tr>
<tr>
<td>Infiltration Basins</td>
<td>3</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Open Channels</td>
<td>1</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Ponds</td>
<td>1</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>○ Wetlands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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        ● Municipal Comprehensive Plans
○ Overlay Districts      ● Open Space Preservation Program
● Zoning                 ○ Local Law or Ordinance
○ None                   ● Land Use Regulation/Zoning
○ Watershed Plans        ○ Other Comprehensive Plan
● Other: Stream buffers
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: Town of Colonie

SPDES ID: NYR20A190

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?
   85 %
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.

Continue to install, inspect, and maintain post construction practices and quantify sediment removed. It is anticipated that sediment removal will increase with the installation of additional practices.

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

Approximately 90 yards of sediment were removed from post construction practices.

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

1

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).

Train municipal staff on how to properly maintain post construction practices. Remove sediment as needed/required.
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.

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<td>No</td>
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<td>No</td>
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<td>No</td>
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<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Stormwater System Maintenance..........................</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Vehicle and Fleet Maintenance...........................</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other..................................................................</td>
<td>Yes</td>
<td>No</td>
</tr>
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</table>
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: Town of Colonie

SPDES ID: NYR20A190

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

- Parking Lots Swept  (Number of acres X Number of times swept)
  # Acres: 17

- Streets Swept  (Number of miles X Number of times swept)
  # Miles: 320

- Catch Basins Inspected and Cleaned Where Necessary
  #: 510

- Post Construction Control Stormwater Management Practices
  Inspected and Cleaned Where Necessary
  #: 12

- Phosphorus Applied In Chemical Fertilizer
  # Lbs.: 180

- Nitrogen Applied In Chemical Fertilizer
  # Lbs.: 6720

- Pesticide/Herbicide Applied
  (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)
  # Acres: 360.0

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

4. What was the date of the last training?

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

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition: Town of Colonie

SPDES ID: NYR20A190

### 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.**

Continue to remove and quantify sediment removed from our conveyance system. Also, continue to prevent sediment from entering our conveyance system.

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

Approximately 650 cubic yards of sediment was cleaned out of catch basins and swept up from roadways keeping sediment from entering waters of the US.

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

1

**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).**

Town staff will continue to clean the MS4 conveyance system and sediment removed will be quantified.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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 Colonie

SPDES ID: NYR20A076

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? [Blank]

1. Enter the number and approx. percent of outfalls mapped: [42] 100%

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? [42]

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

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other: Fire Department
- Sewersheds:

This report is being submitted for the reporting period ending March 9, 2012

Village of Colonie

SPDES ID: NYR20A076

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? [Blank]

1. Enter the number and approx. percent of outfalls mapped: [42] 100%

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? [42]

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

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other: Fire Department
- Sewersheds:

This report is being submitted for the reporting period ending March 9, 2012

Village of Colonie

SPDES ID: NYR20A076

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? [Blank]

1. Enter the number and approx. percent of outfalls mapped: [42] 100%

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- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other: Fire Department
- Sewersheds:

This report is being submitted for the reporting period ending March 9, 2012

Village of Colonie

SPDES ID: NYR20A076

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? [Blank]

1. Enter the number and approx. percent of outfalls mapped: [42] 100%

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? [42]

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

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other: Fire Department
- Sewersheds:

This report is being submitted for the reporting period ending March 9, 2012

Village of Colonie

SPDES ID: NYR20A076

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? [Blank]

1. Enter the number and approx. percent of outfalls mapped: [42] 100%

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? [42]

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

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other: Fire Department
- Sewersheds:
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.
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 Colonie

SPDES ID: NYR20A076

3.b. What types of illicit discharges have been found during this reporting period?
- Broken Lines From Sanitary Sewer
- Cross Connections
- Failing Septic Systems
- Floor Drains Connected To Storm Sewers
- Illegal Dumping
- Other:

4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 8

5. How many illicit discharges have been confirmed during this reporting period? 8

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 8

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? 100%

8. Is the above information available in GIS? Yes No
Is this information available on the web? Yes No

If Yes, provide URL(s):
Please provide specific address of page where map(s) can be accessed - not home page.

URL

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

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

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

100 %
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.

Increase public awareness of illicit discharges. Storm sewer map already completed. Dry weather screening on all outfalls (yearly) is completed. Each year a portion of the storm sewer will have video inspection.

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

Performed outfall inspections and testing- all outfalls completed. The number of phone calls received from public deceased by 35% due to public education awareness

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

(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 increase public awareness, continue video inspection of storm sewer, insert literature in utility bills as well as the hotline number. Include the hotline number in the village quarterly news letter. Continue to inspect all outfalls on a yearly basis. Test outfalls as needed. Replace Fire Department Building and associated utilities - goal 2013.
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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 Colonie

SPDES ID: NYR20A076

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### Minimum Control Measures 4 and 5.

**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? [ ]

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?

- [ ]

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?

- [ ]

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?

- ☑ Yes
- ☐ No
6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

- Notices of Violation
- Stop Work Orders
- Criminal Actions
- Termination of Contracts
- Administrative Fines
- Civil Penalties
- Administrative Orders
- Enforcement Actions or Sanctions
- Other

<table>
<thead>
<tr>
<th></th>
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<th>#</th>
<th>#</th>
<th>#</th>
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</thead>
<tbody>
<tr>
<td>Notices of Violation</td>
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<tr>
<td>Stop Work Orders</td>
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<td>Criminal Actions</td>
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<tr>
<td>Termination of Contracts</td>
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<td>Administrative Fines</td>
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<td>Civil Penalties</td>
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<td>Administrative Orders</td>
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<tr>
<td>Enforcement Actions or Sanctions</td>
<td></td>
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<tr>
<td>Other</td>
<td>#</td>
<td>#</td>
<td>1</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

○ No Authority
Name of MS4/Coalition: Village of Colonie

SPDES ID: NYR20A076

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? [ ] [ ] [ ]

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

3. What percent of active construction sites were inspected during this reporting period? [ ] [ ] [ ]

4. What percent of active construction sites were inspected more than once? [ ] [ ] [ ]

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, 2012.

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 Colonie

SPDES ID: NYR20A076

6. con't.: Submit additional pages as needed.

○ MS4/Coalition Office

  Department

  Address

  City: [ ] Zip: [ ] Phone: [ ]

○ Library

  Address

  City: [ ] Zip: [ ] Phone: [ ]

● Other

  Address: 2 Thunder Road

  City: V. of Colonie NY Zip: 12205 Phone: (518) 869-7562

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

  URL

  URL

  URL
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.

Continue to have the TDE to review SWPPPs in accordance with the New York State Design Manual and the Erosion and Sediment Control Manual.

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

All SWPPPs are reviewed by the TDE in accordance with the New York State Design Manual and the Erosion and Sediment Control Manual. The number of SWPPPs reviewed are recorded.

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

(ex.: samples/participants/events) 1

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).

All SWPPPs are required to be reviewed by the TDE. This has been completed and will continue during the next reporting years.
## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

---

### 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?**

<table>
<thead>
<tr>
<th>Alternative Practices</th>
<th># Inventoried</th>
<th># Inspections</th>
<th># Times Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filter Systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infiltration Basins</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open Channels</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ponds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wetlands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>

---

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

---

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

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

   **Other:** Infiltiration

---

MCM 5 Page 1 of 3
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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 Colonie

SPDES ID: NYR20A076

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, 2012

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 Colonie

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.

Inventoried post construction stormwater management practices. Inspect the practices on an annual basis. Require O&M Manuals before certificate of occupancy is issued.

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

Increase in maintenance of stormwater management practices. Owners that received an unsatisfactory inspection report were notified to correct issues. Increase In O&M Manuals received. No reported incidences of flooding for businesses.

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

(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).

Post constructions inspections have been completed. The goal for 2012-2013 is to re-inspect all post construction stormwater management areas installed since 2003. Add any new stormwater management facilities to the inspection list. Use computer software program to track progress starting in 2012-2013 reporting period.
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.

<table>
<thead>
<tr>
<th>Operation/Activity/Facility</th>
<th>Addressed in SWMP?</th>
<th>Self-Assessment performed within the past 3 years?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Maintenance.....</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Bridge Maintenance....</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Winter Road Maintenance...</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Salt Storage....</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Solid Waste Management...</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>New Municipal Construction and Land Disturbance...</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Right of Way Maintenance...</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Marine Operations....</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hydrologic Habitat Modification...</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Parks and Open Space...</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Municipal Building...</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Stormwater System Maintenance...</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Vehicle and Fleet Maintenance...</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Other...</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, **2012**

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

<table>
<thead>
<tr>
<th>Name of MS4/Coalition</th>
<th>Village of Colonie</th>
<th>SPDES ID</th>
<th>NYR20A076</th>
</tr>
</thead>
</table>

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

- Parking Lots Swept (Number of acres X Number of times swept)
  - # Acres: 46

- Streets Swept (Number of miles X Number of times swept)
  - # Miles: 256

- Catch Basins Inspected and Cleaned Where Necessary
  - #: 120

- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary
  - #: 16

- Phosphorus Applied In Chemical Fertilizer
  - # Lbs.: 24

- Nitrogen Applied In Chemical Fertilizer
  - # Lbs.: 952

- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)
  - # Acres: 4.8

3. **How many stormwater management trainings have been provided to municipal employees during this reporting period?** 2

4. **What was the date of the last training?** 10/24/2011

5. **How many municipal employees have been trained in this reporting period?** 26

6. **What percent of municipal employees in relevant positions and departments receive stormwater management training?** 100%
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 streets are swept 4 times a year and catch basins are cleaned yearly on a rotation basis. Any structure and pipes needing repairs will be repaired during that time.

Village of Colonie has reduced the amount of road salt

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

The streets were swept 4 times during this reporting period. The amount of silt removed from catch basins and roadway has decreased which will reduce the number of emergency maintenance calls during storm events. The number of catch basins cleaned and amount of sediment removed are tracked annually. The number of catch basins cleaned were 120 and 127 yards of sediment was collected which includes Irene damage.

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

(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 sweep streets, parking lots and video storm sewers. Continue to use a less toxic alternative for road salt. Continue to clean out catch basins and record the amount of sediment removed.
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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 GREEN ISLAND

SPDES ID: NYR20A377

**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? 001

1. Enter the number and approx. percent of outfalls mapped: 00007 # 100%

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 006

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

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other: None
- Sewersheds:

VILLAGE OF GREEN ISLAND

MCM 3 Page 1 of 4
3.b. What types of illicit discharges have been found during this reporting period?

- Broken Lines From Sanitary Sewer
- Cross Connections
- Failing Septic Systems
- Floor Drains Connected To Storm Sewers
- Illegal Dumping
- Other: 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 100%

8. Is the above information available in GIS? Yes
   Is this information available on the web? Yes
   Please provide specific address of page where map(s) can be accessed - not home page.
   URL: WWW.AIMSGIS.ORG/WEBMAP/(PASSWORD PROTECTED)
MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9, 2012.
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 GREEN ISLAND
SPDES ID: NYR20A377

8. URL(s) con’t.: Please provide specific address of page where map(s) can be accessed - not home page

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

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

11. What percent of staff in relevant positions and departments has received IDDE training?  [ ] %
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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 GREEN ISLAND

SPDES ID: NYR20A377

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.

ONLY 7 OUTFALLS IN VILLAGE. THEY HAVE BEEN MAPPED AND SURVEYED FOR DISCHARGES. CURRENTLY ON SCHEDULE FOR MAPPING AND OUTFALL RECONNAISSANCE INVENTORY SCHEDULE.

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

THE OUTFALLS ARE WELL KNOWN IN THE COMMUNITY AND MULTIPLE INDIVIDUALS ARE AWARE OF ANY CHANGES. FOLLOW-UP IS IMMEDIATE.

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

(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 ONGOING OBSERVATIONS OF OUTFALL ACTIVITY.
**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? [ ] 1

**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:

- Notices of Violation # 0 ○ No Authority
- Stop Work Orders # 0 ○ No Authority
- Criminal Actions # 0 ○ No Authority
- Termination of Contracts # 0 ○ No Authority
- Administrative Fines # 0 ○ No Authority
- Civil Penalties # 0 ○ No Authority
- Administrative Orders # 0 ○ No Authority
- Enforcement Actions or Sanctions # 0 ○ No Authority
- Other # 0 ○ No Authority
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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 GREEN ISLAND

SPDES ID: NYR20A377

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

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

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

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes

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

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? Yes

   If Yes, use the following page to identify location(s) where SWPPPs can be accessed.
**Name of MS4/Coalition:** VILLAGE OF GREEN ISLAND

**SPDES ID:** N Y R 2 0 A 3 7 7

6. **con't.:**

Submit additional pages as needed.

- **MS4/Coalition Office**
  - **Department:** CODE ENFORCEMENT OFFICE
  - **Address:** 73 HUDSON AVENUE
  - **City:** GREEN ISLAND
  - **Zip:** NY 12183
  - **Phone:** (518) 629-0329

- **Library**
  - **Address:**
  - **City:**
  - **Zip:**
  - **Phone:**

- **Other**
  - **Address:**
  - **City:**
  - **Zip:**
  - **Phone:**

- **Web Page URL(s):** Please provide specific address where SWPPPs can be accessed - not home page.
  - **URL:**
  - **URL:**
  - **URL:**

---

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012

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

VILLAGE OF GREEN ISLAND

NYR20A377

CODE ENFORCEMENT OFFICE

73 HUDSON AVENUE

GREEN ISLAND

NY 12183

(518) 629-0329
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.

CONTINUE TO TRAIN STAFF ON CHANGES TO CONSTRUCTION ACTIVITY PERMITS AND GREEN INFRASTRUCTURE

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

NONE YET AS WE HAVE NOT HAD ANY CONSTRUCTION ACTIVITY PERMITS DURING THIS REPORTING PERIOD.

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

(ex.: samples/participants/events)

1

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).

TRAINING STAFF ABOUT GREEN INFRASTRUCTURE PRACTICES
**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?**

<table>
<thead>
<tr>
<th>Alternative Practices</th>
<th># Inventoried</th>
<th># Inspections</th>
<th># Times Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filter Systems</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infiltration Basins</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open Channels</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ponds</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wetlands</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintainance?**

- 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
- Municipal Comprehensive Plans
- Overlay Districts
- Open Space Preservation Program
- Zoning
- Local Law or Ordinance
- None
- Land Use Regulation/Zoning
- Watershed Plans
- Other Comprehensive Plan
- Other:
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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 GREEN ISLAND

SPDES ID: NYR20A377

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?  
- 75 %
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.

PLANNING FOR ONE NEW ROAD PROJECT INCLUDES AN EVALUATION OF GREEN INFRASTRUCTURE OPPORTUNITIES AND DISCONNECTION FROM COMBINED SYSTEM

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

TWO MEETINGS HELD TO DISCUSS ROAD WORK AND GREEN INFRASTRUCTURE OPPORTUNITIES

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

( 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 MONITOR POTENTIAL FOR ROADWORK RELATED GREEN INFRASTRUCTURE PRACTICES AND INCLUDE IN THE DESIGN OF UPCOMING REQUEST FOR PROPOSALS
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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 GREEN ISLAND

SPDES ID: NY 20 A 3 7 7

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

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.

<table>
<thead>
<tr>
<th>Operation/Activity/Facility</th>
<th>Addressed in SWMP?</th>
<th>years?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Maintenance..........................................................</td>
<td>○ Yes  ● No</td>
<td>● Yes  ○ No</td>
</tr>
<tr>
<td>Bridge Maintenance..................................................................</td>
<td>○ Yes  ● No</td>
<td>○ Yes  ● No</td>
</tr>
<tr>
<td>Winter Road Maintenance......................................................</td>
<td>○ Yes  ● No</td>
<td>● Yes  ○ No</td>
</tr>
<tr>
<td>Salt Storage...........................................................................</td>
<td>○ Yes  ● No</td>
<td>● Yes  ○ No</td>
</tr>
<tr>
<td>Solid Waste Management.......................................................</td>
<td>○ Yes  ● No</td>
<td>● Yes  ○ No</td>
</tr>
<tr>
<td>New Municipal Construction and Land Disturbance....................</td>
<td>● Yes  ○ No</td>
<td>● Yes  ○ No</td>
</tr>
<tr>
<td>Right of Way Maintenance....................................................</td>
<td>○ Yes  ● No</td>
<td>● Yes  ○ No</td>
</tr>
<tr>
<td>Marine Operations....................................................................</td>
<td>○ Yes  ● No</td>
<td>○ Yes  ● No</td>
</tr>
<tr>
<td>Hydrologic Habitat Modification..........................................</td>
<td>● Yes  ○ No</td>
<td>○ Yes  ● No</td>
</tr>
<tr>
<td>Parks and Open Space............................................................</td>
<td>● Yes  ○ No</td>
<td>● Yes  ○ No</td>
</tr>
<tr>
<td>Municipal Building...............................................................</td>
<td>● Yes  ○ No</td>
<td>● Yes  ○ No</td>
</tr>
<tr>
<td>Stormwater System Maintenance.............................................</td>
<td>● Yes  ○ No</td>
<td>● Yes  ○ No</td>
</tr>
<tr>
<td>Vehicle and Fleet Maintenance..............................................</td>
<td>○ Yes  ● No</td>
<td>● Yes  ○ No</td>
</tr>
<tr>
<td>Other.....................................................................................</td>
<td>● Yes  ○ No</td>
<td>● Yes  ○ No</td>
</tr>
</tbody>
</table>

Self-Assessment
Operation/Activity/Facility performed within the past 3 years?
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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 GREEN ISLAND

SPDES ID: NYR20A377

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

- Parking Lots Swept  (Number of acres X Number of times swept)  # Acres: 2
- Streets Swept  (Number of miles X Number of times swept)  # Miles: 9
- Catch Basins Inspected and Cleaned Where Necessary  #: 15
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary
- Phosphorus Applied In Chemical Fertilizer
- Nitrogen Applied In Chemical Fertilizer
- Pesticide/Herbicide Applied  (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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? 12/20/2010

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? 100%
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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 GREEN ISLAND

SPDES ID: NYR20A377

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.

CATCH BASINS INSPECTED AND CLEANED

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

MAINTENANCE AND INSPECTION PROGRAM RESULTED IN NO BACKFLOW ISSUES DURING THE YEAR.

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

1

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).

WILL CONTINUE TO CLEAN AND MAINTAIN ON AN ANNUAL BASIS.
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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 Menands

SPDES ID: NYR20A144

**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? [ ] [ ]

1. Enter the number and approx. percent of outfalls mapped: [ ] [ ] [ ] # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? [ ] [ ] 0

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

- [ ] Auto Recyclers
- [ ] Building Maintenance
- [ ] Churches
- [ ] Commercial Carwashes
- [ ] Commercial Laundry/Dry Cleaners
- [ ] Construction Vehicle Washouts
- [ ] Cross-Connections
- [ ] Distribution Centers
- [ ] Food Processing Facilities
- [ ] Garbage Truck Washouts
- [ ] Hospitals
- [ ] Improper RV Waste Disposal
- [ ] Industrial Process Water
- [ ] Other:
  - [ ] None

- [ ] Sewersheds:
3.b. What types of illicit discharges have been found during this reporting period?

- Broken Lines From Sanitary Sewer
- Cross Connections
- Failing Septic Systems
- Floor Drains Connected To Storm Sewers
- Illegal Dumping
- Other: None

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

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

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

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?

8. Is the above information available in GIS?

   - Yes
   - No

Is this information available on the web?

   - Yes
   - No

If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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 Menands

SPDES ID: NYR20A144

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

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

11. What percent of staff in relevant positions and departments has received IDDE training?
   100%
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.

We will continue to complete the ORI for the remaining outfalls during the Summer and Fall of 2012.

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

The Field observations from the ORI will help determine the effectiveness of our testing program.

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).

See comments A and B.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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 Menands

SPDES ID: NYR20A144

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?

   [ ] [ ] [ ]

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?

   [ ] [ ] [ ]

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:

<table>
<thead>
<tr>
<th>Type of Action</th>
<th>Number</th>
<th>Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notices of Violation</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Stop Work Orders</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Criminal Actions</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Termination of Contracts</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Administrative Fines</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Civil Penalties</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Administrative Orders</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Enforcement Actions or Sanctions</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>No Authority</td>
</tr>
</tbody>
</table>
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? □ □ □

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

3. What percent of active construction sites were inspected during this reporting period? ○ NT □ □ □ %

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

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.
6. **con't.**

Submit additional pages as needed.

- **MS4/Coalition Office**

  Department
  
  Village of Menands

  Address
  
  250 Broadway

  City
  
  Menands

  Zip
  
  NY 12204

  Phone
  
  (518) 434-2922

- **Library**

  Address

  City

  Zip

  Phone
  
  ( ) -

- **Other**

  Address

  City

  Zip

  Phone
  
  ( ) -

- **Web Page URL(s):** Please provide specific address where SWPPPs can be accessed - not home page.

  URL

  URL
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.

No SWPPPs received during reporting period.

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

NA.

C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants/events)

0

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).

We are continuing to develop our SWMPP in cooperation with the Albany County Stormwater Coalition.
**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?

<table>
<thead>
<tr>
<th>Practice Type</th>
<th># Inventoried</th>
<th># Inspections</th>
<th># Times Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Practices</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Filter Systems</td>
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<tr>
<td>Infiltration Basins</td>
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<tr>
<td>Open Channels</td>
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<tr>
<td>Ponds</td>
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<tr>
<td>Wetlands</td>
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</tr>
<tr>
<td>Other</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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

100 %
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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 Menands

SPDES ID: NYRA144

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.

No measurable goal identified.

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

NA.

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

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).

We will be developing our SWMPP in cooperation with the Albany County Stormwater Coalition.
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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 Menands

SPDES ID: NYR20A144

**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.

<table>
<thead>
<tr>
<th>Operation/Activity/Facility</th>
<th>Addressed in SWMP?</th>
<th>Self-Assessment performed within the past 3 years?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Maintenance...........</td>
<td>○ Yes ● No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Bridge Maintenance...........</td>
<td>○ Yes ● No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Winter Road Maintenance.....</td>
<td>○ Yes ● No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Salt Storage..................</td>
<td>○ Yes ● No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Solid Waste Management......</td>
<td>○ Yes ● No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>New Municipal Construction and Land Disturbance..</td>
<td>○ Yes ● No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Right of Way Maintenance.....</td>
<td>○ Yes ● No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Marine Operations............</td>
<td>○ Yes ● No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Hydrologic Habitat Modification..................</td>
<td>○ Yes ● No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Parks and Open Space........</td>
<td>○ Yes ● No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Municipal Building............</td>
<td>○ Yes ● No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Stormwater System Maintenance.</td>
<td>○ Yes ● No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Vehicle and Fleet Maintenance..</td>
<td>○ Yes ● No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Other............................</td>
<td>○ Yes ● No</td>
<td>● Yes ○ No</td>
</tr>
</tbody>
</table>
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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 Menands

SPDES ID: NYR20A144

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

- Parking Lots Swept (Number of acres X Number of times swept)
- Streets Swept (Number of miles X Number of times swept)
- Catch Basins Inspected and Cleaned Where Necessary
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary
- Phosphorus Applied In Chemical Fertilizer
- Nitrogen Applied In Chemical Fertilizer
- Pesticide/Herbicide Applied
  (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

4. What was the date of the last training?

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

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

100%
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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 Menands

SPDES ID: NYR20A144

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 hosted a municipal training event for all Albany County Stormwater Coalition member communities and others on March 3, 2011. We have been implementing the techniques identified at the training during the current reporting period and will continue to do so.

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

Feedback from the municipal audit training event held on March 3, 2011.

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

(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).

See comments in Box A.
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? 5

1. Enter the number and approx. percent of outfalls mapped: 7 # 71%

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 5

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

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other:

- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops
- None

- Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: Town of New Scotland

SPDES ID: NYR20A463

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? 5

1. Enter the number and approx. percent of outfalls mapped: 7 # 71%

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 5

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

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other:

- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops
- None

- Sewersheds:
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of New Scotland

SPDES ID: NYR20A463

3.b. What types of illicit discharges have been found during this reporting period?
○ Broken Lines From Sanitary Sewer
○ Cross Connections
○ Failing Septic Systems
○ Floor Drains Connected To Storm Sewers
○ Illegal Dumping
○ Other:

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

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

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

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?

8. Is the above information available in GIS?
○ Yes ○ No
Is this information available on the web?
○ Yes ○ No
If Yes, provide URL(s):
Please provide specific address of page where map(s) can be accessed - not home page.

URL:
www.aims.gis.org/webmap/

* * Restricted Access * *

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

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

11. What percent of staff in relevant positions and departments has received IDDE training? 25 %

MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9, 2012
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of New Scotland

SPDES ID: NYR20A463

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

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

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

11. What percent of staff in relevant positions and departments has received IDDE training? 25 %
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.

Record the number of Illicit discharges detected and eliminated. Record the number of outfalls which an ORI has been performed. Continue to maintain records at SMO office.

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

There were a total of four septic tank failures recorded. Three of those failures had discharge off site. Of the three discharges off site, two were corrected and the third is being addressed by Albany County Department of Health (ACDOH).

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

(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 address complaints of failing septic systems and utilize ACDOH as needed. Continue to look for cross connections during routine building and fire inspections. Utilize coalition staff for outfall testing.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition

Town of New Scotland

SPDES ID

NYR20A463

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? 

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? 

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:

<table>
<thead>
<tr>
<th>Action</th>
<th>#</th>
<th>1</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notices of Violation</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>Stop Work Orders</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Criminal Actions</td>
<td></td>
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<tr>
<td>Termination of Contracts</td>
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<tr>
<td>Administrative Fines</td>
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<td></td>
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<tr>
<td>Civil Penalties</td>
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<td></td>
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<tr>
<td>Administrative Orders</td>
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<td></td>
<td></td>
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<tr>
<td>Enforcement Actions or Sanctions</td>
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<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

○ No Authority
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: Town of New Scotland

SPDES ID: NYR20A463

**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? [ ] 4

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? [ ] 8

3. What percent of active construction sites were inspected during this reporting period? [ ] NT 100%

4. What percent of active construction sites were inspected more than once? [ ] NT 100%

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, 2012

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

Name of MS4/Coalition: Town of New Scotland

SPDES ID: NYR20A463

6. con't.
Submit additional pages as needed.

- MS4/Coalition Office

  Department: Building and Zoning Department

  Address: Town Hall 2029 New Scotland Rd

  City: Slingerlands, NY Zip: 12159

  Phone: (518) 439-9153

- Library

  Address:

  City: Zip: Phone:

  ( )

- Other

  Address:

  City: Zip: Phone:

  ( )

- Web Page URL(s):

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

  URL

  URL

  URL

MCM 4 Page 2 of 3
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: Town of New Scotland  
SPDES ID: NYR20A463

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.

Continue to document the number of SWPPP’s reviewed, the number of complaints received and the disposition of the complaints. Maintain documentation for MS4 inspections and construction duration inspections by Owner/Operator. Document relevant staff training.

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

A total of 4 SWPPPs were reviewed during the last reporting period.

C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants/events)

1

D. Has your MS4 made progress toward this measurable goal during this reporting period?  
   ✔ Yes  ❋ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  
   ✔ Yes  ❋ No

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

The Town will continue to maintain records as it currently does with the aid of its building permit software. In addition the Town expects to maintain the records using CBI coalition software.

MCM 4 Page 3 of 3
**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?

<table>
<thead>
<tr>
<th>Alternative Practices</th>
<th># Inventoried</th>
<th># Inspections</th>
<th># Times Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filter Systems</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Infiltration Basins</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Open Channels</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ponds</td>
<td>1</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Wetlands</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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
- Municipal Comprehensive Plans
- Overlay Districts
- Open Space Preservation Program
- Zoning
- Local Law or Ordinance
- None
- Land Use Regulation/Zoning
- Watershed Plans
- Other Comprehensive Plan
- Other: Local GI laws in development
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: Town of New Scotland

SPDES ID: NYR20A463

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?

   50%
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.

Continue to track training of staff, relevant correspondence received and complaints received. Continue to promote staff training.

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

No complaints were received by the Town relating to MCM5. The training of local officials is ongoing and is documented by the SMO in the SWMPP files located at Town Hall.

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

(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 promote educational opportunities for Town Officials and other relevant positions within the town work force.
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.

<table>
<thead>
<tr>
<th>Operation/Activity/Facility</th>
<th>Addressed in SWMP?</th>
<th>Self-Assessment performed within the past 3 years?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Maintenance</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Bridge Maintenance</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Winter Road Maintenance</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Salt Storage</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
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<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>New Municipal Construction and Land Disturbance</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Right of Way Maintenance</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
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<td>Marine Operations</td>
<td>○ Yes ● No</td>
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</tr>
<tr>
<td>Hydrologic Habitat Modification</td>
<td>○ Yes ● No</td>
<td>○ Yes ● No</td>
</tr>
<tr>
<td>Parks and Open Space</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Municipal Building</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Stormwater System Maintenance</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Vehicle and Fleet Maintenance</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Other</td>
<td>○ Yes ● No</td>
<td>○ Yes ● No</td>
</tr>
</tbody>
</table>
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: Town of New Scotland

SPDES ID: NYR20A463

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

- Parking Lots Swept  (Number of acres X Number of times swept)  
  - # Acres: 1

- Streets Swept  (Number of miles X Number of times swept)  
  - # Miles: 100

- Catch Basins Inspected and Cleaned Where Necessary  
  - #: 6

- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary  
  - #: 1

- Phosphorus Applied In Chemical Fertilizer  
  - # Lbs.: 0

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

- Pesticide/Herbicide Applied  
  (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)  
  - # Acres: 0.0

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

4. What was the date of the last training?  
   11/22/2010

5. How many municipal employees have been trained in this reporting period?  
   1

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?  
   25%
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.

Focus on training of DPW staff with new or updated training programs.

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

The Town continues to plan for a new DPW facility that will incorporate BMP's that will promote the Town’s stormwater program.

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

(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).

Develop a diversified schedule of training programs for the DPW staff and coordinate with the new acting superintendent.
**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? 1

1. Enter the number and approx. percent of outfalls mapped: 9 # 100%

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

- ○ Sewersheds:

- ○ None
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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 Voorheesville

SPDES ID: NYR20A210

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

- Broken Lines From Sanitary Sewer
- Cross Connections
- Failing Septic Systems
- Floor Drains Connected To Storm Sewers
- Illegal Dumping
- Other: 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

If No, approximately what percent was completed in this reporting period? 0%

8. Is the above information available in GIS? Yes

Is this information available on the web? Yes

If Yes, provide URL(s):

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

URL

www.aims.gis.org/webmap/

*restricted access*

www.aims.gis.org/webmap/restricted/
MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9, 2012.
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 Voorheesville

8. URL(s) con't.:
   Please provide specific address of page where map(s) can be accessed - not home page
   
   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

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

11. What percent of staff in relevant positions and departments has received IDDE training?  
    % 100
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.

To continue to work closely with the Stormwater Coalition of Albany County and Albany County Sewer District.

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

Mapped all out falls.

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

1

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).

No new goals for YR10 (2013)
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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 Voorheesville

SPDES ID: NYR 20 A 21 0

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**Minimum Control Measures 4 and 5:**

**Construction Site and Post-Construction Control**

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

- [ ] On behalf of an individual MS4
- [x] 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?

- [x] 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?

- [x] Yes  [ ] No

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

[ ]

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?

- [x] Yes  [ ] No  [ ] NT

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

[ ]

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?

- [x] 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:

<table>
<thead>
<tr>
<th>Type of Enforcement Action</th>
<th>Number of Actions</th>
<th>Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notices of Violation</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Stop Work Orders</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Criminal Actions</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Termination of Contracts</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Administrative Fines</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Civil Penalties</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Administrative Orders</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Enforcement Actions or Sanctions</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>No Authority</td>
</tr>
</tbody>
</table>
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012. 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 Voorheesville

SPDES ID: NYR20A210

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

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

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? 100%

4. What percent of active construction sites were inspected more than once? 100%

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes

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

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? Yes

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, 2012

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 Voorheesville

<table>
<thead>
<tr>
<th>SPDES ID</th>
<th>NYR20A210</th>
</tr>
</thead>
</table>

**6. con't.:**

Submit additional pages as needed.

- **MS4/Coalition Office**
  Department: Voorheesville Stormwater Dept.
  Address: 29 Voorheesville Avenue
  City: Voorheesville
  Zip: NY 12186
  Phone: (518) 765-2698

- **Library**
  Address:
  City:
  Zip:
  Phone:

- **Other**
  Address:
  City:
  Zip:
  Phone:

- **Web Page URL(s):** Please provide specific address where SWPPPs can be accessed - not home page.
  URL:
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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 Voorheesville

SPDES ID: NYR20A210

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.

Developed local law 3 of 2011, which pertains to Green Infrastructure/Stormwater design practices and functions to guide applicants, designers, VDE and local boards in their efforts to construct green infrastructure practices while addressing erosion and sediment control requirements.

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

Continue to train our CAC, ZBA and PC member through in house training and training through CDRPC.

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

(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 encourage applicants to use green infrastructure practices and train staff and PC members in green infrastructure options.
MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9, 2012.

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 Voorheesville

SPDES ID: NYR20A210

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

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

<table>
<thead>
<tr>
<th>Practice Type</th>
<th># Inventoried</th>
<th># Inspections</th>
<th># Times Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Practices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filter Systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infiltration Basins</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open Channels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ponds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wetlands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ○ Municipal Comprehensive Plans
● Overlay Districts ○ Open Space Preservation Program
● Zoning ○ Local Law or Ordinance
○ None ○ Land Use Regulation/Zoning
○ Watershed Plans ○ Other Comprehensive Plan
● Other: Cluster Development Law
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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 Voorheesville  
SPDES ID: NYR20A210

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?  

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?  

100 %
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.

Developed local law 3 of 2011, which pertains to Green Infrastructure/Stormwater design practices and functions to guide applicants, designers, VDE and local boards in their efforts to achieve post-construction water quality, quantity and velocity goals.

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

Members of our local CAC, ZBA and PC attended 4 hours of training at the Crossings in Town of Colonie and CDRPC at HVCC.

C. How many times was this observation measured or evaluated in this reporting period? 2

(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).

Training opportunities will be shared with all of the local boards as they become available and will be encourage to attend. We have incorporated green infrastructure education into our mandatory minimum 4 hours of training.
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

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.

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<th>Self-Assessment performed within the past 3 years?</th>
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<tr>
<td>Street Maintenance...</td>
<td>● Yes      ○ No</td>
<td>● Yes     ○ No</td>
</tr>
<tr>
<td>Bridge Maintenance...</td>
<td>○ Yes      ● No</td>
<td>○ Yes     ● No</td>
</tr>
<tr>
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<td>● Yes      ○ No</td>
<td>● Yes     ○ No</td>
</tr>
<tr>
<td>Salt Storage...</td>
<td>● Yes      ○ No</td>
<td>● Yes     ○ No</td>
</tr>
<tr>
<td>Solid Waste Management...</td>
<td>● Yes      ○ No</td>
<td>● Yes     ○ No</td>
</tr>
<tr>
<td>New Municipal Construction and Land Disturbance...</td>
<td>○ Yes      ● No</td>
<td>○ Yes     ● No</td>
</tr>
<tr>
<td>Right of Way Maintenance...</td>
<td>● Yes      ○ No</td>
<td>● Yes     ○ No</td>
</tr>
<tr>
<td>Marine Operations...</td>
<td>○ Yes      ● No</td>
<td>○ Yes     ● No</td>
</tr>
<tr>
<td>Hydrologic Habitat Modification...</td>
<td>○ Yes      ● No</td>
<td>○ Yes     ● No</td>
</tr>
<tr>
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<td>● Yes     ○ No</td>
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<td>● Yes      ○ No</td>
<td>● Yes     ○ No</td>
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<tr>
<td>Stormwater System Maintenance...</td>
<td>● Yes      ○ No</td>
<td>● Yes     ○ No</td>
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<tr>
<td>Vehicle and Fleet Maintenance...</td>
<td>● Yes      ○ No</td>
<td>● Yes     ○ No</td>
</tr>
<tr>
<td>Other...</td>
<td>○ Yes      ● No</td>
<td>○ Yes     ● No</td>
</tr>
</tbody>
</table>
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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 Voorheesville

SPDES ID: NYR20A210

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

- Parking Lots Swept  (Number of acres X Number of times swept) # Acres 2
- Streets Swept  (Number of miles X Number of times swept) # Miles 24
- Catch Basins Inspected and Cleaned Where Necessary # 45
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 1

- Phosphorus Applied In Chemical Fertilizer # Lbs. 0
- Nitrogen Applied In Chemical Fertilizer # Lbs. 0
- 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? 2

4. What was the date of the last training? 11/17/2011

5. How many municipal employees have been trained in this reporting period? 7

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 100%

MCM 6 Page 2 of 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.

Continue to train Building and DPW staff as stormwater permit requirement changes.

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

DPW, Codes officer and SMO are aware of basic signs of illicit discharges and pollution concerns.

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

1

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 participate in future training and self assessment of municipal facilities.
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: City of Watervliet

SPDES ID: NY R 2 0 A 0 8 7

**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? 1

1. Enter the number and approx. percent of outfalls mapped: 25 # 100%

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 0

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

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other: Videoed and Cleaned Storm Lines
- Sewersheds:

MCM 3 Page 1 of 4
3.b. What types of illicit discharges have been found during this reporting period?

- Broken Lines From Sanitary Sewer
- Cross Connections
- Failing Septic Systems
- Floor Drains Connected To Storm Sewers
- Illegal Dumping
- Other: None

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

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

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

7. Has the storm sewershed mapping been completed in this reporting period?
   - Yes
   - No
   100%

8. Is the above information available in GIS?
   - Yes
   - No

   Is this information available on the web?
   - Yes
   - No

   If Yes, provide URL(s):
   Please provide specific address of page where map(s) can be accessed - not home page.

   URL
   
   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?  

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?  

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

8. URL(s) con't.:  
Please provide specific address of page where map(s) can be accessed - not home page

Name of MS4/Coalition: City of Watervliet

MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9, 2012
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID: NYR20A087

95
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: City of Watervliet

SPDES ID: NYR20A087

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 City of Watervliet had experienced one illicit discharge and after investigation, found and eliminated it.

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

By using the storm sewer mapping and the help of a camera the city was able to trace back where the illicit discharge was coming from and eliminated it.

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

(ex: samples/participants/events)

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

☐ Yes  ☐ No

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

☐ Yes  ☐ No

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

The MS4 Coalition received a grant that gives us the ability to update our local law for storm water. The grant also allows us to update and GIS map the storm sewer sheds of the areas that affect the City of Watervliet.
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: City of Watervliet  
SPDES ID: NYR20A087

**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? [ ] 1

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?  
[ ] 2

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:

<table>
<thead>
<tr>
<th>Action</th>
<th>No Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notices of Violation</td>
<td></td>
</tr>
<tr>
<td>Stop Work Orders</td>
<td></td>
</tr>
<tr>
<td>Criminal Actions</td>
<td></td>
</tr>
<tr>
<td>Termination of Contracts</td>
<td></td>
</tr>
<tr>
<td>Administrative Fines</td>
<td></td>
</tr>
<tr>
<td>Civil Penalties</td>
<td></td>
</tr>
<tr>
<td>Administrative Orders</td>
<td></td>
</tr>
<tr>
<td>Enforcement Actions or Sanctions</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: City of Watervliet

SPDES ID: NYR20A087

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 2

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 2

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 100%

4. What percent of active construction sites were inspected more than once? NT 100%

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, 2012.

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

<table>
<thead>
<tr>
<th>Name of MS4/Coalition</th>
<th>City of Watervliet</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPDES ID</td>
<td>N Y R 2 0 A 0 8 7</td>
</tr>
</tbody>
</table>

6. **cont.**:

Submit additional pages as needed.

- **MS4/Coalition Office**
  - **Department**: Water Plant
  - **Address**: 222 Watervliet Shaker Rd
  - **City**: Watervliet
  - **Zip**: NY 12189
  - **Phone**: (518) 785-7082

- **Library**: Address
  - **City**: Watervliet
  - **Zip**: NY 12189
  - **Phone**: (518) 785-7082

- **Other**: Address
  - **City**: Colonie
  - **Zip**: NY 12128
  - **Phone**: (518) 785-7082

- **Web Page URL(s)**: Please provide specific address where SWPPPs can be accessed - not home page.
  - URL
  - URL
  - URL
  - URL
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012. If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: City of Watervliet

SPDES ID: NYR20A087

6. cont.:
Submit additional pages as needed.

○ MS4/Coalition Office
Department
Address
City Zip Phone

○ Library
Address
City Zip Phone

• Other
Address
City Zip Phone

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.
URL

URL

URL

MCM 4 Page 2 of 3
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.

Of the two construction projects one has been completed and the other is near completion. These sites had been inspected by the engineers on a weekly basis.

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

Each project had multiple practices being used in the erosion and sediment control. These kept the sediment on site and didn't allow it to enter the storm system. No enforcement action was needed at these sites.

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

2 (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).

Any new or continually active sites will be inspected to ensure all regulations are being properly followed.
## 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?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Practice Type</th>
<th># Inventoried</th>
<th># Inspections</th>
<th># Times Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Practices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filter Systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infiltration Basins</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open Channels</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ponds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wetlands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

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?**

<table>
<thead>
<tr>
<th>Practice Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Codes</td>
<td></td>
</tr>
<tr>
<td>Municipal Comprehensive Plans</td>
<td></td>
</tr>
<tr>
<td>Overlay Districts</td>
<td></td>
</tr>
<tr>
<td>Open Space Preservation Program</td>
<td></td>
</tr>
<tr>
<td>Zoning</td>
<td></td>
</tr>
<tr>
<td>Local Law or Ordinance</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Land Use Regulation/Zoning</td>
<td></td>
</tr>
<tr>
<td>Watershed Plans</td>
<td></td>
</tr>
<tr>
<td>Other Comprehensive Plan</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: City of Watervliet

SPDES ID: NY R 2 0 A 0 8 7

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?

| 90% |
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 SWPPP projects the city had in the last year used a few post construction practices. Open channels and infiltration drainage along with grass seeding were used to keep the sediment from entering the storm watershed.

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

The sedimentation from these sites remained on site after the project was completed.

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

(ex.: samples/participants/events)

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

○ Yes  ○ No

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

○ Yes  ○ No

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

The city will be inspecting and maintaining these new post construction stormwater management practices.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: City of Watervliet

SPDES ID: NYR20A087

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

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.

<table>
<thead>
<tr>
<th>Operation/Activity/Facility</th>
<th>Addressed in SWMP?</th>
<th>Self-Assessment performed within the past 3 years?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Maintenance.......................................................</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Bridge Maintenance........................................................</td>
<td>○ Yes ● No</td>
<td>○ Yes ● No</td>
</tr>
<tr>
<td>Winter Road Maintenance.................................................</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Salt Storage.......................................................................</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Solid Waste Management....................................................</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>New Municipal Construction and Land Disturbance...................</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Right of Way Maintenance................................................</td>
<td>○ Yes ● No</td>
<td>○ Yes ● No</td>
</tr>
<tr>
<td>Marine Operations..........................................................</td>
<td>○ Yes ● No</td>
<td>○ Yes ● No</td>
</tr>
<tr>
<td>Hydrologic Habitat Modification........................................</td>
<td>○ Yes ● No</td>
<td>○ Yes ● No</td>
</tr>
<tr>
<td>Parks and Open Space........................................................</td>
<td>○ Yes ● No</td>
<td>○ Yes ● No</td>
</tr>
<tr>
<td>Municipal Building..........................................................</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Stormwater System Maintenance..........................................</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Vehicle and Fleet Maintenance..........................................</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Other..................................................................................</td>
<td>○ Yes ● No</td>
<td>○ Yes ● No</td>
</tr>
</tbody>
</table>
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition [City of Watervliet] SPDES ID [NYR20A087]

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

- Parking Lots Swept  (Number of acres X Number of times swept)
- Streets Swept  (Number of miles X Number of times swept)
- Catch Basins Inspected and Cleaned Where Necessary
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary
- Phosphorus Applied In Chemical Fertilizer
- Nitrogen Applied In Chemical Fertilizer
- Pesticide/Herbicide Applied  (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 5

4. What was the date of the last training? 1/31/2012

5. How many municipal employees have been trained in this reporting period? 36

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 90%
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 city has continued to increase its recycling intake helping keep the loose garbage weight down. The city had 4 electronic and tire recycling days. It also continues to use "Magic Salt" for all of its snow storms. It continues its street sweeping program were the sweeper is out just about everyday when the weather warrants it. The city started a pilot program where it asks some of the citizens to separate the organics from their garbage so it can be used in a digester were it will produce compost.

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

The city increased the electronic and tire days to four thus increasing these recyclables taken in. The recycle intake has gone up 40 ton from last year and is continuing to hand out recycle bins as needed by the residents. The city continues to pick up loose trash in all of its parks a along the roads. The city also did a catch basin inventory (GSP and mapping) of it's priority areas within the city.

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

(Ex: samples/participants/events)

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

- Yes
- No

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

- Yes
- No

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

The city plans on finishing the rest of the city with the catch basin inventory, giving it a better mechanism to keep track of. It is also going to continue with the organic waste program in hopes of creating the by products of natural gas (use for vehicles) and compose. Continue to hand out stormwater information to help educate the public and have electronic and tires recycling days.
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? [ ]

1. Enter the number and approx. percent 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)? [ ] 13

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

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other:
- Sewersheds:

Name of MS4/Coalition: University at Albany (SUNY Uptown Campus)

SPDES ID: NYR20A234

This report is being submitted for the reporting period ending March 9, 2012.
3.b. What types of illicit discharges have been found during this reporting period?
- Broken Lines From Sanitary Sewer
- Cross Connections
- Failing Septic Systems
- Floor Drains Connected To Storm Sewers
- Illegal Dumping
- Other:  

4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 1

5. How many illicit discharges have been confirmed during this reporting period? 1

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 1

7. Has the storm sewershed mapping been completed in this reporting period?  Yes  No

8. Is the above information available in GIS?  Yes  No
   Is this information available on the web?  Yes  No
   If Yes, provide URL(s):
   Please provide specific address of page where map(s) can be accessed - not home page.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: University at Albany (SUNY Uptown Campus)  
SPDES ID: NYR20A234

8. URL(s) con't.
Please provide specific address of page where map(s) can be accessed - not home page

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

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

11. What percent of staff in relevant positions and departments has received IDDE training?  
  100 %
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.

Inventory, map and conduct field assessments of the 13 outfalls in the MS4. Sample outfalls for water quality and illicit discharges. All outfall locations to be incorporated into the web-based Albany Interactive Mapping (AIM). Post stormwater related information and outfall updates on the enterprise GIS.

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

All 13 stormwater outfalls have been located by GIS and sampled with no indications of illicit discharges. Outfall locations and water quality sample results have been posted on the AIM system.

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

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

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

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

The University is in the process of completing a Master Plan for the storm system and facilities, developing an inventory of all system and treatment facilities and generating a hydraulic model for the system. All treatment facilities and outfalls will be located on the campus GIS.
MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9, 2012.
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: University at Albany (SUNY Uptown Campus)  
SPDES ID: NYR20A234

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?  
[ ] 3

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?  
[ ]

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:

<table>
<thead>
<tr>
<th>Action</th>
<th>Number</th>
<th>Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notices of Violation</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Stop Work Orders</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Criminal Actions</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Termination of Contracts</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Administrative Fines</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Civil Penalties</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Administrative Orders</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Enforcement Actions or Sanctions</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>No Authority</td>
</tr>
</tbody>
</table>
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? [Blank]

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? [Blank] 2

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? [Blank] 5

3. What percent of active construction sites were inspected during this reporting period? [Blank] 100%

4. What percent of active construction sites were inspected more than once? [Blank] 100%

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? [Blank] Yes [Blank] No [Blank] 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? [Blank] Yes [Blank] No [Blank] NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? [Blank] Yes [Blank] 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, 2012.

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

Name of MS4/Coalition: University at Albany (SUNY Uptown Campus)

SPDES ID: NYR20A234

6. **cont.**

Submit additional pages as needed.

- **MS4/Coalition Office**
  - Department: Campus Planning
  - Address: 1400 Washington Ave. Bldg. 25
  - City: Albany
  - Zip: NY 12222
  - Phone: (518) 442-3400

- **Library**
  - Address: 
  - City: 
  - Zip: 
  - Phone: 

- **Other**
  - Address: 
  - City: 
  - Zip: 
  - Phone: 

- **Web Page URL(s):** Please provide specific address where SWPPPs can be accessed - not home page.

  URL: 
  URL: 
  URL: 
  URL: 
  URL: 
  URL: 
  URL: 
  URL: 
  URL: 
  URL: 
  URL: 

MCM 4 Page 2 of 3
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: University at Albany (SUNY Uptown Campus)

SPDES ID: NYR 20A234

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.

Continue procedures for SWPPP reviews and implementation of applicable requirements within the SPDES General Permit by incorporating in standard contact requirements.

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

Projects that have been submitted during this reporting period were reviewed for conformance and NOI’s were submitted. All projects that are currently under construction have been followed for conformity to SWPPP requirements and the submitted SWMP. Weekly inspections are performed and reports are submitted.

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

(ex.: samples/participants/events)

5

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).

SWPPP’s for proposed projects will continued to be reviewed and evaluated for conformance. Inspection will be performed for erosion and sedimentation control measures and construction work found to be in violation will be documented and directives issued that appropriate corrective actions and remediation is performed. Develop procedures for implementation and enforcement. Prepare written directive for use of updated mechanisms. Distribute and inform parties of University procedures and requirements.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: University at Albany (SUNY Uptown Campus)

SPDES ID: NYR20A234

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?

<table>
<thead>
<tr>
<th>Alternative Practices</th>
<th>Filter Systems</th>
<th>Infiltration Basins</th>
<th>Open Channels</th>
<th>Ponds</th>
<th>Wetlands</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td># Inventoried</td>
<td># Inspections</td>
<td># Times Maintained</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Alternative Practices
- Filter Systems
- Infiltration Basins
- Open Channels
- Ponds
- Wetlands
- 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
- Municipal Comprehensive Plans
- Overlay Districts
- Open Space Preservation Program
- Zoning
- Local Law or Ordinance
- None
- Land Use Regulation/Zoning
- Watershed Plans
- Other Comprehensive Plan
- Other:

MCM 5 Page 1 of 3
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: University at Albany (SUNY Uptown Campus)

SPDES ID: NYRA234

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?

4

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?

50%
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.

Develop checklist for review of SWPPP submissions for treatment practices on campus.
Develop record keeping practices for SWPPP submissions and review.
Examine post construction stormwater treatment practices.

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

SWPPP review procedures are being written from established procedures to follow new requirements for stormwater management practices.
Procedures have been implemented to review post construction stormwater management practices for compliance with requirements.

C. How many times was this observation measured or evaluated in this reporting period? 3

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).

Obtain written directive from the person authorized to sign the NOI.
Prepare review procedures for SWPPP post construction practices.
Prepare green initiative practices that can be implemented on the campus.
Prepare inventory map and list of post construction stormwater management practices on the campus.
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, **2012**

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

Name of MS4/Coalition: University at Albany (SUNY Uptown Campus)  
SPDES ID: NYR20A234

**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.

<table>
<thead>
<tr>
<th>Operation/Activity/Facility</th>
<th>Addressed in SWMP?</th>
<th>Self-Assessment performed within the past 3 years?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Maintenance</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Bridge Maintenance</td>
<td>○ Yes ○ No</td>
<td>○ Yes ○ No</td>
</tr>
<tr>
<td>Winter Road Maintenance</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Salt Storage</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Solid Waste Management</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>New Municipal Construction and Land Disturbance</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Right of Way Maintenance</td>
<td>○ Yes ○ No</td>
<td>○ Yes ○ No</td>
</tr>
<tr>
<td>Marine Operations</td>
<td>○ Yes ○ No</td>
<td>○ Yes ○ No</td>
</tr>
<tr>
<td>Hydrologic Habitat Modification</td>
<td>○ Yes ○ No</td>
<td>○ Yes ○ No</td>
</tr>
<tr>
<td>Parks and Open Space</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Municipal Building</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Stormwater System Maintenance</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Vehicle and Fleet Maintenance</td>
<td>● Yes ○ No</td>
<td>● Yes ○ No</td>
</tr>
<tr>
<td>Other</td>
<td>○ Yes ○ No</td>
<td>○ Yes ○ No</td>
</tr>
</tbody>
</table>

MCM 6 Page 1 of 3
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012.

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

Name of MS4/Coalition: University at Albany (SUNY Uptown Campus)  
SPDES ID: NYRA234

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

- Parking Lots Swept  (Number of acres X Number of times swept)  
  - Acres: 270
- Streets Swept  (Number of miles X Number of times swept)  
  - Miles: 216
- Catch Basins Inspected and Cleaned Where Necessary  
  - Number: [Blank]
- Post Construction Control Stormwater Management Practices
  Inspected and Cleaned Where Necessary  
  - Number: [Blank]
- Phosphorus Applied In Chemical Fertilizer  
  - Lbs: 50
- Nitrogen Applied In Chemical Fertilizer  
  - Lbs: 1650
- Pesticide/Herbicide Applied  
  (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)  
  - Acres: 72.0

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?  
   - Number: 1

4. What was the date of the last training?  
   - Date: 02/02/2012

5. How many municipal employees have been trained in this reporting period?  
   - Number: 39

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?  
   - Percentage: 90%
MS4 Annual Report Form

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Name of MS4/Coalition: University at Albany (SUNY Uptown Campus)

SPDES ID: NYR20A234

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.

Identify high priority catch basins for inspection and maintenance and develop a more detailed inspection and maintenance plan.
Identify outfalls for monitoring and dry weather sampling.

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

The maintenance, repair and cleaning of catch basins has continued. Several catch basins were buried and were uncovered and cleaned. Cleaning of catch basins has resulted in reduced discharge of sediments.
All campus outfalls have been identified, mapped and dry weather sampling performed. Results have been placed in database.

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

(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).

Prepare inventory and assessment of fixed facilities and complete facility self audit where vehicle repair occurs. Keep annual log of road and parking lot sweeping and how soils are disposed.
Keep record of catch basins cleaned.
Track use of pesticide and herbicide usage and maintain records of application.
Provide training in stormwater basics to staff.

MCM 6 Page 3 of 3
### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.

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

<table>
<thead>
<tr>
<th>Name of MS4/Coalition</th>
<th>Stormwater Coalition of Albany County</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPDES ID</td>
<td>N Y R 2 0</td>
</tr>
</tbody>
</table>

### 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? [1 2]

**MS4s must answer the questions or check NA as indicated in the table below.**

<table>
<thead>
<tr>
<th>MS4 Description</th>
<th>Answer</th>
<th>Check NA</th>
<th>(POC)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NYC EOH Watershed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional Land Use</td>
<td>1,2,3,4,5,6,7a-d,8a,8b,9</td>
<td>10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Traditional Non-Land Use</td>
<td>1,2,3,4,7a-d,8a,8b,9</td>
<td>5,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Non-Traditional</td>
<td>1,7a-d,8a,8b,9</td>
<td>3,4,5,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td><strong>Onondaga Lake Watershed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional Land Use</td>
<td>1,6,7a-d,8a,9</td>
<td>2,3,4,5,8b,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Traditional Non-Land Use</td>
<td>1,6,7a-d,8a,9</td>
<td>2,3,4,5,8b,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Non-Traditional</td>
<td>1,6,7a-d,8a,9</td>
<td>2,3,4,5,8b,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td><strong>Greenwood Lake Watershed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional Land Use</td>
<td>1,4,6,7a-d,8a,9</td>
<td>2,3,5,8b,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Traditional Non-Land Use</td>
<td>1,4,6,7a-d,8a,9</td>
<td>2,3,5,8b,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Non-Traditional</td>
<td>1,4,6,7a-d,8a,9</td>
<td>2,3,5,8b,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td><strong>Peconic Estuary</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional Land Use</td>
<td>1,4,7a-d,8a,9,10,11,12</td>
<td>2,3,5,6,8b</td>
<td>Pathogens</td>
</tr>
<tr>
<td>Traditional Non-Land Use</td>
<td>1,4,7a-d,8a,9,10,11,12</td>
<td>2,3,5,6,8b</td>
<td>Pathogens</td>
</tr>
<tr>
<td>Non-Traditional</td>
<td>1,4,7a-d,8a,9,10,11,12</td>
<td>2,3,4,5,8b,10,11,12</td>
<td>Pathogens and Nitrogen</td>
</tr>
<tr>
<td><strong>Oscawana Lake Watershed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional Land Use</td>
<td>1,4,6,7a-d,8a,9</td>
<td>2,3,5,8b,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Traditional Non-Land Use</td>
<td>1,4,6,7a-d,8a,9</td>
<td>2,3,5,8b,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Non-Traditional</td>
<td>1,4,6,7a-d,8a,9</td>
<td>2,3,5,8b,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td><strong>LI 27 Embayments</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional Land Use</td>
<td>1,2,3,4,7a-d,9,10,11,12</td>
<td>5,6,8a,8b</td>
<td>Pathogens</td>
</tr>
<tr>
<td>Traditional Non-Land Use</td>
<td>1,2,3,4,7a-d,9,10,11,12</td>
<td>5,6,8a,8b</td>
<td>Pathogens</td>
</tr>
<tr>
<td>Non-Traditional</td>
<td>1,2,3,4,7a-d,9</td>
<td>5,6,8a,8b,10,11,12</td>
<td>Pathogens</td>
</tr>
</tbody>
</table>

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, 2012.

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

<table>
<thead>
<tr>
<th>Name of MS4/Coalition</th>
<th>Stormwater Coalition of Albany County</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPDES ID</td>
<td>NYR20</td>
</tr>
</tbody>
</table>

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?  
   __%__ __%__ __%__

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?  
   __ __ __

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

7d. What percent of projects planned in previous years have been completed?  
   __%__ __%__ __%__  
   ○ 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, 2012.
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Stormwater Coalition of Albany County

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