SPDES General Permit for Stormwater Discharges from
Municipal Separate Storm Sewer Systems (MS4s)
Permit No. GP-0-10-002

JOINT ANNUAL REPORT

Stormwater Coalition of Albany County

Reporting Period:
March 10, 2010 to March 9, 2011
(Year 8)

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 13 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)
Town of Guilderland (NYR20A211)
Village of Menands (NYR20A144)
Town of New Scotland (NYR20A463)
Village of Voorheesville (NYR20A210)
City of Watervliet (NYR20A087)
University at Albany-SUNY Uptown Campus (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. These MCC Forms are at the beginning of the Joint Annual Report.

3258632975

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2011

SPDES ID: NYR20

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

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

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	SPDES ID NYR20A377	SPDES ID NYR20A234
SPDES ID NYR20A464	SPDES ID NYR20A211	SPDES ID NYR20A
SPDES ID NYR20A208	SPDES ID NYR20A144	SPDES ID NYR20A
SPDES ID NYR20A243	SPDES ID NYR20A463	SPDES ID NYR20A
SPDES ID NYR20A190	SPDES ID NYR20A210	SPDES ID NYR20A
SPDES ID NYR20A076	SPDES ID NYR20A087	SPDES ID NYR20A

9714632978

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2011

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

SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: ALBANY COUNTY

SPDES ID: NYR20A359

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

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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: Michael

MI: G

Last Name: Breslin

Title: County Executive

Address: 112 State St Room 200

City: Albany

State: NY

Zip: 12207 -

eMail: countyexec@albanycounty.com

Phone: (518) 447-7040

County: ALBANY

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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: Laura

MI: R

Last Name: DeGaetano

Title: Sr. Natural Resource Planner

Address: 112 State St Room 720

City: Albany

State: NY

Zip: 12207 -

eMail: ldegaetano@albanycounty.com

Phone: (518) 447-5670

County: Albany

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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: Walter

MI:

Last Name: VanDeLoo

Title: Commissioner DPW

Address: 449 New Salem Rd.

City: Voorheesville

State: NY

Zip: 12186 -

eMail: walter.VanDeLoo@albanycounty.com

Phone: (518) 765-2055

County: Albany

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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:

Last Name: DellaRocco

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

County: Albany

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

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: Stormwater Coalition of Albany

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

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: 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, 2011

Name of MS4: Albany County

SPDES ID: NYR20A359

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: G

Last Name: Breslin

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

Signature: Michael G Breslin

Date: 05 / 23 / 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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: City of Albany

SPDES ID: NYR20A464

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

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: City of Albany

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).

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:

Last Name: Cross

Title: Commissioner

Address: 35 Erie Boulevard

City: Albany

State: NY

Zip: 12204 -

eMail: crossr@ci.albany.ny.us

Phone: (518) 434-5300

County: Albany

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: City of Albany

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).

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:

Last Name: Kosa

Title: Assistant Commissioner

Address: 35 Erie Boulevard

City: Albany

State: NY

Zip: 12204 -

eMail: kosaj@ci.albany.ny.us

Phone: (518) 434-5302

County: Albany

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: City of Albany

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).

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: Justin

MI:

Last Name: Schievelbein

Title: Sewer Foreman

Address: 35 Erie Boulevard

City: Albany

State: NY

Zip: 12204 -

eMail: schievelbeinj@ci.albany.ny.us

Phone: (518) 434-5300

County: Albany

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

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

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

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: 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, 2011

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-0-08-002 Part VI.J.

First Name: John

MI:

Last Name: Kosa

Title (Clearly print title of individual signing report): Assistant Commissioner

Signature

Date: 5 / 26 / 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

Signature Authorization Form

Permittee Name City of Albany SPDES NO. NYR20A 464
Facility Name Date: 5/26/11

Name of person described in paragraph (1): Robert Cross	Title: Commissioner
Signature of person described in paragraph (1):	Date: 5/26/11

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

Name and/or Title of person responsible for signing and submitting MS4 Annual Report: Assistant Commissioner	Phone: (518) 434-5302		
Signature (if individual named above):			
Mailing Address: 35 Erie Boulevard	City: Albany	State: NY	Zip: 12204

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

Signature Authorization Form

Permittee Name City of Albany SPDES NO. NYR20A 464
Facility Name Date: 5/26/11

Name of person described in paragraph (1):	Title:
Robert Cross	Commissioner
X Signature of person described in paragraph (1):	Date: 5/26/11

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

Name and/or Title of person responsible for signing and submitting MS4 Annual Report: Justin Schievelbein	Phone: (518) 229-2007		
Signature (if individual named above): Just Schill.			
Mailing Address: 35 Erie Boulevard	City: Albany	State: NY	Zip: 12204

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

Signature Authorization Form

Permittee Name City of Albany SPDES NO. NYR20A 464
Facility Name Date: 5/26/11

Name of person described in paragraph (1):	Title:
Robert Cross	Commissioner
Signature of person described in paragraph (1):	Date:
X	5/26/11

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

Name and/or Title of person responsible for signing and submitting MS4 Annual Report:	Phone: (518) 434-5300		
Engineering Aide			
Signature (if individual named above):			
Mailing Address:	City:	State:	Zip:
35 Erie Boulevard	Albany	NY	12207

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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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 -

eMail: GSAGENDORPH@TOWNOFBETHLEHEM.ORG

Phone: (518) 439-4955

County: ALBANY

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011.

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: PAUL

MI:

Last Name: PENMAN

Title: TOWN ENGINEER

Address: 445 DELAWARE AVENUE

City: DELMAR

State: NY

Zip: 12054 -

eMail: PPENMAN@TOWNOFBETHLEHEM.ORG

Phone: (518) 439-4955

County: ALBANY

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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: BRIAN

MI: M

Last Name: KISE

Title: SWMP COORDINATOR

Address: 445 DELAWARE AVENUE

City: DELMAR

State: NY

Zip: 12054 -

eMail: BKISE@TOWNOFBETHLEHEM.ORG

Phone: (518) 439-4955

County: ALBANY

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: TOWN OF BETHLEHEM

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

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

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: 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, 2011

Name of MS4: TOWN OF 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:

Last Name: PENMAN

Title (Clearly print title of individual signing report): TOWN ENGINEER

Signature:

Date: 05/23/2011

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

Duly Authorized Representative Signatory Authorization

MS4 Name: Town of Bethlehem **MS4 County: Albany** **SPDES No.: NYR20A208**

As the permittee for the Town of Bethlehem under the NYSDEC SPDES General Permit for Stormwater Discharges from Municipal Separate Storm Sewer Systems (MS4) Permit No. *GP-0-08-002* and as the principal executive officer or ranking elected official, I hereby authorize the designated Stormwater Management Officer (SMO) to be my duly authorized representative and provide signature on the MS4 Municipal Compliance Certification (MCC) Form for the MS4 Annual Report and on the "MS4 Stormwater Pollution Prevention Plan (SWPPP) Acceptance Form" as required by the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activity Permit No. *GP-0-08-001*. Furthermore, I understand this initial signatory authorization will be submitted to NYSDEC Central Office and a new signatory authorization will need to be submitted if the information in this written authorization is no longer accurate.

Gregg Sagendorph	5/25/10	Gregg Sagendorph	Superintendent of Highways
Signature	*Date*	*Name*	*Title*

As per *Part VI.J.2* of *GP-0-08-002*, the duly authorized representative shall make the following certification:

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

Paul Penman	5/26/10	Paul Penman, PE	Stormwater Management Officer
Signature	*Date*	*Name*	*Title*

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: City of Cohoes

SPDES ID: NYR20A243

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

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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)
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 -

eMail: jmcdonald@ci.cohoes.ny.us

Phone: (518) 233-2119

County: Albany

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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)
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: 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

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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)
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: Garry

MI: F

Last Name: Nathan

Title: City Engineer

Address: 97 Mohawk Street

City: Cohoes

State: NY

Zip: 12047 -

eMail: gnathan@ci.cohoes.ny.us

Phone: (518) 233-2131

County: Albany

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: City of Cohoes

SPDES ID: NYR20A243

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

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: 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, 2011

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 (Clearly print title of individual signing report): Mayor

Signature

Date: 05 / 24 / 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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Town of Colonie

SPDES ID: NYR20A190

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

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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:

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: 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, 2011

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:

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: J

Last Name: Dzialo

Title: Stormwater Management Coordinator

Address: 347 Old Niskayuna Road

City: Latham

State: NY

Zip: 12110 -

eMail: dzialoj@colonie.org

Phone: (518) 783-2758

County: Albany

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Town of Colonie

SPDES ID: NYR20A190

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

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: 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, 2011

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 (Clearly print title of individual signing report): Supervisor

Signature: Paula A. Mahan

Date: 05/27/2011

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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Village of Colonie

SPDES ID: NYR20A076

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

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Village of Colonie

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).
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: Frank

MI: A

Last Name: Leak

Title: Mayor

Address: 2 Thunder Road

City: Village of Colonie

State: NY

Zip: 12205 -

eMail:

Phone: (518) 869-7562

County: Albany

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Village of Colonie

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).
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: Carl

MI:

Last Name: Fleshman

Title: Supt. of Public Works

Address: 2 Thunder Road

City: Village of Colonie

State: NY

Zip: 12205 -

eMail: dpw@colonievillage.org

Phone: (518) 869-6372

County: Albany

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Village of Colonie

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).
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: 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

County: Albany

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Village of Colonie

SPDES ID: NYR20A076

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

Partner/Coalition Name (con't.): Albany

SPDES Partner ID - If applicable: NYR20

Address: 112 State Street-room 720

City: Albany

State: NY

Zip: 12207-2021

eMail: nancy.heinzen@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: 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, 2011

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, 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: Frank

MI:

Last Name: Leak

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

Signature: Frank A Leak

Date: 5/24/11

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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: VILLAGE OF GREEN ISLAND

SPDES ID: NYR20A377

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

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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: ELLEN

MI: M

Last Name: MC NULTY-RYAN

Title: MAYOR

Address: 20 CLINTON STREET

City: GREEN ISLAND

State: NY

Zip: 12183 -

eMail: MAYOR@VILLAGEOFGREENISLAND.COM

Phone: (518) 273-2201

County: ALBANY

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: VILLAGEOFGREENISLAND

SPDES ID: NYR20A377

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

SPDES Partner ID - If applicable: NYR20

Address: 112 STATE STREET

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: Educational Material & 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.

N A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: VILLAGE OF GREEN ISLAND

SPDES ID: NYR20A377

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: ELLEN

MI: M

Last Name: MC NULTY-RYAN

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

Signature: Ellen M. McNulty-Ryan

Date: 05/24/2011

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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Town of Guilderland

SPDES ID: NYR20A211

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

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Town of Guilderland

SPDES ID: NYR20A211

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: Kenneth
MI: D
Last Name: Runion

Title: Supervisor

Address: 5239 Western Tpke, PO 339

City: Guilderland
State: NY
Zip: 12084 -

eMail: runionk@townofguilderland.org

Phone: (518) 356-1980
County: Albany

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Town of Guilderland

SPDES ID: NYR20A211

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: Rodger

MI: E

Last Name: Stone, II

Title: ZEO/SMO Town of Guilderland

Address: 5239 Western Tpke, Box 339

City: Guilderland

State: NY

Zip: 12084 -

eMail: stoner@townofguilderland.org

Phone: (518) 356-1980

County: Albany

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Town of Guilderland

SPDES ID: NYR20A211

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

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: 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, 2011

Name of MS4: TOWN OF GUILDERLAND

SPDES ID: NYR20A211

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: KENNETH

MI: D

Last Name: RUNION

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

Signature: Kenneth Runion, Supervisor

Date: 05/23/2011

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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Village of Menands

SPDES ID: NYR20A144

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

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Village of Menands

SPDES ID: NYR20A144

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 -

eMail: villageofmenands@hotmail.com

Phone: (518) 434-2922
County: Albany

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Village of Menands

SPDES ID: NYR20A144

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: Paul

MI: C

Last Name: Reuss

Title: Stormwater Officer

Address: 250 Broadway

City: Menands

State: NY

Zip: 12204 -

eMail: villageofmenands@hotmail.com

Phone: (518) 434-2922

County: Albany

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

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

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: 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, 2011

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: Megan Grenier

Date: 05/17/2011

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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Town of New Scotland

SPDES ID: NYR20A463

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

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Town of New Scotland

SPDES ID: NYR20A463

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: Thomas

MI:

Last Name: Dolin

Title: Supervisor

Address: 2029 New Scotland Road

City: Slingerlands

State: NY

Zip: 12159 -

eMail: tdolin@townofnewscotland.com

Phone: (518) 439-4889

County: Albany

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Town of New Scotland

SPDES ID: NYR20A463

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: Paul

MI:

Last Name: Cantlin

Title: Stormwater Management Officer

Address: 2029 New Scotland Road

City: Slingerlands

State: NY

Zip: 12159 -

eMail: pcantlin@townofnewscotland.com

Phone: (518) 439-9153

County: Albany

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Town of New Scotland

SPDES ID: NYR20A463

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

MI:

Last Name:

Title: Report Preparer

Address: 3 Columbia Circle, Suite 6

City: Albany

State: NY

Zip: 12203-5158

eMail: edward.zyniecki@stantec.com

Phone: (518) 452-4358

County: Albany

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

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

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

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: 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, 2011

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 VI.J.

First Name: Thomas

MI: E

Last Name: Dolin

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

Signature: Thomas E. Dolin

Date: 05/23/2011

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: Village of Voorheesville

SPDES ID: NYR20A210

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

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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:

Last Name: Conway

Title: Mayor, Village of Voorheesville

Address: PO Box 367

City: Voorheesville

State: NY

Zip: 12186-

eMail:

Phone: (518) 765-2692

County: Albany

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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: Gerald

MI:

Last Name: Gordinier

Title: Stormwater Program Coordinator

Address: Village Hall PO Box 367

City: Voorheesville

State: NY

Zip: 12186 -

eMail: Gordinier@nycap.rr.com

Phone: (518) 765-2692

County: Albany

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

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 (con't.): County

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: 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, 2011

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 (Clearly print title of individual signing report): Mayor

Signature

Date: 05 / 24 / 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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: City of Watervliet

SPDES ID: NYR20A087

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, 2011

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).
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: Michael
MI: P
Last Name: Manning

Title: Mayor

Address: City Hall 2 15th Street

City: Watervliet
State: NY
Zip: 12189 -

eMail: mmanning@watervliet.com

Phone: (518) 270-3800
County: Albany

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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).
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: Mark

MI:

Last Name: Gleason

Title: General Manager

Address: City Hall 2 15th Street

City: Watervliet

State: NY

Zip: 12189 -

eMail: mgleason@watervliet.com

Phone: (518) 270-3800

County: Albany

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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).
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: David

MI: R

Last Name: Dressel

Title: Water Plant Operator

Address: 222 Watervliet Shaker Rd

City: Watervliet

State: NY

Zip: 12189 -

eMail: ddressel@watervliet.com

Phone: (518) 785-7082

County: Albany

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

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: Stormwater Coalition of Albany

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

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: 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, 2011

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: 05/25/2011

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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4: University at Albany SUNY Uptown Campus

SPDES ID: NYR20A234

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

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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)
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: George

MI:

Last Name: Phillip

Title: President

Address: 1400 Washington Avenue

City: Albany

State: NY

Zip: 12222 -

eMail: gphillip@uamail.albany.edu

Phone: (518) 437-4900

County: Albany

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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)
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: Lisa

MI: A

Last Name: Donohue

Title: Director EnvironHealth and Safety

Address: 1400 Washington Avenue

City: Albany

State: NY

Zip: 12222 -

eMail: ldonohue@uamail.albany.edu

Phone: (518) 437-4900

County: Albany

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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)
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: Tonia

MI:

Last Name: Gross

Title: Code Administration Assistant

Address: 1400 Washington Avenue

City: Albany

State: NY

Zip: 12222 -

eMail: tgross@uamail.albany.edu

Phone: (518) 437-4900

County: Albany

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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)
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: Bill

MI:

Last Name: Dosch

Title: Director Code Administration

Address: 1400 Washington Avenue

City: Albany

State: NY

Zip: 12222 -

eMail: wdosch@uamail.albany.edu

Phone: (518) 437-4900

County: Albany

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

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)
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: Brian

MI:

Last Name: McGrath

Title: Project Manager

Address: 980 Washington Street

City: Dedham

State: MA

Zip: 12222 -

eMail: bmcgrath@woodardcurran.com

Phone: (518) 437-4900

County: Norfolk

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

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.

Partner/Coalition Name: Stormwater Coalition of Albany

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

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: 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, 2011

Name of MS4: University at Albany

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: Lisa

MI: B

Last Name: Donohue

Title (Clearly print title of individual signing report): Director Environ Health Safety

Signature: Lisa B. Donohue

Date: 05 / 25 / 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

Signature Authorization Form

Permittee Name University at Albany SPDES NO. NYR20A
Facility Name " / " Date:

Name of person described in paragraph (1):	Title:
George M. Philip	President
Signature of person described in paragraph (1):	Date:
George M. Philip	7/9/09

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

Name and/or Title of person responsible for signing and submitting MS4 Annual Report:	Phone: (518) 442-3495		
Signature (if individual named above):			
Mailing Address: 1400 Washington Ave. Chemistry B 73	City: Albany	State: NY	Zip: 12222

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

1100364151

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: 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? 13

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

4286299954

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: Stormwater Coalition of Albany County

SPDES ID: NYR20

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? 13

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: Septic Systems
Other

● Pesticide and Fertilizer Application
● Pet Waste Management
● Recycling
● Riparian Corridor Protection/Restoration
● Trash Management
● Vehicle Washing
● Water Conservation
● Wetland Protection
○ None

2. Specific audiences targeted during this reporting period:

● Public Employees
● Residential
● Businesses
● Restaurants
● Other: Children-Students-Faculty
Other

● Contractors
● Developers
● General Public
○ Industries
○ Agricultural

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: Stormwater Coalition of Albany County

SPDES ID: NYR20

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

● Construction Site Operators Trained	# Trained	287
● Direct Mailings	# Mailings	38
● Kiosks or Other Displays	# Locations	59
● List-Serves	# In List	21040
● Mailing List	# In List	96226
○ Newspaper Ads or Articles	# Days Run	
● Public Events/Presentations	# Attendees	1964
● School Program	# Attendees	570
● TV Spot/Program	# Days Run	324
● Printed Materials:	Total # Distributed	22070

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

Libraries-Senior Ctr
Doorknobs-Municipal
and Dept Offices
Shaker Museum

● Other:

School-GetgToKnwStrm

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

URL
albanycounty.com/edcp/swp.asp
albanycounty.com/departments/dpw
/stormwatercoalition

URL
albanyny.org/Government/Departme
nts/WaterandWaterSupply/Stormwat
er.asp

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: Stormwater Coalition of Albany County

SPDES ID: NYR20

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

URL
townofbethlehem.org/pages/Stormwater/dpwSWStormwater.asp

URL
cohoes.com/Cit-e-Access/webpage-cfm?TID=34&TPID=9898

URL
colonie.org/highway/
colonie.village.org/

URL
townofguilderland.org/Pages/GuilderlandNY_Stormwater/index
villageofmenands.com/category/newsletter/menands-activities

URL
townofnewscotland.com/townreporter/stormwaterMgt.asp?mm=5&sm=48

URL
villageofvoorheesville.com/index.asp?id=3&mm=84&sm=87
watervliet.com/index.php?option=

URL
com_content&task=viewid=336/Itemid=72
albany.edu/ehs/stormwater.shtml

6932504403

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: Stormwater Coalition of Albany County

SPDES ID: NYR20

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) Host Center for Watershed Protection Webcasts (5 webcasts); develop extensive, inclusive invitation e-mail list; encourage diverse participation (MS4 staff, design engineers, others)
2) Develop and launch Coalition website
3) Organize and stock hard copy educational material and distribute to Coalition members

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

1) More individuals than previous year attended webcasts (5 to 13)
2) Developed website scope of services and solicited quotes from multiple vendors
3) Distribution system developed and provided to Coalition members as needed

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) 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

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: Stormwater Coalition of Albany County

SPDES ID: NYR20

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? 13

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

● Cleanup Events — # Events: 68

● Comments on SWMP Received — # Comments: 0

● Community Hotlines — Phone # (518) 442-3495

Phone # (518) 765-2055 — Phone # (518) 442-3444

Phone # (518) 434-5300 — Phone # ( ) -

Phone # (518) 439-4955 — Phone # ( ) -

Phone # (518) 869-6372 — Phone # ( ) -

Phone # (518) 356-1980 — Phone # ( ) -

● Community Meetings — # Attendees: 33

● Plantings — Sq. Ft.: 1275

● Storm Drain Markings — # Drains: 69

○ Stakeholder Meetings — # Attendees:

○ Volunteer Monitoring — # Events:

○ Other:

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ● Yes ○ No

● List-Serve — # In List: 362

● Newspaper Advertising — # Days Run: 1

○ TV/Radio Notices — # Days Run:

● Other: Posting Boxes & Legal Notice

● 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, 2011

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 notice(s) can be accessed - not home page.

URL
http://albanycounty.com/department/dpw/programs_services.asp?id=2074

URL
www.townofbethlehem.org/pages/stormwater/dpwstormwater.asp

URL
http://www.albanycounty.com/departments/dpw/stormwatercoalition/default.asp

URL

URL

URL

URL

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: 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, 2011

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

Department: SW Coalition of Albany County

Address: 112 State Street, Room 720

City: Albany NY Zip: 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

albanycounty.com/departments/dpw/stormwatercoalition/default.asp

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

● eMail — ● Comments

swcoalition@albanycounty.com

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: 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

Department: Department of Public Works

Address: 449 New Scotland Road

City: Voorheesville NY Zip: 12186-

Phone: (518) 765-2786

○ 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

http://cdrpc.org/MS4/MS4-1.html

albanycounty.com/department/dpw/programs_services.asp?id=2074

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

● eMail — ● Comments

mdellarocco@albanycounty.com

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: Stormwater Coalition of Albany County City of Albany

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: Dept of Water & Water Supply

Address: 35 Erie Boulevard

City: Albany NY Zip: 12204-

Phone: (518) 434-5300

○ 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

http://albanyny.gov/Government/Departments/WaterAndWaterSupply/StormWater/Documents.aspx

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

● eMail ● Comments

stormwater@ci.albany.ny.us

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: 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 Zip: 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/DPWSWSTORMWATER.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, 2011

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 NY Zip: 12047-

Phone: (518) 233-2130

○ 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

http://www.cohoes.com/Cit-e-Access/webpage.cfm?TID=34&TPID=9898

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

● eMail — ● Comments

mashline-heil@ci.cohoes.ny.us

5441172015

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: 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) 783-2758

○ 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

colonie.org/highway/

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, 2011

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 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

Address

City Zip -

Phone ( ) -

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address

City Zip -

Phone ( ) -

● Other ● Annual Report ● SWMP Plan ● Comments

Address: 2 Thunder Street

City: Albany NY Zip: 12205 -

Phone: (518) 869-7562

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

www.colonievillage.org/ms4%20annual%20report.pdf

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

● eMail ● Comments

esims@solonievillage.org

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: VILLAGE OF GREEN ISLAND

SPDES ID: NYR20A377

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: VILLAGE OF GREEN ISLAND

Address: 20 CLINTON STREET

City: GREEN ISLAND NY Zip: 12183 -

Phone: (518) 273-2201

○ 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

SEANW@VILLAGEOFGREENISLAND.COM

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: Stormwater Coalition of Albany County Town of Guilderland

SPDES ID: NYR20A211

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: Town of Guilderland-Zoning Dept

Address: 5239 Western Tpke, Box 339

City: Guilderland NY Zip: 12084-

Phone: (518) 356-1980

○ 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

townofguilderland.org

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

● eMail ● Comments

stoner@townofguilderland.org

5441172015

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: Village of Menands

SPDES ID: NYR20A144

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: Village Office

Address: 250 Broadway

City: Menands NY Zip: 12204 -

Phone: (518) 434-2922

○ 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

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: Stormwater Coalition of Albany County Town of New Scotland

SPDES ID: NYR20463

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: Town of New Scotland-Bldg Dept

Address: 2029 NewScotland Road

City: Slingerlands NY Zip: 12159-

Phone: (518) 439-5193

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Other ● Annual Report ○ SWMP Plan ● Comments

Address: Town Hall-2029 New Scotland Rd

City: Slingerlands NY Zip: 12159-

Phone: (518) 439-4865

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

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

● eMail ● Comments

pcantlin@townofnewscotland.com

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: Village of 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

Department: Stormwater Management Office

Address: 29 Voorheesville Ave., PO Box 367

City: Voorheesville NY Zip: 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 ● Comments

gordinier@nycap.rr.com

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: Stormwater Coalition of Albany County City of Watervliet

SPDES ID: NYR20A087

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 Watevliet Shaker Road

City: Watervliet NY Zip: 12189-

Phone: (518) 785-7082

○ Library — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Other — ● Annual Report ○ SWMP Plan ● Comments

Address: City Hall 2 15th Street

City: Watervliet NY Zip: 12189-

Phone: (518) 270-3800

● Web Page URL: — ● Annual Report ○ SWMP Plan ○ Comments

http://www.watervliet.com/index.php?option=com_content&task=view&id=33&Itemid=72

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, 2011

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

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: EHS Office

Address: Chemistry Building, Room B-73

City: Albany NY Zip: 12222-

Phone: (518) 442-3495

○ 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.albany.edu/ehs/SUNYASWRY8Report.pdf

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, 2011

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 / 06 / 2011

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? ○ Yes ○ No

If Yes, what was the date of the meeting? __ / __ / ____

If No, is one planned? ○ Yes ○ No

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

If No, is one planned for each? ○ Yes ○ No

6. Were comments received during this reporting period? ● Yes ○ No
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

Stormwater Coalition of Albany County

Members

Albany County

City of Albany

Town of Bethlehem

City of Cohoes

Town of Colonie

Village of Colonie

Village of Green Island

Town of Guilderland

Village of Menands

Town of New Scotland

Village of Voorheesville

City of Watervliet

SUNY-Albany

Supporters

Capital District Regional Planning Commission

Albany County Soil and Water Conservation District

PUBLIC MEETING

A Presentation of the
JOINT ANNUAL REPORT

Find out how Coalition members are preventing stormwater pollution and protecting water quality.

May 17, 2011
7:00pm to 8:00pm
Tuesday

William F. Rice Extension Center
42 Martin Road
Voorheesville, NY 12186

This Joint Annual Report, as required by NYSDEC SPDES General Permit for Stormwater Discharges from Municipal Separate Storm Sewer Systems (MS4s) Permit No. GP-0-10-002, is also posted on-line for public comment. To view the Joint Annual Report, go to www.albanycounty.com/stormwatercoalition/. Comments are due May 20, by 4pm and can be submitted during this Public Meeting; by e-mail to swcoalition@albanycounty.com, by mail to 112 State Street, Room 720, Albany, NY 12207, or to members of the Stormwater Coalition. Coalition Member contact information is listed within the Joint Annual Report, specifically on MCM2 page 4 of 6.

112 State Street, Room 720, Albany, NY 12207
(518) 447-5645 (voice) ● (518) 447-5662(fax)

MCM2 Question 6 Response:

One comment was received by e-mail after the May 17, 2011 Coalition Joint Annual Report Public Meeting (attached). No SWMP Plan changes were indicated for individual MS4 programs.

NOTE: This one comment was submitted with the Annual Report; however, as the Annual Report will be posted on various websites and the comment submitted as an e-mail, with confidentiality restrictions, the e-mail comment has been removed from the posted FINAL YR8 Annual Report.

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: 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) Upload SWMP Plan information onto electronic, web-based management system accessible to all Coalition members. Presence/absence of functional system is the "measurable goal".

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

1) Due to technical issues beyond the control of the Coalition, upload did not occur.

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).

1) Attempt to upload SWMP Plan will continue. Past system issues have been resolved and overall coordination is ongoing. Delays due to these system issues have moved the entire project behind schedule. New priorities will focus on key program elements related to MCM 3 IDDE ORI and SWMP Plan in general; 2) Incorporate into Clean Up events, a water quality message; 3) Build into Coalition website tools for the public to learn about and participate in public participation events

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

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)? 67

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, Easements
- ○ 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

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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:
- ○ 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? 37

5. How many illicit discharges have been confirmed during this reporting period? 28

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 28

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? 10 %

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.aimsgis.org/webmap/

Restricted access

URL

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

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 %

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

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)
Inventory 100% of outfalls within MS4 using, to the extent possible, dry weather outfall protocol developed by the center for Watershed Protection, as described in the IDDE Manual.

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

20% of the required dry weather testing of outfall was achieved in this reporting year, 11 outfalls from this survey were revisited that had previous concerns and 1 was corrected

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

67

(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 utilize the Coalition ORI test kits to test outfalls, continue to record data using GIS, continue to digitally record and photograph outfall data. The internet based software package has yet to be enabled, this software will be available in 2011 to record and analyze relevant data.

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

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: Inventory unsewered areas within the MS4 municipalities for Pollutant of Concern from Septic systems. Albany County Office of Natural Resources collected data, prepared coverages and produced a map depicting the estimated # of septic systems in unsewered areas within the MS4 area of Albany county

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

It was estimated from this data that there are approximately 7543 septic systems located within the regulated Phase II municipalities of Albany County these systems include residential, commercial, industrial and service systems. This data will an effective tool to analyze ORI data in concentrated areas serviced by septic systems.

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).

Increase distribution of educational material about septic system inspection and maintenance to areas within the Phase II MS4 that utilize septic systems to treat wastewater as per the collected data.

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

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 cerfification 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? 6

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	#		● No Authority
● Stop Work Orders	#	0	○ No Authority
○ Criminal Actions	#		● No Authority
● Termination of Contracts	#	0	○ No Authority
○ Administrative Fines	#		● No Authority
○ Civil Penalties	#		● No Authority
○ Administrative Orders	#		● No Authority
● Enforcement Actions or Sanctions	#	0	
○ Other	#		● No Authority

9445612573

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

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?** 9

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.

7482169883

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

6. con't.:

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

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 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.

Albany County Planning Department incorporated SPDES MS4 and Construction Activity Permit information on the Recommendation Notification form Under NYS GML 239 to inform municipal, planning, zoning and legislative boards the Permit requirements.

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

Informing public and municipalities of the County's responsibilities under the MS4 regulations. This measure provides an additional notice of required permit compliance.

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

60

(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).

This MCM was added to the CML239 documents in February 2011. This additional language will reinforce municipal awareness and review of the MS4 permit each time a review is initiated by the County.

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

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report? ___

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

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices			
○ Filter Systems			
● Infiltration Basins	6	6	0
● Open Channels	4	4	0
● Ponds	3	3	0
○ Wetlands			
● Other	5	5	3

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ 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 GML 239 Review

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

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?

2

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

50 %

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

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 of Post Construction practices
4 additional Post Construction practices were installed as part of the County road construction projects. These new and existing practices have been inventoried and inspected, 3 practices required maintenance in this permit cycle.

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

Post construction practices have been placed on a maintenance schedule. All practices are functioning properly, no complaints or flooding occurred at these locations in 2010

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

4

(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).

Provide employees training on inspection and maintenance of new structures. Inform utilities through utility utility work permits and inspect contractors performing maintenance of utility corridors near a post construction practice to restore and repair any damage made to a post construction practice or; issue a hold on all pending/future permits, require a performance bond for each utility permit, or revoke permit and invoke section 136(6) of NYS highway law (fines of $25-$1000 a day)

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

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: Post Construction Maintenance Cards

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

The Coalition of Albany County had post construction maintenance cards prepared and printed to provide to DPW personnel, contractor, and maintenance staff, a description of the practice, check list for inspection and instruction for maintenance. This will provide a guidance tool to properly maintain practices.

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).

Albany County will provide training sessions to targeted employees maintaining post construction practices. The training will also include a binder with inspection logs, a photo file, as built plans, and material list for repairs.

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

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.**

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

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

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	15
● Streets Swept (Number of miles X Number of times swept)	# Miles	294
● Catch Basins Inspected and Cleaned Where Necessary	#	242
● 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? 4

4. What was the date of the last training? 02 / 23 / 2011

5. How many municipal employees have been trained in this reporting period? 30

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 36 %

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.

BMP: Pollution Prevention
Pollution prevention improvements installed at the main DPW facility in Voorheesville.
Installed a new septic system for the New Scotland subdivision building.

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

Continued the drainage improvements at the main DPW facility; drainage work separated roof water from the salt shed, sign shed, carpenters shop and 911 building. These improvements diverted water from entering the highway operation area at this facility. A concrete holding tank previously connected to the garage for maintenance activities was also decommissioned and redirected for treatment into a new oil/water separator system.

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

1

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

Continue to improve pollution prevention and good housekeeping measures by training relevant employees and implement additional site improvements at the DPW facility.

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.

BMP; create a Pollution Prevention Plan for the DPW main facility. Inspected the facility for compliance of Pollution Prevention and Spill Response and created a map of the facility with a list of deficiencies with corrective measures to apply.

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

The inspection provided a list of necessary actions, including training, supplies, and alterations to the facility. Immediate actions have taken place; a spill response training was performed in December 2010, a memorandum was sent to all targeted employees with directives from the safety coordinator for DPW.

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).

DPW will continue to make improvements to the facility including stenciling floor drains, labeling tanks, and additional training. The program will expand to other departments during 2011 facility audits.

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: 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)? 6

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: Krum Kill Watershed

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: 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
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ 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? 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? 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

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: 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

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 %

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: City of Albany

SPDES ID: NYR20A464

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), 6 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?

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).

Outfalls will be inventoried on a watershed basis, using the following schedule:
2011 - Patroon Creek watershed
2012 - Normans Kill/Hudson River watersheds
By following this schedule, all stormwater outfalls will be inventoried on time by April, 2013.

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: 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 cerfification 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:

○ Notices of Violation	#		○ No Authority
○ Stop Work Orders	#		○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

9445612573

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: City of Albany

SPDES ID: NYR20A464

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

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 5

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
   40 %

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.

7482169883

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: 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: 35 Erie Boulevard

City: Albany NY Zip: 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

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: City of Albany

SPDES ID: NYR20A464

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 construction sites were graded unsatisfactory during an inspection. Enforcement action did not need to be taken on any active construction site.

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).

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

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: City of Albany

SPDES ID: NYR20A464

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 5 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."

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).

Active construction sites will continue to be inspected to ensure all regulations are being properly followed.

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: City of Albany

SPDES ID: NYR20A464

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 and protect water quality.

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

During this reporting period, there were two 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?

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).

All design plans will continue to be reviewed to ensure all stormwater requirements are met.

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: City of Albany

SPDES ID: NYR20A464

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report? ___

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

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices			
● Filter Systems	2		
○ Infiltration Basins			
● Open Channels	2	2	
● Ponds	6		
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● 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, 2011

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 Impace 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, 2011

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. 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 urbani ed area.

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

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

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).

SMPs, both publicly and privately owned, will be inspected based on the following schedule:
2011 - Patroon Creek watershed SMPs
2012 - Normans Kill/Hudson River watershed SMPs
Any SMPs which require maintenance will be properly addressed.

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: City of Albany

SPDES ID: NYR20A464

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.**

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

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: 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)	# Acres	
● Streets Swept (Number of miles X Number of times swept)	# Miles	23374
● Catch Basins Inspected and Cleaned Where Necessary	#	198
● 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? 19

4. What was the date of the last training? 12 / 15 / 2010

5. How many municipal employees have been trained in this reporting period? 200

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, 2011

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

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?

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).

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

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: TOWN OF BETHLEHEM

SPDES ID: NYR20A208

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: 293 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 66

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

○ Auto Recyclers
○ Building Maintenance
○ Churches
○ Commercial Carwashes
○ Commercial Laundry/Dry Cleaners
○ Construction Vehicle Washouts
○ Cross-Connections
○ Distribution Centers
○ Food Processing Facilities
○ Garbage Truck Washouts
○ Hospitals
○ Improper RV Waste Disposal
○ Industrial Process Water
○ Landscaping (Irrigation)
○ Marinas
○ Metal Plateing Operations
○ Outdoor Fluid Storage
○ Parking Lot Maintenance
○ Printing
○ Residential Carwashing
○ Restaurants
○ Schools and Universities
○ Septic Maintenance
○ Swimming Pools
○ Vehicle Fueling
○ Vehicle Maint./Repair Shops
● Other: FOCUSED ORI BASED ON ZONING
○ None

○ Sewersheds:

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: 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: ILLEGAL DISPOSAL OF PET WASTE
- ○ 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? 5

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

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 ● No

If No, approximately what percent was completed in this reporting period? 43 %

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.AIMSGIS.ORG/WEBMAP/

RESTRICTED ACCESS - CONTACT MS4 FOR USER NAME AND PASSWORD

URL:

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: TOWN OF BETHLEHEM

SPDES ID: NYR20A208

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?

97 %

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: TOWN OF BETHLEHEM

SPDES ID: NYR20A208

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 regarding illicit discharges by continuing to identify and eliminate illegal discharges.

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

Complaints are investigated and addressed in a timely manner and property owners are notified on the IDDE local law and provided informational brochures.

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).

Continue to investigate illicit discharges as complaints are received and continue to be proactive in monitoring outfalls of proposed developments to ensure no illicit discharges are taking place.

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: 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 cerfification 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? 12

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	#	5	○ No Authority
○ Stop Work Orders	#		○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		● No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

9445612573

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: TOWN OF BETHLEHEM

SPDES ID: NYR20A208

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?** 17

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 12

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
   50 %

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.

7482169883

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: TOWN OF BETHLEHEM

SPDES ID: NYR20A208

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: DPW - ENGINEERING DIVISION

Address: 445 DELAWARE AVENUE

City: DELMAR NY 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

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: 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.

Continue with consistent and repetitive inspections at all active construction sites.

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

All active sites covered by GP-0-08-001 were inspected by Town staff. Follow up inspections were performed on sites with problems to ensure compliance with Town code.

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).

Continue inspection of all active construction sites and reinspect as necessary.

1048119251

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: 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?

	# Inventoried	# Inspections	# Times Maintained
● Alternative Practices	10		
○ Filter Systems	4		
○ Infiltration Basins			
○ Open Channels			
● Ponds	17		
● Wetlands	1		
● Other	1		

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● 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: CACC - OPEN SPACE PLANNING

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

8 %

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: TOWN OF BETHLEHEM

SPDES ID: NYR20A208

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.

Complete detailed compliance reviews for all SWPPPs presented to the Town for all proposed projects.

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

All SWPPPs were reviewed for compliance and returned with comments on compliance with technical standards.

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

12

(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 ensure all SWPPP reviews are being completed and that Town Designated Engineers are reviewing with the appropriate level of detail.

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: 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.**

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

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: 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? 1

4. What was the date of the last training? 12 / 07 / 2010

5. How many municipal employees have been trained in this reporting period? 6

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 8 %

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: TOWN OF BETHLEHEM

SPDES ID: NYR20A208

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 be proactive in training of municipal employees on stormwater management

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

Town has actively pursued training opportunities on stormwater management issues to municipal employees. Engineering and planning staff attended training workshops 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).

Continue with comprehensive training on SWM and focus education efforts for all field and routine activities for all Town Departments.

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: City of Cohoes

SPDES ID: NYR20A243

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: 73 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 73

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, 2011

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: NYR20243

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:
- ○ 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? 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

If No, approximately what percent was completed in this reporting period? 60 %

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.aimsgis.org/webmap

restricted access

URL

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: City of Cohoes

SPDES ID: NYR20A243

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?

20 %

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: 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 are investigating a possible illegal connection due to outfall screening.

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).

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, 2011

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

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 cerfification 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? ___

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	#	3	○ No Authority
● Stop Work Orders	#	2	○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

9445612573

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: City of Cohoes

SPDES ID: NYR20A243

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?** 1

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.

7482169883

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: City of Cohoes

SPDES ID: NYR20A243

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Building and Planning Dept

Address: 97 Mohawk Street

City: Cohoes NY Zip: 12047-

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

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: 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).

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

As all were reviewed, City was effective in meeting this goal.

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).

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

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: City of Cohoes

SPDES ID: NYR20A243

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report? ___

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

	# Inventoried	# Inspections	# Times Maintained
● Alternative Practices	1		
○ Filter Systems			
○ Infiltration Basins			
○ Open Channels			
● Ponds	1		
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ 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, 2011

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 Impace 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, 2011

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. 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 storm water 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

(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).

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

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: City of Cohoes

SPDES ID: NYR20A243

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.**

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

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: City of Cohoes

SPDES ID: NYR20A243

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	1480
● Catch Basins Inspected and Cleaned Where Necessary	#	300
● 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? 7

4. What was the date of the last training? 03 / 03 / 2011

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 %

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: City of Cohoes

SPDES ID: NYR20A243

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 doing 10 during the recording period and revising the schedule for the remaining ones. Catch basin cleaning continued with a survey done for possible hood installation on some in the downtown area.

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

Ten more audits done with the remaining facilities to be done during 2011-2012. Less street flooding occurred.

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

11

(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, 2011

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

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: 800 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 51

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

○ Auto Recyclers
○ Building Maintenance
○ Churches
○ Commercial Carwashes
○ Commercial Laundry/Dry Cleaners
○ Construction Vehicle Washouts
○ Cross-Connections
○ Distribution Centers
○ Food Processing Facilities
○ Garbage Truck Washouts
○ Hospitals
○ Improper RV Waste Disposal
○ Industrial Process Water
○ Landscaping (Irrigation)
○ Marinas
○ Metal Plateing Operations
○ Outdoor Fluid Storage
● Parking Lot Maintenance
○ Printing
○ Residential Carwashing
○ Restaurants
○ Schools and Universities
○ Septic Maintenance
○ Swimming Pools
● Vehicle Fueling
○ Vehicle Maint./Repair Shops
● Other: Pet Waste Complaints
○ None

● Sewersheds: Kromma Kill

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: 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
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ● Other: Pet Complaints
- ○ None

4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 0

5. How many illicit discharges have been confirmed during this reporting period? 0

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 0

7. Has the storm sewershed mapping been completed in this reporting period? ○ Yes ● No

If No, approximately what percent was completed in this reporting period? 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.aimsgis.org/webmap/

password protected

URL

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: Town of Colonie

SPDES ID: NYR20A190

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?

80 %

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: Town of Colonie

SPDES ID: NYR20A190

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?

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).

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, 2011

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

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 cerfification 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? 25

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? 8

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	#				1	8	○ No Authority
● Stop Work Orders	#					1	○ No Authority
○ Criminal Actions	#						○ No Authority
○ Termination of Contracts	#						○ No Authority
○ Administrative Fines	#						○ No Authority
○ Civil Penalties	#						○ No Authority
○ Administrative Orders	#						○ No Authority
○ Enforcement Actions or Sanctions	#						
● Other	#				2	1	○ No Authority

9445612573

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: Town of Colonie

SPDES ID: NYR20A190

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?** 25

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 12

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, 2011

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. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Stormwater Management Office

Address: 347 Old Niskayuna Road

City: Latham NY Zip: 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

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: Town of Colonie

SPDES ID: NYR20A190

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?

1

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

Continue to 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.

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: Town of Colonie

SPDES ID: NYR20A190

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

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

	# Inventoried	# Inspections	# Times Maintained
● Alternative Practices	4	60	
● Filter Systems	3	102	
● Infiltration Basins	7	87	
○ Open Channels			
● Ponds	6	149	
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● 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, 2011

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

80 %

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: Town of Colonie

SPDES ID: NYR20A190

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 45 yards of sediment were removed from post construction practices.

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).

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

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: Town of Colonie

SPDES ID: NYR20A190

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.**

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

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: 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 — #: 575
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary — #: 12
- Phosphorus Applied In Chemical Fertilizer — # Lbs.: 720
- 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: 3600.

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? __ / __ / ____

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? 80 %

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: 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 725 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

(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 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, 2011

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? ___

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: Hotel
○ Sewersheds:

○ 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

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: 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: Grease Traps Overflows
- ○ 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? 6

5. How many illicit discharges have been confirmed during this reporting period? 6

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

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: www.aimgis.org/webmap/

password protected

URL

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: Village of Colonie

SPDES ID: NYR20A003

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 %

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: Village of Colonie

SPDES ID: NYR20A076

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 decreased by 20% due to public education awareness

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

6

(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. Retest outfalls 2011-2012
Start computer software program for tracking SWMPP and compare progress over a year period.

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: Village of Colonie

SPDES ID: NYR20A076

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 cerfification 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? 1

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	#	6	○ No Authority
○ Stop Work Orders	#		○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

9445612573

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: 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?** 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?** ○ NT
   0 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   0 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ● Yes ○ No ○ NT

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** ● Yes ○ No ○ NT

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

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

7482169883

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: 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

Zip: NY 12205-

Phone: (518) 869-7562

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

URL

URL

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: Village of Colonie

SPDES ID: NYR20A076

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.

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).

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, 2011

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 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report? ___

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

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices			
○ Filter Systems			
○ Infiltration Basins			
○ Open Channels			
○ Ponds			
○ Wetlands			
● Other		1	

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ 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, 2011

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 Impace 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, 2011

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. 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?

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).

Post constructions inspections have been completed. The goal for 2011-2012 is to 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 rack progress starting in 2011-2012 reporting period.

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: Village of Colonie

SPDES ID: NYR20A076

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.**

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

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: Village of Colonie

SPDES ID: NYR20A076

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	#	22
Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	1
Phosphorus Applied In Chemical Fertilizer	# Lbs.	24
Nitrogen Applied In Chemical Fertilizer	# Lbs.	967
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? 3

4. What was the date of the last training? 01 / 10 / 2011

5. How many municipal employees have been trained in this reporting period? 30

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, 2011

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

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 5 times a year and catch basins are cleaned yearly on a rotqation 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.

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

22

(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.

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: 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)? 007

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

○ Auto Recyclers
○ Building Maintenance
○ Churches
○ Commercial Carwashes
○ Commercial Laundry/Dry Cleaners
○ Construction Vehicle Washouts
○ Cross-Connections
○ Distribution Centers
○ Food Processing Facilities
○ Garbage Truck Washouts
○ Hospitals
○ Improper RV Waste Disposal
○ Industrial Process Water
○ Landscaping (Irrigation)
○ Marinas
○ Metal Plateing Operations
○ Outdoor Fluid Storage
○ Parking Lot Maintenance
○ Printing
○ Residential Carwashing
○ Restaurants
○ Schools and Universities
○ Septic Maintenance
○ Swimming Pools
○ Vehicle Fueling
○ Vehicle Maint./Repair Shops
○ Other:
● None

○ Sewersheds:

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: VILLAGE OF GREEN ISLAND

SPDES ID: NYR20A377

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:
- ○ 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? 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? 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: WWW.AIMSGIS.ORG/WEBMAP/

(PASSWORD PROTECTED)

URL:

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: 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

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?

50 %

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: 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.

There are 7 outfalls in the Village. They have been mapped and surveyed for evidence of illicit discharges (none) and we continue to provide educational material related to dog poop pick up and general Village clean ups, potential source of pollution in to our system.

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

Goal of mapping and outfall survey work completed.

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

1

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

No new activities planned for next year other continued education about importance of keeping catch basins cleaned out.

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: VILLAGE OF GREEN ISLAND

SPDES ID: NYR20A377

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 cerfification 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	
○ Other	#	0	○ No Authority

9445612573

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: VILLAGE OF GREEN ISLAND

SPDES ID: NYR20A377

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?** 0

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

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

4. **What percent of active construction sites were inspected more than once?** ○ NT
   0 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ● Yes ○ No ○ NT

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** ● Yes ○ No ○ NT

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

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

7482169883

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: VILLAGE OF GREEN ISLAND

SPDES ID: NYR20A377

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: CODE ENFORCEMENT OFFICE

Address: 73 HUDSON AVENUE

City: GREEN ISLAND NY Zip: 12183-

Phone: (518) 273-2201

○ 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

7935007876

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: VILLAGE OF GREEN ISLAND

SPDES ID: NYR20A377

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?

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 ON GREEN INFRASTRUCTURE PRACTICES

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: VILLAGE OF GREEN ISLAND

SPDES ID: NYR20A377

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?

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices	0		
○ Filter Systems	0		
○ Infiltration Basins	0		
○ Open Channels	0		
○ Ponds	0		
○ Wetlands	0		
○ Other	0		

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ 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, 2011

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

50 %

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: VILLAGE OF GREEN ISLAND

SPDES ID: NYR20A377

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 ASSESSMENT OF FACILITIES AUDIT COMPLETED BY O'BRIEN & GERE AND UPDATED INHOUSE DURING THIS REPORTING PERIOD

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

CHANGES HAVE BEEN MADE AS A RESULT OF THE AUDITS. COMPILED EXISTING AUDIT FINDINGS IN REFERENCE TO EPA REGULATIONS AND FOUND TO BE SAME.

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).

WILL CONTINUE TO TRAIN AND IMPLEMENT SELF AUDITS TO IMPROVE.

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: VILLAGE OF GREEN ISLAND

SPDES ID: NYR20A377

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.**

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

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: 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	#	20
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

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? 12 / 20 / 2010

5. How many municipal employees have been trained in this reporting period? 16

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, 2011

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

(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).

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, 2011

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 Guilderland

SPDES ID: NYR20A211

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: 184 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 36

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

- ● Auto Recyclers
- ● Building Maintenance
- ○ Churches
- ● Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ○ Construction Vehicle Washouts
- ● Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ● Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ○ Restaurants
- ○ Schools and Universities
- ○ Septic Maintenance
- ● Swimming Pools
- ● Vehicle Fueling
- ● Vehicle Maint./Repair Shops
- ○ Other:
- ○ None

○ Sewersheds:

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: Town of Guilderland

SPDES ID: NYR20A211

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:
- ○ 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? 6

5. How many illicit discharges have been confirmed during this reporting period? 6

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

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.aimgis.org/webmap/

password protected

URL

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: Town of Guilderland

SPDES ID: NYR20A211

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 %

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: Town of Guilderland

SPDES ID: NYR20A211

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 screening of dry weather outfalls (observation, documentation, and discharges)

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

Received many phone calls related to IDDE, some were unfounded, some had merit. Have met with one neighborhood association (March 3, 2011) to discuss IDDE, thus reducing miscellaneous calls, and focus legitimate complaints.

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).

This a hard nut to crack. One person, no budget, will continue to screen outfalls, investigate IDDE calls, and eliminate IDDE as found.

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: Town of Guilderland

SPDES ID: NYR20A211

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 cerfification 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? ___

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	#	3	○ No Authority
● Stop Work Orders	#	3	○ No Authority
● Criminal Actions	#	1	○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
● Enforcement Actions or Sanctions	#	1	
○ Other	#		○ No Authority

9445612573

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: Town of Guilderland

SPDES ID: NYR20A211

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?** 10

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.

7482169883

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: Town of Guilderland

SPDES ID: NYR20A211

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Town of Guilderland-Bldg Dept

Address: 5239 Western Tpke, PO BOX 339

City: Guilderland NY Zip: 12084-

Phone: (518) 356-1980

○ 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

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: Town of Guilderland

SPDES ID: NYR20A211

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.

Nothing to summarize

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

Contractors are becoming fully trained and aware that they need to maintain their stormwater practices. This is an observation based on field inspection by the municipal stormwater officer, which are conducted weekly.

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

4

(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).

We are developing our SWMP Plan for 2011/2012 and goals related to this MCM will be incorporated at that time.

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: Town of Guilderahnd

SPDES ID: NYR2A211

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report? ___

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

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices			
● Filter Systems	4	4	1
○ Infiltration Basins			
○ Open Channels			
● Ponds	4	4	1
○ Wetlands			
● Other	5	5	1

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ 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, 2011

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 Guilderland

SPDES ID: NYR20A211

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

5 %

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: Town of Guilderahnd

SPDES ID: NYR2A211

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.

Nothing to summarize

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

The Highway Dept does all of the inspections and maintenance of Town owned stormwater practices.

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).

We are in the process of updating the SWMP Plan and Measurable Goals for 2011/2012 will be incorporated into that document.

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: Town of Guilderland

SPDES ID: NYR20A211

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.**

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

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: Town of Guilderland

SPDES ID: NYR20A211

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	18
Catch Basins Inspected and Cleaned Where Necessary	#	282
Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	13
Phosphorus Applied In Chemical Fertilizer	# Lbs.	500
Nitrogen Applied In Chemical Fertilizer	# Lbs.	8000
Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	800.0

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 0

4. What was the date of the last training? __ / __ / ____

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, 2011

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 Guilderland

SPDES ID: NYR20A211

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.

1) Continue training of Town employees
2) Continue self audits

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

When various Town facilities do their maintenance and cleaning they are more aware of potential sources off illicit discharges on site. This is directly related to training in the past, well publicized enforcement action elsewhere in the Town, and will continue into 2011/2012.

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

4

(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).

Same as B. above.

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: 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: 33 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 14

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

○ Auto Recyclers
○ Building Maintenance
○ Churches
○ Commercial Carwashes
○ Commercial Laundry/Dry Cleaners
○ Construction Vehicle Washouts
○ Cross-Connections
○ Distribution Centers
○ Food Processing Facilities
○ Garbage Truck Washouts
○ Hospitals
○ Improper RV Waste Disposal
○ Industrial Process Water
○ Landscaping (Irrigation)
○ Marinas
○ Metal Plateing Operations
○ Outdoor Fluid Storage
○ Parking Lot Maintenance
○ Printing
○ Residential Carwashing
○ Restaurants
○ Schools and Universities
○ Septic Maintenance
○ Swimming Pools
○ Vehicle Fueling
○ Vehicle Maint./Repair Shops
○ Other:
● None

○ Sewersheds:

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: Village of Menands

SPDES ID: NYR20A144

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:
- ○ 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? 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? %

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.aimsgis.org/webmap

**Restricted Access-Contact MS4 for User Name and Password

URL:

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: 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 %

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: Village of Menands

SPDES ID: NYR20A144

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 complete the ORI for our remaining 19 outfalls during the Summer and Fall of 2011.

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?

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).

See comments in Boxes A and B.

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: 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 cerfification 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? ___

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	
○ Other	#	0	○ No Authority

9445612573

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: Village of Menands

SPDES ID: NYR20A144

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report? ___

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 0

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

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

4. **What percent of active construction sites were inspected more than once?** ○ NT
   0 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ● Yes ○ No ○ NT

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** ● Yes ○ No ○ NT

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

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

7482169883

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: Village of Menands

SPDES ID: NYR20A144

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Village of Menands

Address: 250 Broadway

City: Menands NY Zip: 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

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: Village of Menands

SPDES ID: NYR20A144

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 SWPPS 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?

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).

We will be developing and implementing our SWMPP during the next several months.

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: Village of Menands

SPDES ID: NYR20A144

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report? ___

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

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices	0	0	0
○ Filter Systems	0	0	0
○ Infiltration Basins	0	0	0
○ Open Channels	0	0	0
● Ponds	0	0	0
● Wetlands	0	0	0
● Other	0	0	0

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

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: Village of Menands

SPDES ID: NYR20A144

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 Impace 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, 2011

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

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

(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).

We will be developing and implementing our SWMPP in the next several months.

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: 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.**

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

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: 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)	# Acres	
● Streets Swept (Number of miles X Number of times swept)	# Miles	24
● Catch Basins Inspected and Cleaned Where Necessary	#	20
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

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 / 03 / 2011

5. How many municipal employees have been trained in this reporting period? 12

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, 2011

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 training for all Albany County Stormwater Coalition communities and others on municipal audit operations on March 3, 2011. We will be implementing the techniques outlined at the training over the next few months.

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

Feedback from the municipal audit training event on March 3, 2011.

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).

See comments in Box A.

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: Town of New Scotland

SPDES ID: NYR20A463

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: 5 # 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
○ 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
○ Other:
○ None

○ Sewersheds:

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: 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:
- ○ 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? 2

5. How many illicit discharges have been confirmed during this reporting period? 2

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 2

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? 50 %

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.aimsgis.org/webmap/

Restricted Access

URL:

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: 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

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, 2011

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

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.

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

Two illicit discharges from septic systems were detected and eliminated. No outfalls had an ORI performed.

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).

The town will use the Stormwater Coalition of Albany County intern to assess all outfalls within the Town's MS4 area.

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: 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 cerfification 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? 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	#	1	○ 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	
● Other	#	2	○ No Authority

9445612573

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: 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?** 3

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 14

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.

7482169883

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: 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

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: 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. The CBI System software program designed for coalition use was not functioning properly and was not in use during this reporting period as planned last year.

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

There were 3 SWPPP's reviewed during this reporting period and there were no complaints received relating to construction activity. Documentation of employee training is maintained by the SMO in the stormwater management program files.

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).

The Town will continue to maintain records as it does now with the aid of its building permit software. In addition the Town will maintain records using the coalition software, CBI System, LTD.

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: Town of New Scotland

SPDES ID: NYR20A463

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report? ___

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

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices	0	0	0
○ Filter Systems	0	0	0
● Infiltration Basins	0	0	2
○ Open Channels	0	0	0
● Ponds	0	0	0
○ Wetlands	0	0	0
○ Other	0	0	0

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ 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, 2011

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

50 %

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: Town of New Scotland

SPDES ID: NYR20A463

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. Building Department inspectors and Highway Department employees were not trained as planned for last year.

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?

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).

Emphasis will be placed on educating employees and Town officials that will help promote the stormwater management program in the Town.

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: Town of New Scotland

SPDES ID: NYR20A463

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.**

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

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: 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	#	0
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	0
○ 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? 1

4. What was the date of the last training? 11 / 22 / 2010

5. How many municipal employees have been trained in this reporting period? 14

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 25 %

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: Town of New Scotland

SPDES ID: NYR20A463

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 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.

One staff training was conducted for this reporting period. 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).

Continue staff training with diverse programs that focus on the needs of the Town.

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: Village of Voorheesville

SPDES ID: NYR20A210

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
○ 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
○ Other:
○ None

○ Sewersheds:

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: 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:
- ○ 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? 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: www.aimsgis.org/webmap/

restricted access

URL

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: Village of Voorheesville

SPDES ID: NYR20A210

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 %

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: Village of Voorheesville

SPDES ID: NYR20A210

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) Kit. As Coalition member will participate in purchase/assembly of materials to conduct an outfall inventory as described in the SPDES General Permit GP-0-08-002, such that materials can be shared among Coalition members and used as needed, with oversight of lab tests provided by Albany County Sewer District staff. Goal: Assemble 6 ORI kits by 12/31/09 and signed contract between Albany County Sewer District and Coalition.

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

6 kits assembled by 7/1/2009 (1 obs). Contract signed between the Stormwater Coalition and Albany County Sewer District detailing kit oversight and re-supply procedures (7/21/2009) (1 obs)

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).

Kits were assembled in July, 2009 with MS4s beginning to execute ORI field work, Fall 2009. No changes to ORI Kit procedures, however as the kit use increases, adjustments in procedures may be necessary. No new goals for YR8 (2012).

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: Village of Voorheesville

SPDES ID: NYR20A210

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 cerfification 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	#		
○ Other	#	0	○ No Authority

9445612573

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: 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?** 0

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

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.

7482169883

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: Village of Voorheesville

SPDES ID: NYR20A210

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Voorheesville Stormwater Dept.

Address: 29 Voorheesville Avenue

City: Voorheesville NY Zip: 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

URL

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: 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.

Preparing for introduction of local Green Infrastructure Law which will guide applicants, designers, VDE and local boards in their efforts to achieve water quality, quantity and velocity goals.

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

Conducted an in-house training session for local CAC, ZBA and PC members. All but one member attended the workshop.

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

1

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

Continue to encourage projects which use green infrastructure practices and train staff and Planning Commission in the full range of green infrastructure options. Once local Green Infrastructure Law is in place, our intention is to schedule in-house training for our various board members.

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: 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?

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices			
○ Filter Systems			
● Infiltration Basins	1	1	1
○ Open Channels			
○ Ponds			
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● 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, 2011

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?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace 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, 2011

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

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.

Measurable Goal: Train appropriate municipal staff and officials (Planning Commission, Elected Officials) in green infrastructure concepts.

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

Conducted in-house training for a mock subdivision with village designated engineer taking part in training exercise. Members from our local CAC, ZBA and PC attended. (a four hour session).

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).

An assessment, based on conversation with municipal officials and staff, will be made of training needs of all local board members. Training opportunities will be shared with all as they become available and appropriate staff and municipal officials will be encouraged to attend. We have incorporated green infrastructure education into our mandatory minimum 4 hours training program.

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: Village of Voorheesville

SPDES ID: NYR20A210

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.**

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

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: 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	0.0

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 1

4. What was the date of the last training? 02 / 24 / 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 %

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: Village of Voorheesville

SPDES ID: NYR20A210

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 requirements change.

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

Training conducted within municipality for relevant staff of 7. 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

(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).

Participate in future on-site training regarding self assessment of municipal facility.

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: City of Watervliet

SPDES ID: NYR20A087

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)? 25

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:

○ 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

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: City of Watervliet

SPDES ID: NYR20A087

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:
- ○ 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? 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? 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

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: City of Watervliet

SPDES ID: NYR20A087

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?

95 %

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: 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.

BMP: Outfall Reconnaissance Inventory (ORI)
Using the ORI Kits the city set out and dry weather tested all 25 outfalls. These were all categorized using the ORI filed sheets.

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

Of the 25 that were entered in the ORI Field Sheet only 2 had little flow showing no indicator of illicit discharge while the rest were non-flowing.

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

25

(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 Coalition that the City is a part of has a software package that coincides with the web-based GIS application used to help track and organize the outfall data. The City continues its efforts in finding any IDDE's that may be found within the city.

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: 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 cerfification 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:

○ Notices of Violation	#		○ No Authority
○ Stop Work Orders	#		○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

9445612573

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: 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

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?** 1

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.

7482169883

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: City of Watervliet

SPDES ID: NYR20A087

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Water Plant

Address: 222 Waatervliet Shaker Rd

City: Watervliet NY Zip: 12189-

Phone: (518) 785-7082

○ Library

Address:

City: Zip: -

Phone: ( ) -

● Other

Address: 1003 11th Ave

City: Watervliet NY Zip: 12189-

Phone: ( ) -

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

URL

URL

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: City of Watervliet

SPDES ID: NYR20A087

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.

One project has been completed and one is ongoing with the engineers inspecting the site on a weekly basis.

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

The site was shutdown for the winter and will resume when the weather cooperates. There have been multiple practices being used on this site. Overall these are helping to keep the sediment from enter the storm system.

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).

Continue to inspect the construction site on regular basis.

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: City of Watervliet

SPDES ID: NYR20A087

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?

	# Inventoried	# Inspections	# Times Maintained
● Alternative Practices	0	0	0
● Filter Systems	0	0	0
● Infiltration Basins	0	0	0
● Open Channels	0	0	0
● Ponds	0	0	0
● Wetlands	0	0	0
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ 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, 2011

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

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

80 %

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: City of Watervliet

SPDES ID: NYR20A087

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.

Of the two SWPPP projects one has been completed and the other was shutdown for the winter. The site that was shutdown for the winter was mulched and silt fenced to help prevent erosion.

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

The sites have been inspected and did not have any issues with erosion.

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).

Due to Watervliet's lack of redevelopment SWPPP projects are not common. The City will use what it has learn from the past experience on future projects.

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: 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.**

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

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: 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)	# Acres	
● Streets Swept (Number of miles X Number of times swept)	# Miles	1791
● Catch Basins Inspected and Cleaned Where Necessary	#	179
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	2
● Phosphorus Applied In Chemical Fertilizer	# Lbs.	55
● Nitrogen Applied In Chemical Fertilizer	# Lbs.	55
○ 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? 1

4. What was the date of the last training? 3 / 1 / 2011

5. How many municipal employees have been trained in this reporting period? 4

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 90 %

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: City of Watervliet

SPDES ID: NYR20A087

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.

There were 179 catch basins that were cleaned throughout the city. The City continues to improve its recycling rate and loose garbage pickup. After last years "Magic Salt" trial sample, the city decided to use "Magic Salt " product during all winter storms. This helps reduce to amount of salt need on icy roads. It also had 2 tire and electronic recycling days.

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

This year the City was able to get about 40% of the catch basins cleaned. This keeps us on schedule with our annual program. Last year the city's weekly recyclables averaged around 11.5 ton. This year that rate increased to about 12.5 ton a week. The city also gave out 500 more recycling bins to help encourage the public to continue to recycle. The city also picked up about 60 33gallon bags of loose trash that were in the parks and road side. City picked up items on the tire and elect. recycling days.

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

6

(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 use the "Magic Salt" product. Keep encouraging the public to recycle by have electronic and tire recycle days along with the single stream recycling that is done weekly. Hand out stormwater information to help educate the public. Keep up with our catch basin cleaning and do a catch basin inventory program throughout the city.

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: University at Albany (SUNY Uptown Campus)

SPDES ID: NYR202234

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? 0

1. Enter the number and approx. percent of outfalls mapped: 4 # 100 %

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

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, 2011

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

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:
- ○ 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? 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? %

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

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: 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

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 %

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: University at Albany (SUNY Uptown Campus)

SPDES ID: NYR20A234

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.

Goal 1 of 2
The 16 stormwater collection subsystems identified within the MS4 have been prioritized and evaluated for quantity and quality measurements. Quantity measurements were to be incorporated into the web-based Albany Interactive Mapping (AIM) system and a quality indicator determined for future measurements.

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

GIS information for new projects with outfall modifications have been incorporated in the campus wide infrastructure database, including 2 outfalls. Some of this information was incorporated in the AIM data files, but incompatibility issues prevented a complete data update to AIM. The campus was unable to incorporate this information in the AIM data files.

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

16

(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).

A new Storm and Sanitary survey will be performed in a more comprehensive University at Albany Landscape Master Plan study resulting in a new campus ArcCAD GIS plan. The new system is being specified to be compatible with the AIM system to allow seamless data sharing. In addition, a schedule, procedures and responsibilities for dry weather monitoring of the four campus outfalls will be developed and implemented.

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: University at Albany (SUNY Uptown Campus)

SPDES ID: NYR20A234

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.

Goal 2 of 2 - The primary focus of the University at Albany IDDE program is prevention of illegal dumping into stormwater catch basins. The Facilities Maintenance Department will continue to perform an annual inspection and cleaning program for campus catch basins, which serves as a means to evaluate the effectiveness of campus communications about illegal dumping and to mitigate any potential discharges.

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

The last 36 catch basins and storm sewer structures from the original contract for cleaning and inspection of 500+ catch basins were cleaned and inspected. No unexpected accumulations or illicit discharges were observed through the process. A list of priority catch basins and storm structures identified as problem areas was developed. More than 4 tons of sediment were removed. Repairs were made under a separate contract or with in-house work orders for 22 catch basins.

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

36

(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).

Illicit discharge detection of the storm sewer system will improve as more staff and contractor's are trained about the program and become sensitized to the illicit discharge detection. Future inspections will focus on the list of priority catch basins and storm structures identified.

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: 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 cerfification 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? 7

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	#		● No Authority
● Stop Work Orders	#	1	○ No Authority
○ Criminal Actions	#		● No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		● No Authority
○ Civil Penalties	#		● No Authority
○ Administrative Orders	#		● No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

9445612573

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: University at Albany (SUNY Uptown Campus)

SPDES ID: NYR20A234

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?** 7

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 9

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.

7482169883

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: University at Albany (SUNY Uptown Campus)

SPDES ID: NYR20A234

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: EHS OFFICE

Address: Chemistry Building, Room B-73

City: Albany NY Zip: 12222-

Phone: (518) 442-3495

○ 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

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: University at Albany (SUNY Uptown Campus)

SPDES ID: NYR20A234

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

The project review process and implementation of SWPPPs is ongoing and will continue during the next reporting cycle. Storm water control requirements and administrative procedures are currently being incorporated into the standard construction contract language for several upcoming construction projects that will be managed by the University.

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

7 new NOI's were filed with NYSDEC and the SWPPPs for each proposed project were reviewed. These were added to 2 projects in progress at the start of the cycle. Not all of the new filings have progressed to construction during year 8. However, all active projects are on a weekly inspection schedule. Inspection reporting during this period has been very good including highlighting and photographs of problem areas and follow up in subsequent reports.

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

7

(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 office of Code Administration reviews and evaluates all SWPPPs for content and a technical review is conducted by a third party consultant. The primary responsibilities of the SWMP Coordinator are following up on issues identified in weekly inspection reports and documenting illicit events to assure appropriate corrective actions and remediation.

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: 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?

	# Inventoried	# Inspections	# Times Maintained
● Alternative Practices	1	1	1
○ Filter Systems			
● Infiltration Basins	9	8	7
● Open Channels	1	1	1
● Ponds	1	1	1
○ Wetlands			
● Other	5	0	0

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● 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: Generic SEQRA

MS4 Annual Report Form

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Name of MS4/Coalition: University at Albany

SPDES ID: NYR20A234

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

50 %

MS4 Annual Report Form

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

SPDES ID: NYR20A234

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 University plans to incorporate the requirements of the SPDES General Permit for Construction Activities into the general conditions of future construction contracts. Additionally, coordination of the MS4 program is being managed by the Department if Code Administration within EHS and the requirements to submit a Notice of Intent and prepare a SWPPP are both conditions for the issuance of all new Construction Permits.

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

General Permit requirements are routinely included in new construction contracts and using the construction permit process as a checkpoint for conformance with the SPDES permit has been very successful. Principal designers schedule a meeting with the MS4 Coordinator at and early phase of program development in order to avoid permitting delays.

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

7

(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 process in place needs to continue, however, the latest changes in the NY DEC Stormwaterr Design Manual need to be referenced in future consultannt agreements in order to incorporate green infrastructure into the design process.

MS4 Annual Report Form

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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.**

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

MS4 Annual Report Form

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

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

SPDES ID: NYR20A234

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	#	36
Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	20
Phosphorus Applied In Chemical Fertilizer	# Lbs.	720
Nitrogen Applied In Chemical Fertilizer	# Lbs.	2380
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? 6

4. What was the date of the last training? 08 / 17 / 2010

5. How many municipal employees have been trained in this reporting period? 237

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

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.

The street sweeping and catch basin cleaning programs are ongoing and will continue during the next reporting cycle. The University also plans to dredge the Freedom Quad detention pond to restore its original capacity and to inspect the function of three subsurface infiltration systems on campus. The results of the inspection will be used to prepare an operations and maintenance plan for these storm water controls.

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

All of the identified catch basins have now been inspected, cleaned and repaired as needed. The Freedom Quad detention pond was dredges, but the project scope was also expanded to increase the size and capability of the system to handle the additional load from removal of the Nanofab Detention Basin and future Tricentennial Campus site expansion.

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

37

(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).

During the next reporting period, the University will be able to identify high priority catch basins while developing a more detailed catch basin inspection and routine maintenance plan. Outfall monitoring will be implemented in order to set a control point for the future improvements/monitoring.

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MS4 Annual Report Form

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Name of MS4/Coalition: Stormwater Coalition of Albany County

SPDES ID: NYR20

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? 13

MS4s must answer the questions or check NA as indicated in the table below.

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

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

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

   If N/A, go to question 3.

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

   Estimate what percentage was mapped in this reporting period. ___ %

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Name of MS4/Coalition: Stormwater Coalition of Albany County

SPDES ID: NYR20

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

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Name of MS4/Coalition: Stormwater Coalition of Albany County

SPDES ID: NYR20

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