DRAFT

Joint Annual Report

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

Reporting Period
March 10, 2011 to March 9, 2012
(Year 9)

A requirement of all regulated "MS4" municipalities is the submission of an Annual Report to the New York State Department of Environmental Conservation due in FINAL form by June 1. As stated in SPDES Permit No. GP-0-10-002, Part V. C. 2 and referenced in the MS4 Annual Report Form, "MS4s" may submit a Joint Annual Report provided they have a legally binding agreement with other regulated "MS4s".

Effective October 15, 2008, twelve "MS4s" in Albany County formed via an Intermunicipal Agreement (IMA) the Stormwater Coalition of Albany County. In July, 2009 the State University of New York (SUNY Uptown Campus) joined the Stormwater Coalition and as a University partner entered into a legally binding agreement which listed as one of the shared activities the preparation of a Joint Annual Report. As a consequence of these two legal agreements, thirteen regulated "MS4s" in Albany County can submit a Joint Annual Report.

For this reporting period (March 10, 2011 to March 9, 2012) the Stormwater Coalition is submitting a Joint Annual Report (Option 3) such that activities pertaining to Minimum Control Measures 1 and 2 (Public Education and Public Participation) have been recorded for each "MS4", but submitted as aggregate totals. Information pertaining to Minimum Control Measures 3, 4, 5, and 6 (Illicit Discharge Detection and Elimination; Pre and Post Construction Stormwater Management; and Municipal Good Housekeeping) is submitted individually.

The entire document is submitted under one Cover Page, followed by Municipal Compliance Certification (MCC) Forms for each "MS4, followed by joint information (Water Quality Trends; MCM1; MCM2), followed by individual "MS4" information pertaining to Minimum Control Measures 3, 4, 5, and 6. The following MS4/municipalities are participating in this report and in parenthesis is their SPDES permit number:

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

This DRAFT Joint Annual Report is for the public to read and critique. Public comments and questions are strongly encouraged and these can be shared electronically using the Stormwater Coalition website interface (www.stormwateralbanycounty.org); by e-mail (swcoalition@albanycounty.com); by contacting 447-5645; by contacting the individuals listed as Public Contacts on the Coalition website; or by contacting individual "MS4" staff directly (see MCM2 Page 4 of 6 for Contact Info). Hard copies of this Annual Report are located at 112 State Street, Room 720, Albany, NY 12207 and at local "MS4" offices, upon request.

PUBLIC COMMENTS are due Friday, May 18, by 4pm.

Prior to May 18, individuals may request a **PUBLIC MEETING.** If interested, contact 447-5645.

MS4 Annual Report Cover Page

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

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

SPI	DES	ID				
N	Y	R	2	0		

Choose one:

	This	report	is being	submitted	on behalf	of an	individua	l MS4
\smile	1 1113	I CPUI t	is built	Submitted	on benan	vi an	IIIUITIUU	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Fill in SPDES ID in upper right hand corner.

	ne c	OT IV														
															 	. 1

OR

○ This report is being submitted on behalf of a Single Entity

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

J	Nar	ne o	t S1	ngle	e En	tıty													

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.

Nar	ne c	of Co	oali	tion																						
S	t	0	r	m	W	а	t	е	r	С	0	a	1	i	t	i	0	n	0	f	A	1	b	a	n	У
С	0	u	n	t	У																					

SPI	DES	ID						
N	Y	R	2	0	А	3	5	9
SPI	DES	ID						
N	Y	R	2	0	A	4	6	4
SPI	DES	ID						
N	Y	R	2	0	А	2	0	8
SPI	DES	ID						
N	Y	R	2	0	А	2	4	3
SPI	DES	ID						
N	Y	R	2	0	А	1	9	0
SPI	DES	ID						
N	Y	R	2	0	A	0	7	6

SPI	ES	ID												
N	Y	R	2	0	A	3	7	7						
SPI	DES	ID												
N	Y	R	2	0	A	1	4	4						
SPDES ID														
N	Y	R	2	0	А	4	6	3						
SPI	DES	ID												
N	Y	R	2	0	А	2	1	0						
SPI	DES	ID												
N	Y	R	2	0	A	0	8	7						
SPI	DES	ID												
N	Y	R	2	0	А	2	3	4						

SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	A		

MS4 Annual Report Cover Page

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

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

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

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

	SPL)ES	ΙD						
Name of MS4 Albany County	N	Y	R	2	0	А	3	5	9

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:

- O 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:

S	t	0	r	m	W	а	t	е	r	С	0	a	1	i	t	i	0	n	0	f	A	1	b	a	n	У
С	0	u	n	t	У																					

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

		SPL	DES	ID						
Name of MS4	ALBANY COUNTY	N	Y	R	2	0	А	3	5	9

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	st Na	ame														ΜI		Las	t Na	ame												
D	а	n	i	е	1											Р		М	С	С	0	У										
Titl	e																															
С	0	u	n	t	У		E	x	е	С	u	t	i	v	е																	
Add	lres	S																														
1	1	2		S	t	a	t	е		S	t			R	0	0	m		2	0	0											
City	y																			S	tate		Zip)								
City	1	b	a	n	У																	Y	Zip	2	2	0	7	_				
Г.	1	b	a	n	У																				2	0	7	_				
A	1	b	a n	n	У		е	Х	е	С	u	t	i	v	е	2	a	1	b						2 u	0 n	7 t	-		С	0	m
eM:	l ail						е	x	е	С	u	t	i	v	е	2		1 Cou		a	1 7	Y	1	2					•	С	0	m

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

		SPI	SPDES ID							
Name of MS4	Albany County	N	Y	R	2	0	А	3	5	9

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	t Na	ame														MI		Las	t Na	ame										
L	а	u	r	a												R		D	е	G	а	е	t	а	n	0				
Titl	e																													
S	r			N	а	t	u	r	а	1			R	е	ದ	0	u	r	С	е		Р	1	а	n	n	е	r		
Add	lres	s																												
1	1	2		S	t	a	t	е		S	t		R	0	0	m		7	2	0										
-																														
City	/																			S	tate		Zip)				_		
City	1	b	a	n	У																	Y	Z ₁ p	2	2	0	7	_		
	1	b	a	n	У																			1	2	0	7	_		
A	1	b e	a g	n	y e	t	a	n	0	@	a	1	b	a	n	У	С	0	u					1	2	0 m	7	_		
A eMa	l ail d					t	a	n	0	@	a	1	b	a	n	У		O Cou		n	1	Y	1	2			7	_		

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

		SPI	DES	ID						
Name of MS4	Albany County	N	Y	R	2	0	А	3	5	9

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	st Na	m m i s s i o n e r D P W																Las	t Na	ame												
D	a	r	r	е	1	1												D	u	n	С	а	n									
Titl	e																															
С	0	m	m	i	S	S	i	0	n	е	r		D	Р	W																	
Add	lres	S																														
4	4	9		N	е	W		S	а	1	е	m		R	d																	
~.						-														C	4 - 4 -		7.									
City	У																			2	tate		Zip					_				
V	0	0	r	h	е	е	Ω	v	i	1	1	е										Y	21p	2	1	8	6	_				
	0	0	r	h	е	е	S	V	i	1	1	е													1	8	6	_				
V	0	o r	r	h e	e 1	e 1		v	i	1 n	1 C	е	n		@	a	1	b	a						1 n	8 t	6 У] -	С	0	m	
V eMa	o ail a												n		@	а		b Cou		n	1 7	Y	1	2					С	0	m	

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

	SPD	ES	ID						
Name of MS4 Albany County	N	Y	R	2	0	А	3	5	9

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	t Na	ame														MI		Las	t Na	ame										
M	a	r	g	а	r	е	t											D	е	1	1	a	R	0	С	С	0			
Titl	e																													
S	r			Ε	n	g	i	n	е	Ф	r	i	n	g		Т	е	С	h	n	i	С	i	a	n					
Ado	lres	S																												
P		0			В	0	х		4	4	9		N	е	w		S	a	1	е	m		R	d	•					
Cit	7		-									-								S	tate		Zip							
CIL	<u> </u>																			. <u> </u>	tate		$\mathbf{z}_{\mathbf{p}}$					_		
V	0	0	r	h	е	е	យ	v	i	1	1	е										Y	1	2	1	8	6	_		
	0	0	r	h	е	е	S	v	i	1	1	е													1	8	6	_		
V	0	О	r 1	h 1	е	e	Ø 0	v c	i	0	1 @	e	1	b	a	n	У	С	0						1 C	8	6 m] -		
v eM:	o ail d		r 1					•					1	b	а	n		C Cou		u	N T	Y	1	2				_		

MCC form for period ending March 9, $2 \mid 0 \mid 1 \mid 2$

																			_			SPI	DES	ID						
Name of	MS	54_ ⁴	Alba	ny C	ount	y																N	Y	R	2	0	А	3	5	9
Section	13	- P	ar	tn	er	Inf	for	ma	atio	on																				
Did your period?											to o	com	ple	te s	om	e oı	all	per	mit	re	quir	em	ents	s du	rin	_		_		-
•	O 100 1	104		.fo.			n h	a1 a																			Ye)S	\circ	No
If Yes, co Subm	-									art	ner	. In	for	ma	tioı	ı pı	ovi	ideo	d in	ot	her	for	ma	ts v	vill	no	t be	3		
accep			-				-								-												he			
coalit If No, pr							•					-				eet	Ior	eac	n N	VID.	4 1r	tn	e co	oan	1101	1.				
					1101	1 7		Citi	1100	ıııc	/11 L	riai	CIII	C11t.	•															
Partner/Co		m	w W	a	t	е	r		С	0	а	1	i	t	i	0	n		0	f		А	1	b	a	n	У			
Partner/Co	\perp																											apr	lica	ble
C o u		t	У																			N			2	0				
Address 1 1 2		S		_	_			С	+	70			_			Ъ			m		7	2	0							
		5	t	a	t	е		S	t	r	е	е	t	,		R	0	0	m		L		0			<u> </u>			Ш	
City A 1 b	a	n	У																ate I Y	7	Zip 1	2	2	0	7	_				
eMail	l a		I] [` -				_		,					
n h e	i	n	z	е	n	@	а	1	b	a	n	У	С	0	u	n	t	У		С	0	m								
Phone																ļ	I		D.	. 1.	-					ı———				
(51	8)	4	4	7	_	5	6	4	5											ng <i>1</i> -002						dan Ye		0	No
What tas	le/r	ecr	on	cih	iliti	ec :	are	che	rec	1 337	ith	thic	n	rtn	er l	(e o	. 1 /	ГM	1 S.	cho	\o1 '	Dro	ora	me	or	Mı	ıltiı	പ്പ	Тас	·ke`
vv nat tas	DKS/1	CSL	,O11	510	11111	ics .	arc	5116	1100	1 00	1111	ums	, pe	11 (11	.01 ((C.g	;. 1V.	11 V1	1 5		,01	110	gra	1113	01	IVIC	ուսլ Մ	,IC	1 as	NS,
MM1	Ε	d	u	С	a	t	i	0	n		М	a	t	е	r	i	а	1	s		&		Ε	V	е	n	t	s		
MM2	S	W	M	Р		С	0	0	r	d	i	n	a	t	i	0	n													
MM3	S	t	0	r	m		S	У	s	t	е	m		М	а	р	1	g	-	0	R	I		S	u	р	р	0	r	t
• MM4	Т	r	a	i	n	i	n	g		S	u	р	р	0	r	t														
• MM5	Т	r	a	i	n	i	n	g	_	G	I		L	0	С	а	1		L	а	W	s								
● MM6	Т	r	a	i	n	i	n	g		S	u	р	р	0	r	t														
			a /m																							ı				
Addition				•						D		11				ر ک		, •			·	1 C-	1	IC A				•	.1	
○ <i>Wate</i> wate			-										_	zen	ien	i Pi	rac	исе	s re	equ	irec	1 10	r IV	154	S 11	1 111	npa	ire	1	
											- 1 (1.																	

MCC form for period ending March 9, $2 \mid 0 \mid 1 \mid 2$

	SPL)ES	עו						
Name of MS4 Albany County	N	Y	R	2	0	А	3	5	9

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	MI	Last Name
Daniel	P	M C C O Y
Title (Clearly print title of individual signing report)		
C o u n t y E x e c u t i v	e	
Signature		Date

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

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

	1	SPD)ES	עו						
Name of MS4 City of Albany		N	Y	R	2	0	А	4	6	4

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

- O 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:

S	t	0	r	m	W	а	t	е	r	С	0	а	1	i	t	i	0	n	0	f	A	1	b	а	n	У
С	0	u	n	t	У																					

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

		SPI	DES	ID						
Name of MS4	City of Albany	N	Y	R	2	0	А	4	6	4

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	st Na	ıme												_	_	MI	_	Las	t Na	ıme										
R	0	b	е	r	t											F		С	r	0	s	s								
Titl	e																													
С	0	m	m	i	S	s	i	0	n	е	r																			
Add	dres	S																												
1	0		N	0	r	t	h		Ε	n	t	е	r	р	r	i	s	е		D	r	i	v	е						
City	у																			S	tate		Zip							
City	1	b	a	n	У															Si		Y	Zip 1	2	2	0	4]_		
	1	b	a	n	У																				2	0	4	_		
A	1	b	a	n	y	@	С	i		a	1	b	a	n	У		n	У	•						2	0	4] -		
eMa	l ail r					@	С	i	•	a		b	а	n	У	•		У		u	1 3				2	0	4	_		

Signature Authorization Form

	Permittee Name City of Albany Facility Name	SPDES NO. NYR20A 464 Date: 5/26/11
	Name of person described in paragraph (1):	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)	434-536	2
Signature (if individual named above):			
Mailing Address: 35 Eric Boulevard	City: Albany	State:	Zip:

Return To:

MS4 Coordinator

Bureau of Water Permits

New York State Department of Environmental Conservation

625 Broadway

Albany, NY 12233-3505

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

	SPL	DES	ID						
Name of MS4 City of Albany	N	Y	R	2	0	А	4	6	4

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	st Na	ame														MI		Las	t Na	ıme										
J	0	h	n													С		K	0	s	a	,		S	r					
Titl	e																													
A	S	S	i	ß	t	a	n	t		С	0	m	m	i	S	S	i	0	n	е	r									
Ado	dres	s																												
1	0		N	0	r	t	h		Ε	n	t	е	r	р	r	i	ន	е		D	r	i	v	е						
	•		•	•	•							•	•		•															
City	y																			S	tate		Zip							
City A	1	b	a	n	У																	Y	Zip 1	2	2	0	4	_		
Α	1	b	a	n	У															Г					2	0	4	_		
	1	b	a	n	У @	С	i	•	a	1	b	a	n	У	•	n	У		u	Г					2	0	4	_		
A eMa	l ail					С	i	•	a	1	b	a	n	У	•	n		·		s					2	0	4	_		

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

	SPL	DES	ID						
Name of MS4 City of Albany	N	Y	R	2	0	А	4	6	4

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 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.

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

Firs	st Na	ame										_				MI	_	Las	t Na	ame			_				_					
М	а	r	У	е	1	1	а											В	е	1	1											
Titl	e																															
J	u	n	i	0	r		Ε	n	g	i	n	е	е	r			W	а	t	е	r		D	е	р	а	r	t	m	е	n	t
Add	lres	s																														
1	0		N	0	r	t	h		Ε	n	t	е	r	р	r	i	s	е		D	r	i	v	е								
	•	•	•	•		•				•				•	•		•						•				•	•				
City	У																			<u>S</u>	tate		Zip)				_				
City	1	b	a	n	У																	Y	Zip	2	2	0	4] -				
	1	b	a	n	У																				2	0	4	_				
A	1	b 1	a 1	n	у @	С	i	•	a	1	b	a	n	У		n	У	•	u						2	0	4] -				
eMa	l ail e			I		С	i	•	а	1	b	а	n	У	•	n		· Cou		s					2	0	4] -				

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

															_			SPL)ES	ID						_
Name of MS4 City	of Alba	any																N	Y	R	2	0	A	4	6	4
Section 3 - Par	tne	r In	for	·ma	tio	<u>n</u>																				
oid your MS4 work							to c	omj	ple	te s	om	e or	all	per	mit	rec	quir	eme	ents	du	ring	g th	is r	epo	rtin	g
eriod?	C	, •	1	1																		C) Y∈	es	0	No
f Yes, complete in Submit a separ						artı	ner	Int	for	ma	tior	ากเ	ovi	dec	1 in	ot1	her	for	ma	te v	vi11	no	t he	.		
accepted. If you					_							_												,		
coalition. It is a	not n	eces	sary	y to	inc	lud	le a	sep	oar	ate	she															
f No, proceed to S	Secti	on 4	- C	erti	fica	tio	n S	tate	eme	ent.																
artner/CoalitionNam	e																									
S t o r m w	a 1	t e	r		С	0	а	1	i	t	i	0	n		0	f		A	1	b	а	n	У			
artner/Coalition Nan	ne (co	n't.)	_														1 1					· ID	- If	app	olica	ıble
C o u n t y																		N	Y	R	2	0				
ddress												_						_								
1 1 2 S t	a ·	t e		S	t	r	е	е	t	,		R	0	0	m		7	2	0							
City A l b a n y			Т												ate I Y		Zip 1	2	2	0	7					
															1 1		Т			U	/	_				
Mail n h e i n z	e i	n @	а	1	b	a	n	7.7	С	0	u	n	t	7.7		С	0	m								
hone		.1 @	a		D	а	11	У		0	u	11	L	У	٠		0	111								
(5 1 8) 4	4	7 _	5	6	4	4														ent i V.G.			dan Ye		\cap	No
				1									WI	ui O	11 -0	-00-	-002	па	1111	, .U.	•		1 (23		110
What tasks/respon	sibil	ities	are	sha	red	wi	ith t	his	pa	ırtn	er (e.g	,. M	[M	1 S	cho	ol l	Pro	gra	ms	or	Mι	ıltij	ole	Tas	sks
MM1 Edu	C	a t	i	0	n		М	a	t	е	r	i	а	1	S		&		Ε	V	е	n	t	S		
MM2 SWW	Р	С	0	0	r	d	i	n	a	t	i	0	n													
MM3 Sto	rr	n	S	У	s	t	e	m		M	a	р	ı	g	_	0	R	I		S	u	р	р	0	r	t
	$\overline{}$		 														10	_			<u>u</u>	2	P		_	
MM4 Tra	$\overline{}$	n i	n	a		&	_	S	u	р	р	0	r	t												
MM5 Tra	i	n i	n	g		_		G	Ι		L	0	С	a	1		L	а	W	S						L
MM6 Tra	i	n i	n	g		S	u	р	р	0	r	t														
		.1	1141	20																						
Additional tasks/re	espo	nsibi	min	U.S																						
Additional tasks/rowww.	•				egy	Ве	est l	Mai	nag	gem	ieni	t Pi	aci	tice	s re	equ	irec	l fo	r N	1S4	s ii	ı in	npa	ire	d	
	prov	eme	nt S	trat	0				_	gen	ieni	t Pi	aci	tice	s re	equ	irec	l fo	r N	1S4	s iı	ı in	npa	ire	d	

MCC form for period ending March 9, $2 \mid 0 \mid 1 \mid 2$

	SP	DES	SID						
Name of MS4 City of Albany	N	Y	R	2	0	A	4	6	4

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	MI	Last Name
R o b e r t	F	Cross
Title (Clearly print title of individual signing report)		
C o m m i s s i o n e r		
Signature		Date

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

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

		SPL	DES	ID						
Name of MS4	TOWN OF BETHLEHEM	N	Y	R	2	0	А	2	0	8

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:

- O 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:

S	t	0	r	m	W	a	t	е	r	С	0	а	1	i	t	i	0	n	0	f	A	1	b	a	n	У
С	0	u	n	t	У																					

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

		SPE	DES	ID						
Name of MS4	TOWN OF BETHLEHEM	N	Y	R	2	0	А	2	0	8

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	t Na	ıme														MI		Las	t Na	ame											
G	R	Ε	G	G														S	A	G	E	N	D	0	R	Р	Н				
Title	e																														
Н	I	G	Н	W	А	Y		S	U	Р	Ε	R	Ι	N	Т	Ε	N	D	Ε	N	Т										
Add	lres	8																													
7	4		Ε	L	M		A	V	Ε	N	U	Ε		Ε	A	S	Т														
City	/																			S	tate		Zip					_			
City S	E	L	K	I	R	K														1 [tate N Y		Zip 1	2	1	5	8	_			
	Ε	L	K	I	R	K														1 [1	5	8	_			
S	Ε	L	K	I	R	K	0	R	P	Н	@	Т	0	W	N	0	F	В	E	1 [V Y				1 E	5 M	8	-	R	G	
S eMa	E ail S						0	R	Р	Н	@	Т	0	W	N	0		В] []	V Y		1	2					R	G	

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

	SPDES ID								
Name of MS4 TOWN OF BETHLEHEM	N	Y	R	2	0	A	2	0	8

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	st Na	ıme												_	_	MI	_	Las	t Na	ame							_		_		
Р	А	U	L															Р	Ε	N	М	А	N								
Titl	e																														
Т	0	W	N		Ε	N	G	I	N	Ε	Ε	R																			
Add	dress	S																													
4	4	5		D	Ε	L	А	W	A	R	Ε		A	V	Ε	N	U	Ε													
City	у																			S	tate		Zip)				_			
City	E	L	M	А	R																tate N Y	\neg	Zip 1	2	0	5	4	_			
	E	L	M	А	R																	\neg			0	5	4	_			
D	E	L	M	A	R	N	@	Т	0	W	N	0	F	В	E	Т	Н	L	E			\neg			0 R	5 G	4	_			
D eMa	E ail P					N	@	Т	0	W	N	0	F	В	E	Т	Н	L Cou		Н	V Y	7	1	2			4	_			

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

	 SPI)ES	ID.						
Name of MS4 TOWN OF BETHLEHEM	N	Y	R	2	0	A	2	0	8

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	t Na	ıme														MI		Las	t Na	ame									
В	R	Ι	A	N												М		K	Ι	S	Ε								
Titl	e																												
А	S	S	I	S	Т	А	N	Т		Ε	N	G	Ι	N	E	Ε	R												
Ado	lres	3																											
4	4	5		D	Ε	L	А	W	А	R	Ε		A	V	Ε	N	U	Е											
					•	•	•					•				•						7.							
City	/																			S	tate	Zip)						
City D	E	L	M	А	R																N S	21 <u>p</u>	2	0	5	4	_		
D	Ε	L	M	А	R																-			0	5	4	_		
	Ε	L	M	A E	R @	Т	0	W	N	0	F	В	E	Т	Н	L	E	Н	E		-			0	5	4] -		
D eMa	E ail K					Т	0	W	N	0	F	В	E	Т	Н	L		H Cou		M	7 7	1	2	0	5	4] -		

MCC form for period ending March 9, $2 \mid 0 \mid 1 \mid 2$

																			_			SPI	DES	ID						
Name of	MS	4 ^T	OW	/N O	FBE	ETHI	LEH	EM														N	Y	R	2	0	А	2	0	8
Section	ı 3 -	. P	'ar	tn	er	Inf	for	ms	atio	n																				
Did your											to o	com	ple	te s	om	e 01	all	per	mit	re	quir	eme	ents	s du	ring	-		_	rtin	g
period?				•																							Ye)S	0	No
If Yes, co Subm	-									ort	nor	In	for	mo	tion		.01/	idaa	1 in	ot.	har	for	mo	ta v	.;:11	no	t h	2		
accep		-							-							-												5		
coalit							-								-															
If No, pr	ocee	d t	o S	Sect	tion	1 4	- C	erti	fica	atic	n S	State	em	ent.																
Partner/Co	alitio	nΝ	am	e																										
S t o	r	m	W	а	t	е	r		С	0	а	1	i	t	i	0	n		0	f		A	1	b	а	n	У			
Partner/Co	alitic	n N	lam	ne (c	on't	.)															1	SPI	DES	Par	tne	· ID	- If	app	lica	ble
Cou	n	t	У																			N	Y	R	2	0				
Address																											_			
1 1 2		S	t	a	t	е		S	t	r	е	е	t	,		R	0	0	m		7	2	0							
City						1										<u> </u>		1 [ate		Zip					ŀ		_		
A l b	a	n	У																1 X	-	1	2	2	0	7	-				
Mail						_		_	,																		_	_		
n h e	i	n	Z	е	n	@	a	1	b	а	n	У	С	0	u	n	t	У	٠	С	0	m								
Phone 1		\	1	1	7]	_	_	1	_]																dan			
(5 1	8	<i>)</i> [4	4	7	_	5	6	4	5							WI	th G	P-0	-08	-002	2 Pa	rt I\	V.G.	?		Ye	ès	0	No
What tas	ks/re	esp	on	sib	iliti	es	are	sha	rec	l w	ith	this	s pa	ırtn	er (e.g	,. N	IM	1 So	chc	ol I	Pro	gra	ms	or	Μι	ıltiţ	ole	Tas	ks)
MM1	Е	d	u	С	a	t	i	0	n		М	a	t	е	r	i	a	1	ದ		&		Ε	v	е	n	t	s		
MM2	S	W	M	P		С	0	0	r	d	i	n	a	t	i	0	n													
MM3	S	t	0	r	m		S	У	s	t	е	m		М	а	р	ı	g	-	0	R	I		S	u	р	р	0	r	t
MM4	Т	r	a	i	n	i	n	g		S	u	р	р	0	r	t														
• MM5	\vdash	-	a	i		i			_	G	I	P	L		C	a	1		L		W									
		r			n		n	g			l			0	l				ш	a	vv	s								_
MM6	Т	r	a	i	n	i	n	g		S	u	р	р	0	r	t														
Addition	al ta	sk	s/re	esp	ons	ibi	litie	es																						
) Wate			-										_	zen	ien	t Pi	aci	tice	s re	equ	irec	d fo	r N	1S4	s ii	ı in	npa	ire	d	
wate	rshe	ds	inc	clu	ded	in	GP	-0-	08-	002	2 P	art	IX.																	

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

		SPL)ES	Ш						
Name of MS4	TOWN OF BETHLEHEM	N	Y	R	2	0	А	2	0	8

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	MI	Last Name
Paul		Penman
Title (Clearly print title of individual signing report)		
Town Engineer		
Signature		Date

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

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

	 SPL)ES	ΙD						
Name of MS4 City of Cohoes	N	Y	R	2	0	А	2	4	3

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:

- O 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:

S	t	0	r	m	W	а	t	е	r	С	0	а	1	i	t	i	0	n	0	f	A	1	b	а	n	У
С	0	u	n	t	У																					

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

		SPL	DES	ID						
Name of MS4	City of Cohoes	N	Y	R	2	0	А	2	4	3

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	t Na	ıme														MI	_	Las	t Na	ame											
J	0	h	n													Т		М	U	D	0	n	а	1	d						
Titl	e																														
M	а	У	0	r																											
Ado	lres	S																													
9	7		М	0	h	a	W	k		S	t	r	е	е	t																
			•	•		•	•	•							•	•		•												•	
City	У																			S	tate		Zip								
City C	0	h	0	е	s																	Y	Zip 1	2	0	4	7] –			
	0	h	0	е	s																				0	4	7	_			
С	0	h	o	е	s	a	1	d	@	С	i	•	С	0	h	0	е	S	•						0	4	7] -			
C eMa	o ail m					а	1	d	@	С	i	•	С	0	h	0		s Cou		n	1 3	Y	1	2	0	4	7] -			

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

	_	SPL	DES	ID						
Name of MS4 City of Cohoes		N	Y	R	2	0	A	2	4	3

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	t Na	ame														MI		Las	st Na	ame												
M	е	1	i	ន	s	a										A		A	s	h	1	i	n	е	-	Н	е	i	1			
Titl	e																															
D	i	r	е	С	t	0	r		0	f		В	u	i	1	d	i	n	g		а	n	d		Р	1	а	n	n	i	n	g
Ado	lres	s																		·												
9	7		M	0	h	a	w	k		S	t	r	е	е	t																	
City	/																			S	tate		Zip)				_				
City	0	h	0	е	s																	Y	Zip	2	0	4	7] -				
	0	h	0	е	S																				0	4	7	_				
С	0	h	o h	e 1	s	n	е	_	h	е	i	1	@	С	i	•	С	0	h						о У	4	7 u	_ s				
eMa	o ail a					n	е	_	h	е	i	1	@	С	i	•	С		h	0	.1	Y	1	2			<i>'</i>					

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

		SPL)ES	ΙD						
Name of MS4	City of Cohoes	N	Y	R	2	0	A	2	4	3

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	t Na	ame		_								_			_	MI	_	Las	t Na	ame										
G	а	r	r	У												F		N	а	t	h	а	n							
Titl	e																													
С	i	t	У		E	n	g	i	n	е	е	r																		
Ado	lres	S																												
9	7		М	0	h	a	W	k		S	t	r	е	е	t															
			•	•		•		•							•															
City	y																			S	tate		Zip)						
City C	0	h	0	е	s																	Y	Zip	2	0	4	7	_		
С	0	h	0	е	S																				0	4	7	_		
	0	h	o t		s	n	@	С	i	•	С	0	h	0	е	S	•	n	У						0	4	7]-		
C eMa	o ail n					n	@	С	i	•	С	0	h	0	е	S		n Cou			1 7	Y			0	4	7] -		

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

																			_			SPL	DES	שו		_				_
Name of	MS	4 (City	of Co	ohoe	S																N	Y	R	2	0	А	2	4	3
Section	13-	. P	ar	tn	er	In	for	m	atio	on																				
Did your	MS4	W	ork	wi	th p	artı	ners	s/co	alit	ion	to c	com	ple	te s	om	e oı	all	per	mit	rec	quir	eme	ents	s du	ring	g th	is r	epo	rtin	g
period?				•) Ye	èS	0	No
If Yes, co Subm	-									art	nar	In	for	ma	tior	. 121	·03/	idad	1 in	ot]	har	for	ma	ta v	o , i11	no	t ha	2		
accep									_							_												,		
coalit	tion.	It	is 1	ot	nec	cess	sary	to to	inc	luc	le a	se	par	ate	she															
If No, pr	ocee	d t	o S	Sect	tior	1 4	- C	erti	fica	atic	n S	tat	em	ent.																
Partner/Co	alitic	nN	lam	e				1																						
Sto	r	m	W	а	t	е	r		С	0	а	1	i	t	i	0	n		0	f		A	1	b	a	n	У			
Partner/Co			Van	ne (c	on't	.)	_				_										1					· ID	- If	app	lica	ble
Cou	n	t	У																			N	Y	R	2	0				
Address		_						_								_						_						_		
1 1 2		S	t	a	t	е		S	t	r	е	е	t	,		R	0	0	m		7	2	0							
City A 1 b		n	7.7																ate I Y		Zip 1	2	2	0	7					
	a	n	У																1 1					U	/	-		<u> </u>		
eMail n h e	i	n	Z	е	n	@	a	1	b	a	n	37	С	0	u	n	t	37		С	0	m								
Phone				C	11	w	а		D	а	11	У	C		u	11	L	У	٠		O	111						Ш		
(5 1	8)	4	4	7	_	5	6	4	5]										ng <i>A</i> -002						dan Ye		\cap	No
\		<i>/</i>]					J																			
What tas	ks/re	esp	on	sib	iliti	es	are	sha	arec	l w	ith	this	s pa	ırtn	er (e.g	;. N	IM:	l So	cho	ol l	Pro	gra	ms	or	Μι	ıltip	ole	Tas	ks)
MM1	Е	d	u	С	а	t	i	0	n		М	a	t	е	r	i	а	1	ន		&		Ε	v	е	n	t	s		
MM2	S	w	М	Р		С	0	0	r	d	i	n	а	t	i	0	n											$\overline{}$		
		_																										-		
MM3	S	t	0	r	m		S	У	S	t	е	m		М	a	р	'	g	_	0	R	Ι		S	u	р	р	0	r	t
• MM4	Т	r	а	i	n	i	n	g		S	u	р	р	0	r	t														
• MM5	Т	r	a	i	n	i	n	g	-	G	I		L	0	С	a	1		L	a	W	s								
• MM6	Т	r	a	i	n	i	n	g		S	u	р	р	0	r	t														
Addition	al ta	sk	s/re	-sn	ons	ihi	litie	20							,		,							,					,	
Wate				•					tom	, R	ost	M_{α}	na	TON	1011	t Pi	rac	tice	c re	ייוטי	ire	1 fo	r M	154	.c i1	ı in	nne	ire	d	
wate			-						0				_	5011	icili	. 1 1	uci	ice	.) I(.qu	1100	ı 10	1 1V	107	S 11	1 111	пра	.11 ((4	

MCC form for period ending March 9, $2 \mid 0 \mid 1 \mid 2$

	SPL)ES	Ш						
Name of MS4 City of Cohoes	N	Y	R	2	0	А	2	4	3

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.

Title (Clearly print title of individual signing report) M a y o r Signature Date	First Name	MI	Last Name	e							
M a y o r Signature	J o h n	Т	M c D	0	n a	1	d				
Signature	Title (Clearly print title of individual <u>signing</u> report)							_			
	M a y o r										
	Signature				Da	ite] <i>,</i>		1,		

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

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

	_	SPL)ES	עו						
Name of MS4 Town of Colonie		N	Y	R	2	0	А	1	9	0

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:

- O 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:

S	5	t	0	r	m	W	a	t	е	r	С	0	а	1	i	t	i	0	n	0	f	A	1	b	а	n	У
(0	u	n	t	У																					

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

	SPL	DES	S ID						
Name of MS4 Town of Colonie	N	Y	R	2	0	A	1	9	0

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	st Na	ıme								_				_		MI	_	Las	t Na	ame									_		
Р	a	u	1	а												A		М	а	h	а	n									
Titl	e																														
S	u	р	е	r	V	i	Ŋ	0	r																						
Add	dres	S																													
5	3	4		L	0	u	d	0	n		R	0	а	d																	
City	у																			S	tate		Zip								
City	e	W	t	0	n	v	i	1	1	е										S		Y	Zip 1	2	1	2	8] -			
	е	W	t	0	n	v	i	1	1	е															1	2	8	_			
N	е	w	t	o	n	v	i @	1 C	1	e 1	0	n	i	е	•	0	r	g							1	2	8	_			
N eMa	e ail	7									0	n	i	е	•	0		g Cou	ınty	1					1	2	8	_			

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

		SPL	DES	ID						
Name of MS4	Town of Colonie	N	Y	R	2	0	A	1	9	0

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	t Na	ame													_	MI		Las	t Na	ame											
J	0	h	n													J		D	Z	i	а	1	0								
Titl	e																														
S	r		Р	u	b	1	i	Ŋ		W	0	r	k	S		0	р	е	r	а	t	i	0	n	S		Т	Ф	С	h	
Ado	lres	s																													
3	4	7		0	1	d		N	i	ន	k	а	У	u	n	a		R	0	а	d										
Cit	,																			C	4-4-		7:								
CIL	<u>y</u>																			<u> </u>	tate		Zip)							
L	a	t	h	а	m																	Y	1	2	1	1	0	_			
Г.	а	t	h	a	m																		1			1	0	_			
L	а	t	h	a 1	m	j	@	С	0	1	0	n	i	е		0	r	g					1			1	0	_			
L eMa	a ail z					j	@	С	0	1	0	n	i	е	•	0		g Cou	inty	1			1			1	0] -			

MCC form for period ending March 9, $2 \mid 0 \mid 1 \mid 2$

																			_			SPL	DES	ID						
Name of	MS	34	Town	n of (Colo	nie																N	Y	R	2	0	А	1	9	0
Section	13	- P	ar	tn	er	Inf	for	ma	atio	on																				
Did your period?											to o	com	ple	te s	om	e oı	all	peı	mit	t red	quir	eme	ents	s du	ring	_	is r∈	_		g No
If Yes, co	-												0		. •							•			• • • •					
Subm accep		-							-							-												3		
coalit							-									eet	for	eac	h N	ΛS	4 in	the	e co	oali	tio	1.				
If No, pr					lioi	14	- C	eru	nca	นเเ	on S	otat	em	ent.	•															
Partner/Co		on N m	am W	e a	t	е	r		С	0	а	1	i	t	i	0	n		0	f		A	1	b	a	n	У			
Partner/Co	aliti	on N	Van	ne (c	on't	.)																SPI	ES	Par	tne			apr	lica	ble
C o u	n	t	У																			N	Y	R	2	0				
Address 1 1 2		S	t	a	t	е		S	t	r	е	е	t			R	0	0	m		7	2	0					_		
T T Z City		٥		а				ט	L					,		IX			ate		Zip		-						Ш	
A l b	a	n	У															N		7	1	2	2	0	7	-				
Mail																	1				1						_			
n h e	i	n	Z	е	n	@	а	1	b	а	n	У	С	0	u	n	t	У	•	С	0	m				L				
Phone 5 1	8	١	4	4	7] _	5	6	4	5]																dan			X T
		,			_	_]								iP-0								Υe			No
What tas	sks/r	esp	on	sib	iliti	es	are	sha	irec	l w	ith	this	s pa	ırtn	er ((e.g	g. N	IM	1 S	chc	ol I	Pro	gra	ms	or	Mι	ıltip	ole '	Tas	sks
MM1	E	d	u	С	а	t	i	0	n		М	а	t	е	r	i	а	1	S		&		Ε	v	е	n	t	S		
MM2	S	W	M	Р		С	0	0	r	d	i	n	a	t	i	0	n													
MM3	S	t	r	0	m		S	У	s	t	е	m		М	a	р	1	g	_	0	R	I		S	u	р	р	0	r	t
MM4	Т	r	a	i	n	i	n	g		S	u	р	р	0	r	t														
MM5	Т	r	a	i	n	i	n	g	_	G	I	L	L	0	С	a	1		L	a	w	S								
											l		l		l					_ a	VV	ב								
MM6	Т	r	a	i	n	i	n	g		S	u	р	р	0	r	t										<u></u>				
Addition	nal ta	ask	s/re	esp	ons	ibi	litie	es																						
○ <i>Wate</i> wate			-										_	gen	ien	t Pi	rac	tice	s re	equ	irec	l fo	r N	1S4	·s ii	ı in	npa	ire	d	
watt	713110	cus	111/	ciu	acu	111	O1	- 0-	- 00	002	_ 1 (uit.	171.																	

MCC form for period ending March 9, $2 \mid 0 \mid 1 \mid 2$

		SPL)ES	Ш						
Name of MS4	Town of Colonie	N	Y	R	2	0	А	1	9	0

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	MI	Last Name
Paula	A	M a h a n
Title (Clearly print title of individual signing report)		
Supervisor		
Signature		Date

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

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

		SPL)ES	ΙD						
Name of MS4	Village of Colonie	N	Y	R	2	0	А	0	7	6

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:

- O 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:

S	t	0	r	m	W	а	t	е	r		С	0	а	1	i	t	i	0	n	0	f				
A	1	b	a	n	У		С	0	u	n	t	У													

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$

		SPI	DES	ID						
Name of MS4	Village of Colonie	N	Y	R	2	0	А	0	7	6

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	st Na	ame														MI		Las	t Na	ıme										
F	r	a	n	k												A		L	е	а	k									
Titl	e																													
M	a	У	0	r																										
Add	dres	S																												
2		Т	h	u	n	d	е	r		R	0	а	d																	
City	у																			S	tate		Zip							
City	j	1	1	а	g	е		0	f		С	0	1	0	n	i	е			S		Y	Zip 1	2	2	0	5	_		
	i	1		a	g	е		0	f		С	0	1	0	n	i	е								2	0	5	_		
V	i	1		а	g	е		0	f		С	0	1	0	n	i	е								2	0	5] -		
V	i ail	1		а	g	е		0	f		С	0	1	0	n	i		Cou	ınty	1					2	0	5] -		

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

		SPI	DES	ID						
Name of MS4	Village of Colonie	N	Y	R	2	0	А	0	7	6

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	st Na	ame	_						_			_		_	_	MI	_	Las	t Na	ame											
R	a	n	d	У														R	i	v	е	r	а								
Titl	e																														
С	0	d	е		Ε	n	f	0	r	С	е	m	Ф	n	t		D	е	р	t			Н	е	а	d					
Add	dres	S																													
2		Т	h	u	n	d	е	r		R	0	а	d																		
				•		•	•	•				•	•	•	•	•								•					•		
City	У																			S	tate		Zip)				_			
City	j	1	1	а	g	е		0	f		С	0	1	0	n	i	е					Y	Zip 1	2	2	0	5	_			
	i	1		a	g	е		0	f		С	0	1	0	n	i	е								2	0	5	_			
V	i	1 w		а	g	e 1	0	o	f	е	C	o	1	0	n	i	е	•	0						2	0	5] -			
V eMa	i ail p					e 1	0			е							е	Cou		r	1 7				2	0	5	_			

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

		SPL	DES	ID						
Name of MS4	Village of Colonie	N	Y	R	2	0	А	0	7	6

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

FIFS	t Na	ıme														MI		Las	t Na	ame										
R	0	n	а	1	d											J		L	а	b	е	r	g	е						
Title	9																													
V	i	С	е		Р	r	е	បា	,		L	а	b	е	r	g	е		G	r	0	u	р							
Add	lres	s																						·						
4		С	0	m	р	u	t	е	r		D	r	i	v	е		W	е	ន	t										
City	7																			<u>S</u>	tate		Zip)				_		
City A	1	b	a	n	У																	Y	Zip	2	2	0	5	_		
Ť	1	b	a	n	У																				2	0	5	_		
A	1	b 1	a	n b	У	r	g	е	@	1	a	b	е	r	g	е	g	r	0						2 m	0	5] -		
A eMa	l iil j					r	g	е	@	1	a	b	е	r	g	е		r Cou		u	1 7	Y	1	2		0	5] -		

MCC form for period ending March 9, $2 \mid 0 \mid 1 \mid 2$

Section 3 - Partner Information Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ■ Yes ○ 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/CoalitionName Storm watter CoalitionName Storm watter CoalitionName (con't.) Albany SPDES Partner ID - If application and the coalition of the coalit	ne of MS4 Village of Colonie	SPDES ID N Y R 2 0 A 0 7 6
Princeriod? 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/CoalitionName Storm water to all it is not not be accepted 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/CoalitionName Storm water to all it is not not provided in other formats will not be accepted accepted. Separate Nicola in the coalition. If the not provided in other formats will not be accepted accepted with GP-Os-Os-Os-Os-Partner ID-If applied in the coalition. Separate Nicola in the coalition. Sep		
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/CoalitionName Storman water in a tell in the coalition of		
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/CoalitionName Partner/CoalitionName SPDES Partner ID - If applica A 1 b a n y R 2 0		• les Ond
coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement. A	· •	ed in other formats will not be
f No, proceed to Section 4 - Certification Statement. Stormone	±. • • • • • • • • • • • • • • • • • • •	
artner/CoalitionName S t o r m w a t e r C o a 1 i t i o n o f artner/CoalitionName (con't.) A 1 b a n y	• • •	ich MS4 in the coalition.
S t o r m w a t e r C o a 1 i t i o n o f SPDES Partner ID - If applica Address A 1 b a n y	•	
SPDES Partner ID - If applicated SPDES Partner ID - ID - IT applicated SPDES Partner ID - IT applicated SPDES Par		o f
ddress 1 1 2 8 t a t e 8 t r e e t - r o o m 7 2 0 State Zip A 1 b a n y 1 2 2 0 7 - 2 0 2 Mail n a n c y . h e i n z e n @ a 1 b a n y c o u n t y . c o m hone (5 1 8) 4 4 7 - 5 6 4 5 Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? • Yes O What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks) 0 MM1 E d u c a t i o n M a t e r i a 1 s & E v e n t s 0 MM2 S W M P C o o r d i n a t i o n 0 MM3 S t o r m S y s t e m m a p ' g - O R I S u p p o r 0 MM4 T r a i n i n g S u p p o r t 0 MM5 T r a i n i n g S u p p o r t 0 MM6 T r a i n i n g S u p p o r t Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired		SPDES Partner ID - If applicable
The property of the property o	l b a n y	N Y R 2 0
State Zip A 1 b a n y N Y 1 2 2 0 7 - 2 0 2 Mail n a n c y . h e i n z e n @ a 1 b a n y c o u n t y . c o m hone (5 1 8) 4 4 7 - 5 6 4 5 What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tase) MM1 E d u c a t i o n M a t e r i a 1 s & E v e n t s MM2 S W M P C o o r d i n a t i o n MM3 S t o r m S y s t e m m a p ' g - O R I S u p p o r MM4 T r a i n i n g S u p p o r t MM5 T r a i n i n g S u p p o r t MM6 T r a i n i n g S u p p o r t MM6 T r a i n i n g S u p p o r t Mdditional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	ess	
A 1 b a n y	1 2 State Street-room	7 2 0
Mail n a n c y . h e i n z e n @ a l b a n y c o u n t y . c o m hone (5 1 8) 4 4 7 - 5 6 4 5 What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tase of MM1 E d u c a t i o n M a t e r i a l s & E v e n t s MM2 S W M P C o o r d i n a t i o n MM3 S t o r m S y s t e m m a p ' g - 0 R I S u p p o r MM4 T r a i n i n g S u p p o r t MM6 T r a i n i n g S u p p o r t MM6 T r a i n i n g S u p p o r t MM6 T r a i n i n g S u p p o r t MM6 T r a i n i n g S u p p o r t MM6 T r a i n i n g S u p p o r t MM6 T r a i n i n g S u p p o r t MM7 MM8 MM8 MM8 MM9 MM9 MM9 MM9 MM9 MM9 MM9	_ _	
Additional tasks/responsibilities A		N Y 1 2 2 0 7 - 2 0 2 1
Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? • Yes • Yes • Yes • What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tase) MM1 E d u c a t i o n		
Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes OWhat tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Taster) MM1 Education Materials & Events MM2 SWMP Coordination MM3 Storm System map'g-0R I Suppor MM4 Training Support MM5 Training Support MM6 Training Support Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	Α	
What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tast) MM1	Legal	, , ,
MM1 E d u c a t i o n M a t e r i a l s & E v e n t s MM2 S W M P C o o r d i n a t i o n		
MM2 SWMP Coordination MM3 Storm System map'g-ORI Suppor MM4 Training Support MM5 Training -GI Local Laws MM6 Training Support MM6 Training Support MM6 Training Support MM6 Training Support Madditional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	it tasks/responsibilities are snared with this partner (e.g. MIV	II School Programs of Multiple Tasks
MM3 Storm System map'g-ORI Suppor MM4 Training Support MM5 Training - GI Local Laws MM6 Training Support Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	M1 Education Material	B v e n t s
MM4 Training Support MM5 Training GI Local Laws MM6 Training Support Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	M2 S W M P C o o r d i n a t i o n	
MM5 Training-GILocal Laws MM6 Training Support Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	M3 Storm System map'g	- O R I S u p p o r t
MM5 Training-GILocal Laws MM6 Training Support Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	M4 Training Support	
MM6 Training Support Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired		Laws
Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired		
Watershed Improvement Strategy Best Management Practices required for MS4s in impaired		
where since improvement on the Sy Dest Francis Comment is the tree of inflations in impulsion	litional tasks/responsibilities	
watersheds inclided in Ctr-U-UA-UU/. Pati LX		es required for MS4s in impaired
THE TOTAL METALOG IN OF A CONTROL OF THE TEN	watersneds included in Gr-0-08-002 Part IX.	

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

		SPL	DES	ID						
Name of MS4	Village of Colonie	N	Y	R	2	0	А	0	7	6

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.

F r a n k L e a k Title (Clearly print title of individual signing report) M a y o r Signature	
Mayor	ing report)
Signature	
Date /	

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

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

	SPL)ES	ΙD						
Name of MS4 VILLAGE OF GREEN ISLAND	N	Y	R	2	0	А	3	7	7

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:

- O 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:

S	Т	0	R	M	W	A	Т	Ε	R	С	0	А	L	I	Т	I	0	N	0	F	A	L	В	А	N	Y
С	0	U	N	Т	Y																					

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

	_	SPL	DES	ID						
Name of MS4 VILLAGE OF GREEN ISLAND		N	Y	R	2	0	A	3	7	7

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	t Na	ıme														MI		Las	t Na	ıme											
E	L	L	Ε	N												М		М	С		N	U	L	Т	Y	_	R	Y	А	N	
Titl	e																														
M	А	Y	0	R																											
Add	lres	S																													
2	0		С	L	I	N	Т	0	N		S	Т	R	Ε	Ε	Т															
			•	•		•	•	•							•				•		•			•							
City	/																			S	tate		Zip					_			
City G	R	E	Е	N		I	S	L	А	N	D												Zip 1	2	1	8	3	_			
	R	E	Е	N		I	S	L	А	N	D														1	8	3	_			
G	R	E	E	N R	@	I	S	L	A	N A	D	E	0	F	G	R	E	E	N						1 D	8	3 C	-	M		
G eMa	R ail A				@							E	0	F	G	R			N	I	1 7	Z	1	2					M		

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

	SPL)ES	Ш						
Name of MS4 VILLAGE OF GREEN ISLAND	N	Y	R	2	0	A	3	7	7

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 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.

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

Firs	t Na	ame														MI	_	Las	t Na	ıme												
S	Ε	А	N													Ε		W	A	R	D											
Titl	e																															
Ε	Х	Ε	С	U	Т	Ι	V	Ε		A	S	S	Ι	S	Т	A	N	Т		Т	Ο		Т	Н	Ε		M	А	Y	0	R	
Ado	lres	S																														
2	0		С	L	I	N	Т	0	N		S	Т	R	Ε	Ε	Т																
City	y																			S	tate		Zip)								
G	R	Ε	Ε	N		I	S	L	А	N	D									1	1 .	Y	1	2	1	8	3	-				
eMa	ail												•																			•
S	Е	А	N	W	@	V	I	L	L	А	G	Ε	0	F	G	R	Ε	Ε	N	Ι	S	L	A	N	D		С	0	M			
S Pho		A	N	W	@	V	I	L	L	А	G	E	0	F	G	R		E Cou			S	L	A	N	D	٠	С	0	М			

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

																			_			SPL	DES	שו		_				
Name of	MS ²	Į ∨	ILL	AG	E OF	GR	EEN	ISL	AND)												N	Y	R	2	0	А	3	7	7
Section	ı 3 -	P	ar	tn	er	In	for	m	atio	<u>on</u>																				
Did your	MS4	wc	rk	wi	th p	artı	ners	s/co	alit	ion	to c	com	ple	te s	om	e oı	all	per	mit	rec	quir	eme	ents	s du	ring	g th		•		_
period?	1	-4-		. C-		4: -	1.	-1-) Y∈	3S	0	No
f Yes, co	-									art	ner	In	for	ma	tior	າກາ	ovi	idea	1 in	ot]	her	for	ma	ts v	vi11	nο	t he	<u>م</u>		
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/CoalitionName																														
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/CoalitionName Stormwalter Coalition Coallitition of Albany																														
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/CoalitionName Storm water coalition Name Storm water coalition Name (con't.) Partner/Coalition Name (con't.) SPDES Partner ID - If applicable to be a coalition of the coalition of the coalition Name (con't.) SPDES Partner ID - If applicable to be a coalition of the coalition of the coalition Name (con't.)																														
Partner/Co	alitio	ıΝ	am	e		ı				ı							ı													
Sto	rr	n	W	a	t	е	r		С	0	а	1	i	t	i	0	n		0	f		A	1	b	a	n	У			L
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/CoalitionName Storm water control of a l b a n y Partner/CoalitionName(control of a l b a n y Partner/CoalitionName(control of a l b a n y Address 1 1 2 State State Zip															ble															
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/CoalitionName Storm water con't.) Partner/CoalitionName(con't.) County Address 1 1 2 State Street, Room 7 2 0 State Zip																														
		,	_	_	_			<u> </u>	_				_								7		0							
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/CoalitionName Storm water CoalitionName (con't.) Partner/CoalitionName(con't.) SPDES Partner ID - If applicable Name (con't.) Address 1 1 2 State State State Zip																														
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/CoalitionName Stormal to recomb a term of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. It is not necessary to include a separate sheet for each MS4 in 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. Separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement. Separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement. Separate sheet for each MS4 in the coalition. Separate sheet for each MS4 in the c																														
	a .	-	У] [' -						,	_				
	i r	\top	7.	e	n	@	а	1	h	а	n	v	С	0	11	n	+	v		C	0	m								
Phone		-	_			0	u.	_	~	u.		I			u.													Ш		
(51	8) [4	4	7	_	5	6	4	5											ng <i>A</i> -002						dan Ye		\bigcirc	No
\		/ L]		_]																			
What tas	ks/re	sp	on	sib	iliti	es	are	sha	arec	l w	ith	this	s pa	ırtn	er (e.g	;. N	IM	l So	cho	ol .	Pro	gra	ms	or	Μι	ıltip	ole '	Tas	sks
MM1	E	l	u	С	а	t	i	0	n		М	a	t	е	r	i	а	1	S		&		E	v	е	n	t	S		
MM2	SI	v	M	P		С	0	0	r	d	i	n	a	t	i	0	n													
MM3	S 1		0	r	m		S	3.7	s	t	е	m		М		n	,		_	0	R	I		S	11		n		r	t
		+			m			У	ם			m		111	а	р		g			1			5	u	р	р	0		
MM4	T	-	a	i	n	i	n	g		S	u	р	р	0	r	t														
MM5	Т	_	a	i	n	i	n	g	-	G	Ι		L	0	С	а	1		L	a	W	S								
MM6	Т	<u>-</u>	а	i	n	i	n	g		S	u	р	р	0	r	t														
Addition	al ta	sks	s/re	esp	ons	ibi	litie	es																						
_	ershe			•					teon	r R	est	Mα	ทส	ren	ien	t Pi	raci	tice	s re	2011	irea	l fo	r N	1S4	S 11	າ in	ุกทล	ire	d	
wate			-						0				_	>					~ • •	7"		. 10		-~ '	~ 11		-124			

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

	_	SPL)ES	ш						
Name of MS4 VILLAGE OF GREEN ISLAND		N	Y	R	2	0	A	3	7	7

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	MI	Last	t Na	me											
E L L E N	M	М	С		N	U	L	Т	Y	-	R	Y	A	N	
Title (Clearly print title of individual signing report)															
M A Y O R															
Signature							Dat	te]/]/			

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

MCC form for period ending March 9, $2 \mid 0 \mid 1 \mid 2$

	_	SPI)ES	ID						
Name of MS4 Village of Menands		N	Y	R	2	0	А	1	4	4

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

- O 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:

S	t	0	r	m	W	а	t	е	r	С	0	а	1	i	t	i	0	n	0	f	A	1	b	a	n	У
С	0	u	n	t	У																					

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

		SPI	DES	ID						
Name of MS4	Village of Menands	N	Y	R	2	0	А	1	4	4

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	st Na	ıme	_											_	_	MI	_	Las	t Na	ıme				_						_	
М	е	g	а	n														G	r	е	n	i	е	r							
Titl	e																														
M	а	У	0	r																											
Ado	dres	S																											 		
2	5	0		В	r	0	а	d	W	a	У																				
City	у																			S	tate		Zip								
City	e	n	a	n	d	s														S		Y	Zip 1	2	2	0	4	_			
	е	n	a	n	d	s																			2	0	4	_			
M	е	n 1	a 1	n	d	s e	0	f	m	е	n	a	n	d	S	@	h	0	t						2 C	0	4 m] -			
M eMa	e ail i		-				0	f	m	е	n	a	n	d	S	@		O Cou		m	1 3	Y	1	2] -			

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

SPD	E2 I	עו						
Name of MS4 Village of Menands	Y I	R	2	0	A	1	4	4

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 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.

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

Firs	t Na	ame										_		_		MI	_	Las	t Na	ame					_						_	
Р	а	u	1													С		R	е	u	s	s										
Titl	e																															
Ε	х	е	С	u	t	i	V	Ф		A	S	S	i	S	t	a	n	t		t	0		t	h	е		M	а	У	0	r	
Ado	lres	S																														
2	5	0		В	r	0	a	d	W	a	У																					
City	7																			C	tate		Zip									
CIL	y																			3	iaic		Z_{1}	,								
M	е	n	а	n	d	s														1		Y	1	2	2	0	4] -				
	е	n	a	n	d	S																\neg	1		2	0	4	_				
M	е	n 1	a 1	n	d	s e	0	f	m	е	n	a	n	d	s	@	h	0	t			\neg	1		2 C	0	4 m	-				
M eMa	e ail i						0	f	m	е	n	a	n	d	S	@		O Cou		m	1 3	Y	1	2] -				

MCC form for period ending March 9, $2 \mid 0 \mid 1 \mid 2$

f 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. Authorized Partner/Coalition Name Storm Name Name																				_			SPI	DES	ID						_
Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? • Yes ONO f 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. f No, proceed to Section 4 - Certification Statement. artner/CoalitionName fartner/CoalitionName(con't) County Albany SPDES Partner ID - If applicable NyR 2 0 Albany MyR 2 0 Albany Albany State Zip Albany MyR 2 0 Albany City State Zip Albany Albany Bany Albany County County County Albany County County	Name of	MS	34_	/illa	ge of	f Mei	nand	s															N	Y	R	2	0	А	1	4	4
Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? • Yes ONO f 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. f No, proceed to Section 4 - Certification Statement. artner/CoalitionName fartner/CoalitionName(con't) County Albany SPDES Partner ID - If applicable NyR 2 0 Albany MyR 2 0 Albany Albany State Zip Albany MyR 2 0 Albany City State Zip Albany Albany Bany Albany County County County Albany County County	Section	ı 3	- P	ar	tn	er	Inf	for	ma	atio	on																				
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. Annual Coalition Name												to o	com	ple	te s	om	e or	all	per	mit	rec	quir	eme	ents	du	ring	-		_		_
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. A	-	-									art	ner	In	for	ma	tiot	n mr	ovi	idea	1 in	ot	her	for	ma	ts v	vi11	no	t he	a		
f No, proceed to Section 4 - Certification Statement. artner/CoalitionName Stoor m w a t e r Coal 1 i t i o n o f A 1 b a n y artner/CoalitionName(con't.) County Ty R 2 0 Address 1 1 2 State t e Street, Room 7 2 0 Address 1 1 2 State Tip N Y R 2 0 Address 1 1 2 State Tip St	accep	ted.	If	yoı	ur N	ΜS	4 c	oop	era	ted	wi	th a	a co	ali	tio	1, S	ubr	nit	one	sh	eet	wi	th t	he	nan	ne (of t				
S								-					-				eet	tor	eac	h N	/1S ²	4 1n	the	e co	oalı	t101	1.				
Tartner/Coalition Name (con't.) County State A 1 b a n y State County State A 1 b a n y State County State A 1 b a n y State County State A 1 b a n y State County State A 1 b a n y State County State A 1 b a n y State County State A 1 b a n y State County State A 1 b a n y State County State A 1 b a n y State County State A 1 b a n y State County State County State A 1 b a n y State County State A 1 b a n y State County State A 1 b a n y State County State A 1 b a n y State County State A 1 b a n y State A 1 b a n y State A 1 b a n y State County State A 1 b a n y State A 2 D A 2 D A 3 D A 4 4 7 - 5 6 4 5 A 5 State A 5 State A 1 b a n y State A 5 State A 6 State A 6 State A 6 State A 7 S O O M A 7 S O O M A 7 S O O M A 7 S O O M A 7 S O O M A 8 S S O O M A 8 S S O O N A 9 S S S O O O O O O O O O O O O O O O O	Partner/Co	aliti	on N	lam	e																										
C o u n t y N Y R 2 0 Address 1 1 2 S t a t e S t r e e t , R o o m 7 2 0 State Zip A 1 b a n y N Y 1 2 2 0 7 - Mail n n e i n z e n @ a 1 b a n y c o u n t y . c o m Phone (5 1 8) 4 4 7 - 5 6 4 5 What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks) MM1 E d u c a t i o n M a t e r i a 1 s & E v e n t s MM2 S W M P C o o r d i n a t i o n MM3 S t o r m S y s t e m M a p ' g - O R I S u p p o r t MM4 T r a i n i n g S u p p o r t MM5 T r a i n i n g S u p p o r t MM6 T r a i n i n g S u p p o r t Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	S t o	r	m	W	a	t	е	r		С	0	а	1	i	t	i	0	n		0	f		A	1	b	а	n	У			
Additional tasks/responsibilities A 1 2 8 1 4 4 7 5 6 4 5 MM1 E d u c a t i n a t i n a t i n a t i n a t i n a t i n a t i n a t a a a b a a b a a b a a		aliti		Van	ne (c	on't	.)															1						- If	app	lica	ble
1		n	t	У																			N	Y	R	2	0				
A 1 b a n y			S	t	а	t	е		S	t	r	е	е	t	,		R	0	0	m		7	2	0							
Mail n h e i n z e n @ a 1 b a n y c o u n t y . c o m Chone (5 1 8) 4 4 7 - 5 6 4 5 What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks) MM1 E d u c a t i o n M a t e r i a 1 s & E v e n t s MM2 S W M P C o o r d i n a t i o n MM3 S t o r m S y s t e m M a p ' g - 0 R I S u p p o r t MM4 T r a i n i n g S u p p o r t MM5 T r a i n i n g S u p p o r t MM6 T r a i n i n g S u p p o r t Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	City														1		1		1 [
Thone (5 1 8) 4 4 7 - 5 6 4 5 Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? • Yes O No What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks) MM1 E d u c a t i o n M a t e r i a 1 s & E v e n t s MM2 S W M P C o o r d i n a t i o n MM3 S t o r m S y s t e m M a p ' g - O R I S u p p o r t MM4 T r a i n i n g S u p p o r t MM5 T r a i n i n g S u p p o r t MM6 T r a i n i n g S u p p o r t Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	Allb	a	n	У															N	1 Y	-	1	2	2	0	7	-				
Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? • Yes O No What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks) MM1	eMail								7	1-								_											_		\neg
Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes O No What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks) MM1		1	n	Z	е	n	@	a	Τ	a	a	n	У	С	0	u	n	τ	У	٠	С	0	m								
MM1 Education Materials & Events MM2 SWMP Coordination MM3 Storm System Map'g-ORI Support MM4 Training Support MM5 Training Support MM6 Training Support MM6 Training Support MM6 Training Support Madditional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	,	8)	4	4	7	_	5	6	4	5																			0	No
MM1 Education Materials & Events MM2 SWMP Coordination MM3 Storm System Map'g-ORI Support MM4 Training Support MM5 Training Support MM6 Training Support MM6 Training Support MM6 Training Support MM6 Training Support MM7 MA6	Partner/Coalition Name (con't.) County State St															sks)															
MM2 SWMP Coordination MM3 Storm System Map'g-ORI Support MM4 Training Support MM5 Training Support MM6 Training Support MM6 Training Support MM6 Training Support MM6 Training Support MM7 Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired			_								• **			_										_							
MM3 Storm System Map'g-ORI Support MM4 Training Support MM5 Training - GI Local Laws MM6 Training Support Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	• MM1	E	a	u	C	a	L		0	11		Ivi	a	L	е	T.	_	d		5		∞		E	V	е	11	L	_ S		
MM4 Training Support MM5 Training - GI Local Laws MM6 Training Support Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	• MM2	S	W	M	Р		С	0	0	r	d	i	n	a	t	i	0	n													
MM5 Training-GILocal Laws MM6 Training Support Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	MM3	S	t	0	r	m		S	У	S	t	е	m		M	а	р	!	g	-	0	R	I		S	u	р	р	0	r	t
MM6 Training Support Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	• MM4	Т	r	а	i	n	i	n	g		S	u	р	р	0	r	t														
Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	• MM5	Т	r	а	i	n	i	n	g	-	G	I		L	0	С	a	1		L	а	W	s								
Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	• MM6	Т	r	а	i	n	i	n	g		S	u	р	р	0	r	t														
when since improvement at the solution of the	Addition	al t	ask	s/re	esp	ons	ibi	litie	es																						
watersheds included in GP-0-08-002 Part IX.	O Wate	ersh	ed	Im	pro	ver	nen	t S	trat	egy	B_0	est.	Ma	nag	gen	ien	t Pi	raci	tice	s re	equ	irec	l fo	r N	1S4	s ii	ı in	npa	ire	d	
	wate	rsh	eds	inc	clu	ded	in	GP	P- 0-	08-	002	2 P	art	IX.																	

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

		SPL)ES	ш						
Name of MS4	Village of Menands	N	Y	R	2	0	А	1	4	4

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	MI	Last Name	
M e g a n		G r e n i e r	
Title (Clearly print title of individual signing report)			
Mayor			
Signature		Date	

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

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

	SPL)ES	ID						
Name of MS4 Town of New Scotland	N	Y	R	2	0	А	4	6	3

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:

- O 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:

S	t	0	r	m	W	а	t	е	r	С	0	а	1	i	t	i	0	n	0	f	A	1	b	а	n	У
С	0	u	n	t	У																					

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

		SPI	DES	ID						
Name of MS4	Town of New Scotland	N	Y	R	2	0	А	4	6	3

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

FILS	t Na	ame														MI		Las	t Na	ame										
Т	h	0	m	a	s													D	0	1	i	n								
Titl	е																													
S	u	р	е	r	v	i	S	0	r																					
Add	lres	S									·							·						·						
2	0	2	9		N	е	W		S	С	0	t	1	a	n	d		R	0	а	d									
City	7																			<u>S</u>	tate		Zip)				_		
City	1	i	n	g	е	r	1	а	n	d	S											Y	Zip	2	1	5	9	_		
	1	i	n	g	е	r	1	a	n	d	S														1	5	9	_		
S	1	i	n 1	g	e n	r @	1 t	a	n w	d	s O	f	n	е	w	S	С	0	t						1 C	5	9 m] -		
S eMa	l ail d		n 1									f	n	е	W	S		O Cot		1	.1	Y	1	2] -		

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

	SPDES ID	
Name of MS4 Town of New Scotland	N Y R 2 0 A 4 6	3

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	t Na	ıme								_			_	_	_	MI	_	Las	t Na	ıme							_				
Р	a	u	1															С	а	n	t	1	i	n							
Titl	e																														
S	t	0	r	m	W	a	t	Ф	r		М	а	n	а	g	е	m	е	n	t		0	f	f	i	С	е	r			
Add	lress	S																													
2	0	2	9		N	е	W		S	С	0	t	1	a	n	d		R	0	a	d										
City	/																			S	tate		Zip)							
City	1	i	n	g	е	r	1	а	n	d	s									S		Y	Zip 1	2	1	5	9	_			
	1	i	n	g	е	r	1	a	n	d	S											\neg			1	5	9	_			
S	1	i	n n	g	e 1	r	1 n	a @	n	d	s	n	0	f	n	е	W	ದಿ	C			\neg			1 d	5	9 C	•	m		
S eMa	l ail											n	0	f	n	е		s Cou		0	1 7	\neg	1	2					m		

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

	SPE	DES	ID						
Name of MS4 Town of New Scotland	N	Y	R	2	0	А	4	6	3

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	t Na	ame													_	MI	_	Las	t N	ame							_		_			
S	t	a	n	t	е	С																										
Titl	e																															
R	е	р	0	r	t		Р	r	е	р	а	r	ω	r																		
Add	lres	S																														
3		С	0	1	u	m	b	i	a		С	i	r	С	1	е	,		S	u	i	t	е		6							
City	7						•	•	•		•		•					•		S	tate	•	Zip	`								
CIU	<u>/</u>																			. =	tute		21					_				
A	1	b	a	n	У															1 [Y	1	2	2	0	3	-	5	1	5	8
	1	b	а	n	У															1 [2	0	3	_	5	1	5	8
А	1	b	a	n h	У .	m	е	n	i	a	@	s	t	a	n	t	е	С	•	1 [2	0	3] -	5	1	5	8
A eMa	l ail e					m	е	n	i	a	@	s	t	а	n	t		C Cou		С	.1	Y			2	0	3] -	5	1	5	8

MCC form for period ending March 9, $2 \mid 0 \mid 1 \mid 2$

																			_			SPI	DES	ID						
Name of	MS	34	Town	n of	New	Sco	tland															N	Y	R	2	0	A	4	6	3
Section	13	- P	ar	tn	er	Inf	for	ms	atio	on																				
Did your period?											to o	com	ple	te s	om	e oı	all	peı	mit	t re	quir	eme	ents	s du	ring	_	is r	_		g No
If Yes, co Subm accep	nit a	sej	oar	ate	she	eet	for	eac	h p							-												9		
coalit If No, pr							-									eet	for	eac	h N	ΛS	4 in	the	e co	oali	tioı	1.				
Partner/Co	aliti	on N	lam	e																										
S t o		m	W	a	t	е	r		С	0	а	1	i	t	i	0	n		0	f		A	1	b	a					
Partner/Co C o u		on N t	Vam У	ne (c	on't	.)																SPI N			tne 2	r ID 0	- If	`app	lica	ble
Address 1 1 2			S	t	а	t	е		S	t	r	е	е	t		R	0	0	m		7	2	0							
T T Z City				C	a											10			ate		Zip		0						Ш	
A 1 b	a	n	У																	7	1	2	2	0	7	-				
Mail								-																				_		
n h e	i	n	Z	е	n	@	a	1	b	а	n	У	С	0	u	n	t	У	•	С	0	m				<u></u>		L	Ш	
Phone 5 1	8)	4	4	7	_	5	6	4	5									y Bi P-0								dan Ye		0	No
What tas	ks/r	esp	on	sib	iliti	es	are	sha	rec	l w	ith	this	s pa	ırtn	er ((e.g	j. N	ſМ	1 S	chc	ool :	Pro	gra	ms	or	Μι	ıltij	ple	Tas	ks
MM1	Е	d	u	С	a	t	i	0	n		М	a	t	е	r	i	a	1	s		&		Ε	v	е	n	t	s		
MM2	S	W	M	Р		С	0	0	r	d	i	n	a	t	i	0	n													
MM3	S	t	0	r	m		S	У	s	t	е	m		М	a	р	ı	g	-	0	R	I		S	u	р	р	0	r	
MM4	Т	r	а	i	n	i	n	g			S	u	р	р	0	r	t													
MM5	Т	r	а	i	n	i	n	g		-	G	I		L	0	С	а	1		L	а	W	s							
MM6	Т	r	а	i	n	i	n	g		S	u	р	0	r	t															
Addition	al t	ask	s/re	esp	ons	ibi	litie	es																						
Wate			-										_	gen	ien	t Pi	rac	tice	s re	equ	ireo	l fo	r N	1S4	s ii	ı in	npa	ire	f	
	.1.011	- 40	-111	J. 41			<u></u>				(1.																	

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

		SPL	<u>JES</u>	ΙD						
Name of MS4 To	wn of New Scotland	N	Y	R	2	0	А	4	6	3

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	MI	Last Name
T h o m a s		D o l i n
Title (Clearly print title of individual signing report)		
Supervisor		
Signature		Date

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

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

	SPL)ES	עו						
Name of MS4 Village of Voorheesville	N	Y	R	2	0	А	2	1	0

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:

- O 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:

S	t	0	r	m	W	а	t	е	r	С	0	а	1	i	t	i	0	n	0	f	A	1	b	a	n	У
С	0	u	n	t	У																					

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

		SPI	DES	ID						
Name of MS4	Village of Voorheesville	N	Y	R	2	0	А	2	1	0

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	st Na	ame													MI	Las	st Na	ame											
R	0	b	е	r	t											С	0	n	W	а	У								
Titl	e																												
M	а	У	0	r	,		V	i	1	1	а	g	е	0	f	V	0	0	r	h	е	е	S	V	i	1	1	е	
Add	dres	S												 		 													
P		0			В	0	х		3	6	7																		
City	У																	S	tate		Zip)							
City	0	0	r	h	е	е	s	v	i	1	1	е								Y	Zip 1	2	1	8	6] –			
Г.	0	0	r	h	е	е	s	V	i	1	1	е											1	8	6	_			
V	0	0	r	h	е	е	S	v	i	1	1	е											1	8	6] -			
V	o ail	0	r	h	е	е	S	v	i	1	1	е				Cou	ınty	I					1	8	6] -			

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

		_	SPL)ES	ΙD						
Name of MS4	Village of Voorheeville		N	Y	R	2	0	A	2	1	0

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	st Na	ame														MI		Las	t Na	ame											
G	1	е	n	n												J		Н	е	b	е	r	t								
Titl	e																														
S	t	0	r	m	W	a	t	ø	r		Р	r	0	g	r	а	m		С	0	0	r	d	i	n	а	t	0	r		
Ado	dres	S																												 	
V	i	1	1	a	g	е		Н	а	1	1		Р	0		В	0	х		3	6	7									
City	У																			S	tate		Zip)							
City	0	0	r	h	е	е	s	v	i	1	1	е										Y	Zip	2	1	8	6	-			
_	0	0	r	h	е	е	s	v	i	1	1	е											1		1	8	6	_			
V	0	О	r	h	e h	e	s	v	i	1 t	1 @	e n	У	С	а	р	•	r	r				1		1	8	6	-			
eM:	o ail												У	С	а	р		r Cou			1 7	Y	1		1	8	6	-			

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

ame of MS4 Village of Voorheesville Section 3 - Partner Information Id your MS4 work with partners/coalition to complete some or all permit riod? Yes, complete information below. Submit a separate sheet for each partner. Information provided in accepted. If your MS4 cooperated with a coalition, submit one she coalition. It is not necessary to include a separate sheet for each M No, proceed to Section 4 - Certification Statement.	other eet wi	form			g th	is r	•		0
id your MS4 work with partners/coalition to complete some or all permit riod? Yes, complete information below. Submit a separate sheet for each partner. Information provided in accepted. If your MS4 cooperated with a coalition, submit one she coalition. It is not necessary to include a separate sheet for each M	other eet wi	form		urin	g th		•		
id your MS4 work with partners/coalition to complete some or all permit riod? Yes, complete information below. Submit a separate sheet for each partner. Information provided in accepted. If your MS4 cooperated with a coalition, submit one she coalition. It is not necessary to include a separate sheet for each M	other eet wi	form		urin	g th		•		
Yes, complete information below. Submit a separate sheet for each partner. Information provided in accepted. If your MS4 cooperated with a coalition, submit one she coalition. It is not necessary to include a separate sheet for each M	et wi				•	Y e			g
Submit a separate sheet for each partner. Information provided in accepted. If your MS4 cooperated with a coalition, submit one she coalition. It is not necessary to include a separate sheet for each M	et wi						50	0	No
accepted. If your MS4 cooperated with a coalition, submit one she coalition. It is not necessary to include a separate sheet for each M	et wi								
coalition. It is not necessary to include a separate sheet for each M		+1 +1					е		
•	S4 1n					ıne			
, r									
rtner/CoalitionName									
	f	А	l b	a	n	У			
rtner/Coalition Name (con't.)		SPD	ES Pa	ırtne	r II) - If	apr	lica	ble
! o u n t y		N Z	Y R	2	0				
ldress					_				
1 2	7	2	0		L				
ty State	Zip				7		_		
N Y	1	2	2 0	7	-				
[ai]					Т	1	_		
	СО	m							
Legally Bin with GP-0-0									
5 1 8) 4 4 7 - 5 6 4 5 with GP-0-0	08-002	2 Par	t IV.C	ì.?		Ye	es	0	No
hat tasks/responsibilities are shared with this partner (e.g. MM1 Scl	hool]	Prog	grams	s or	Mι	ultij	ple	Tas	sks)
MM1 Education Materials	&		Ev	е	n	t	s		
				+					$\overline{}$
MM2 SWMP Coordination					L				Ш
MM3 Storm System Map'g-0	O R	I	S	u	р	р	0	r	t
MM4 Training Support					Π				
MM5 Training-GI Local La	a w	s		T	T				
				 	 				
MM6 Training Cunnort									
MM6 Training Support									
MM6 Training Support dditional tasks/responsibilities									
dditional tasks/responsibilities Watershed Improvement Strategy Best Management Practices rec	quirec	d for	MS	4s i	n ir	npa	iire	d	
dditional tasks/responsibilities	quirec	d for	·MS	4s i	n ir	npa	iire	d 	

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

	51.1	JES	עני						
Name of MS4 Village of Voorheesville	N	Y	R	2	0	A	2	1	0

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	MI	Last Name
Robert	D	C o n w a y
Title (Clearly print title of individual signing report)		
Mayor		
Signature		Date

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

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

	_	SPI)ES	עו						
Name of MS4 City of Watervliet		N	Y	R	2	0	А	0	8	7

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:

- O 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:

S	t	0	r	m	W	а	t	е	r	С	0	а	1	i	t	i	0	n	0	f	A	1	b	а	n	У
С	0	u	n	t	У																					

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

		SPL	DES	ID						
Name of MS4	City of Watervliet	N	Y	R	2	0	А	0	8	7

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

First	Nam	2													MI		Las	t Na	ame											
M	i c	h	a	е	1										Р		M	а	n	n	i	n	g							
Title																														
M a	ау	0	r																											
Addr	ess																													
2	1	5	t	h		S	t	r	е	е	t																			
																													•	
City																			S	tate		Zip)							
	a t	е	r	v	1	i	е	t													Y	Zip	2	1	8	9] -			
		е	r	V	1	i	е	t																1	8	9	_			
W a		e n	r	v	1	i	e @	t	a	t	е	r	v	1	i	е	t	•						1	8	9	-			
W a	l n a								а	t	е	r	v	1	i		t Cou		C	.1	Y			1	8	9	-			

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

	SPL	DES	ID						
Name of MS4 City of Watervliet	N	Y	R	2	0	A	0	8	7

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 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.

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

Firs	st Na	ame														MI		Las	t Na	ame										
D	а	v	i	d												R		D	r	е	s	s	е	1						
Titl	e																													
W	a	t	е	r		Р	1	a	n	t		0	р	е	r	а	t	0	r											
Ad	dres	S																				·								
2	2	2		W	a	t	е	r	v	1	i	е	t		S	h	a	k	е	r		R	d							
Cit	y																			\mathbf{S}	tate		Zip					_		
Cit.	y a	t	е	r	v	1	i	е	t													Y	Zip 1	2	1	8	9	_		
	а	t	е	r	v	1	i	е	t																1	8	9	_		
W	а	t	е	r	v	1 e	i	e @	t	a	t	е	r	v	1	i	е	t	•						1	8	9] -		
W eM	a ail d									а	t	е	r	v	1	i		t Cou		C	1 7	Y			1	8	9	_		

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

N T 0		- A	Storr	nwat	er Co	naliti	on of	f Alb	any (Cour	ntv								7			SPI N		ID R	2	0	A			
Name of	M	54_	51011	ii w at		Janti	011 01	AIU	any	Cour	ity											IA	Т	I	_	U	A		Ш	
Section Did your											to c	com	ple	te s	om	e or	· all	per	mit	rec	quir	eme	ents	s du	ring	-		_		_
period? If Yes, co	amı	alet	e i1	afoi	ma	tio	n h	ല്	11 7) Y∈	es	O	No
Submaccep coalit	it a ted ion	se . If . It	par yo is 1	ate ur N not	she MS nec	eet 4 cess	for oop sary	eac era to	h p ted inc	wi luc	th a	se	ali par	tior ate	n, s she	ubr	nit	one	sh	eet	wi	th t	he	nar	ne (of t		e		
Partner/Co					1101	1 7	- 0	CITI	1100	1110	11 5	iai	CIII	-11ι.																
Sto	r	m	W	a	t	е	r		С	0	a	i	t	i	0	n		0	f		А	1	b	a	n	У				
Partner/Co	aliti		Van	ne (c	on't	.)															1						- If	app	lica	ble
Cou	n	t	У																			N	Y	R	2	0				
Address 1 1 2		S	t	a	t	е		S	t	r	е	е	t																	
City				<u>ч</u>		_				_								St	ate		Zip								Ш	
A 1 b	а	n	У															N			1	2	2	0	7	-				
eMail																														
n h e	i	n	Z	е	n	@	a	1	b	а	n	У	С	0	u	n	t	У	•	С	0	m								
Phone (5 1	8)	4	4	7	_	5	6	4	4								gall th G									dan Ye		0	No
What tas	ks/1	resp	on	sib	iliti	es	are	sha	irec	l w	ith	this	s pa	ırtn	er (e.g	,. N	IM:	1 S	cho	ol l	Pro	gra	ms	or	Μι	ıltip	ole	Tas	ks)'
• MM1	Е	d	u	С	a	t	i	0	n		M	a	t	е	r	i	a	1	s		&		Ε	v	е	n	t	s		
• MM2	S	W	М	Р		С	0	0	r	d	i	n	a	t	i	0	n													
MM3	S	t	0	r	m		S	У	ន	t	е	m		М	a	р	ı	g	_	0	R	I		S	u	р	р	0	r	t
• MM4	Т	r	a	i	n	i	n	g		S	u	р	р	0	r	t														
• MM5	Т	r	a	i	n	i	n	g	_	G	I		L	0	С	a	1		L	a	W	s								
MM6	Т	r	a	i	n	i	n	g		S	u	р	р	0	r	t														
Addition	∟ al t	ask	s/re	esn	ons	ibi	litie	es																						
Watewate	ersk	ied	Im	pro	ver	ner	t S	trat	\sim				_	gem	ien	t Pi	raci	tice	s re	equ	irec	d fo	r N	1S4	s ii	n in	npa	ire	d	

MCC form for period ending March 9, $2 \mid 0 \mid 1 \mid 2$

	SEI	DES	עו						
Name of MS4 City of Watervliet	N	Y	R	2	0	А	0	8	7

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	MI	Last Name
Michael	Р	M a n n i n g
Title (Clearly print title of individual signing report)		
Mayor		
Signature		Date

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

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

	_	SPI)ES	עו						
Name of MS4 University at Albany (SUNY Uptown Campus)		N	Y	R	2	0	A	2	3	4

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

- O 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:

S	t	0	r	m	W	а	t	е	r	С	0	a	1	i	t	i	0	n	0	f	A	1	b	a	n	У
С	0	u	n	t	У																					

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

	_	SPL	DES	ID						
Name of MS4 University at Albany (SUNY Uptown Campus)		N	Y	R	2	0	А	2	3	4

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	t Na	ame														MI		Las	t N	ame										
G	е	0	r	g	е													Р	h	i	1	i	р							
Titl	e																													
Р	r	е	S	i	d	е	n	t																						
Ado	lres	s																												
1	4	0	0		W	a	s	h	i	n	g	t	0	n		A	v	е	n	u	е									
City	/																			<u>S</u>	tate		Zip)				_		
City	1	b	a	n	У															1 [Y	Zip	2	2	2	2] -		
	1	b	а	n	У															1 [2	2	2	_		
А	1	b	a	n 1	У 1	i	р	@	a	1	b	a	n	У	•	е	d	u		1 [2	2	2] -		
eMa	l ail p					i	р	@	a	1	b	a	n	У	•	е			inty						2	2	2] -		

Signature Authorization Form

Permittee Name University at Albany	_{SPDES NO.} NYR20A
Facility Name University at Albany	Date
Name of person described in paragraph (1):	Title:
George M. Philip	President
Signature of person described in paragraph (1):	Date: 2/12/12
proje in . o hely	2/13/12

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: Director of Campus Planning	Phone: () (518) 442-	3400	
Mailing Name: Errol Millington			
Mailing Address: 1400 Washington Ave, SBA	City: Albany	State:	Zip: 12222

Return To:

MS4 Coordinator

Bureau of Water Permits

New York State Department of Environmental Conservation

625 Broadway

Albany, NY 12233-3505

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

Name of MS4 University at Albany (SUNY Uptown Campus) N Y R 2	0 A	2	3	4

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	t Na	ame														MI		Las	st N	ame											
E	r	r	0	1														M	i	1	1	i	n	g	t	0	n				
Titl	e .																														
D	i	r	е	С	t	0	r		С	а	m	р	u	s		Р	1	а	n	n	i	n	g								
Add	lres	S																													
1	4	0	0		W	a	s	h	i	n	g	t	0	n		А	v	е	n	u	е		В	L	D	G		2	5		
City	7																			<u>S</u>	tate	:	Zip)				_			
City A	1	b	a	n	У															1 [Y	Zip 1	2	2	2	2	_			
	1	b	а	n	У															1 [2	2	2	_			
A	1	b	a 1	n 1	У	n	g	t	0	n	@	a	1	b	a	n	У	•	е	1 [2	2	2] -			
A eMa	l iil m		a 1			n	g	t	0	n	@	а	1	b	а	n		· Cou		d					2	2	2] -			

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

	_	SPL	DES	ID						
Name of MS4 University at Albany (SUNY Uptown Campus)		N	Y	R	2	0	А	2	3	4

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	t Na	ame													_	MI	_	Las	t Na	ame										_	
F	r	a	n	k														F	а	Z	i	0									
Titl	e																														
С	а	m	р	u	S		Р	1	а	n	n	е	r																		
Ado	lres	S																		·						·					
1	4	0	0		W	a	s	h	i	n	g	t	0	n		A	v	е	n	u	е		В	L	D	G		2	5		
																							:								
City	/																			S	tate		Zip)				_			
City	1	b	a	n	У																	Y	Zıp	2	2	2	2	_			
	1	b	a	n	У																				2	2	2	_			
А	1	b	a	n	У	@	a	1	b	a	n	У	•	е	d	u									2	2	2] -			
A eM	l ail f					@	а	1	b	а	n	У	•	е	d	u		Cou	ınty	1					2	2	2	_			

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

Section 3 - Partner Information Did your MS4 work with partners/coalition to complete some or all permit requirements duperiod?	•					
Did your MS4 work with partners/coalition to complete some or all permit requirements du	•					
	urınş	g th	is r) Y∈	•		g No
If Yes, complete information below.						
Submit a separate sheet for each partner. Information provided in other formats accepted. If your MS4 cooperated with a coalition, submit one sheet with the national statement of the sheet with the sheet wi				e		
coalition. It is not necessary to include a separate sheet for each MS4 in the coal						
If No, proceed to Section 4 - Certification Statement.						
Partner/CoalitionName						\neg
S t o r m w a t e r C o a 1 i t i o n o f A 1 b Partner/Coalition Name (con't.) SPDES Pa		n	У		1:	1-1-
Partner/Coalition Name (con't.) SPDES Pa C o u n t y N Y R	2	0	- 11	арр	IICa	bie
Address						
1 1 2 S t a t e S t r e e t R o o m 7 2 0						
City State Zip	T_	1			$\overline{}$	\neg
A 1 b a n y 1 2 2 0	7	-				
eMail n h e i n z e n @ a l b a n y c o u n t y . c o m						
Phone						
Legally Binding Agreement with GP-0-08-002 Part IV.G			dan Ye		0	No
What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs	cor	Mı	11+i1	nla '	Тас	ke)
	5 01	IVIL	1111]	pic —	1 as	
● MM1 Education Materials and	Ε	V	е	n	t	s
● MM2 Coordination & Events						
• MM3 Technical Support & Mate	r	i	а	1	S	
● MM4 Training & Mgmt. Assista	n	С	е			
• MM5 Training & Mgnt. Assista	n	С	е			
● MM6 Training						
Additional tasks/responsibilities	•					
	4s i1	n in	npa	irea	1	
 Watershed Improvement Strategy Best Management Practices required for MS 			1, ,,			
 Watershed Improvement Strategy Best Management Practices required for MS- watersheds included in GP-0-08-002 Part IX. 						

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, $2 \mid 0 \mid 1 \mid 2$

	SPL	DES	ID						
Name of MS4 University at Albany (SUNY Uptown Campus)	N	Y	R	2	0	А	2	3	4

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	MI Last Name
E r r o l	M i l l i n g t o n
Title (Clearly print title of individual signing report)	
Director Campus	Planning
Signature	
	Date 0 5 / 2 1 / 1 2

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

	SPL)ES	עו				
Name of MS4/Coalition Stormwater Coalition of Albany County	N	Y	R	2	0		

Water Quality Trends

1. Has this MS4/Coalition produced any reports documenting water quality trends
 On behalf of an individual MS4 On behalf of a coalition How many MS4s are contributed to this report? 1 2
The information in this section is being reported (check one):

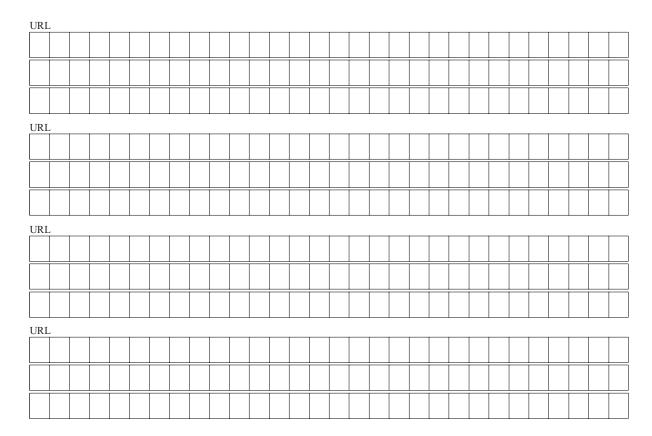
related to stormwater? If not, answer No and proceed to Minimum Control Measure
One.

If Yes, choose one of the following

- O Report(s) attached to the annual report
- O 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.

No



This report is being submitted for the reporting period ending March 9, |2|0|1

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

	_	SPI	DES	ID				
Name of MS4/Coalition Stormwater Coalition of Albany County		N	Y	R	2	0		

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

1 2

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
- O Smart Growth
- Storm Drain Marking
- Green Infrastructure/Better Site Design/Low Impact Development

- Pesticide and Fertilizer Application
- Pet Waste Management
- Recycling
- Riparian Corridor Protection/Restoration
- Trash Management
- Vehicle Washing
- O Water Conservation
- O Wetland Protection
- Other: O None h е r t i 1 i Z е r L а W Ρ а r m a e u t i С а 1 S

Other

2. Specific audiences targeted during this reporting period:

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

	S	t	u	d	е	n	t	s	-	Е	1	е	С	t	е	d		0	f	f	i	С	i	a	1	s							
--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

SPDES ID

R 2

3. W	/ha														e to	a	chie	eve	ed	uca	tio	n a	nd	out	tre	ach	go	als	du	rin	g
Cor	ıstru	icti	on S	Site	Op	era	itors	s Tr	ain	ed													į	# Tr	ain	ed				7	9
• Dir	ect]	Ma	ilin	gs																			#	Ma	ilin	gs				1	8
• Kio	sks	or (Oth	er I	Disp	olay	/S																#]	Loca	atio	ns				6	4
• Lis	t-Se	rves	S																					# I	n Li	ist		2	5	2	4
Ma	iling	, Li	st																					# I	n Li	ist	4	7	3	1	6
• Nev	vspa	ıpeı	r A	ds c	or A	rtic	cles																#]	Day	s Rı	un					7
Public Events/Presentations # AttendeesSchool Program # Attendees																1	7	5	2												
School Program # Attendees																	5	2	8												
															un			4	6	8											
															3	8	1	8	0												
ĺ										, kic						.		<u>, T</u>		\neg								-			
	D	0	0	r	k	n	0	b	S	_	D	Р	W	-	V	i	1	1	g	е											
	Т	0	W	n	/	С	i	t	У		Н	a	1	1	-	F	i	r	е	_											
	D	е	р	t	-	Η	а	r	d	W	а	r	е		S	t	0	r	е	s											
		h	а	k	е	r		S	i	t	е																				
Oth		_																		_											
	S	t	a	f	f	-	В	d	S	-	Т	D	Е	G	I	W	k	s	h	р											
• We		ige:	:	Pro			pec	ific	we	b ac	ddre	esse	S - 1	not	hor	ne j	pag	e. (Con	tinu	ie o	n ne	ext	pag	ge if	ado	ditio	onal	spa	ace	is
a		b	а	n	У	С	0	u	n	t	У		С	0	m	/	е	d	С	р	/	s	W	р		а	s	р			
					_																							_			
s	t	0	r	m	W	a	t	е	r	a	1	b	а	n	У	С	0	u	n	t	У		0	r	g						
UR	L	1	-	+	1	-	1	-		-		-	-	-	1	-	-	1	1		-				1						
a	1	b	a	n	У	n	У		0	r	g	/	G	0	v	е	r	n	m	е	n	t	/	D	е	р	а	r	t	m	е
n	t	ន	/	W	а	t	е	r	а	n	d	W	a	t	е	r	S	u	р	р	1	У	/	S	t	0	r	m	W	a	t
е	r		a	s	р																										
													MC	'M	1 P	900	e 2	of 4	1												

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

																					7			SPI	DES	ID						
Naı	ne c	f M	S4/	Coa	litic	on S	torm	wate	er Co	alitio	n of	Alba	ıny C	Count	у									N	Y	R	2	0				
3.	W url		Pag	ge c	on'	't.:		Pro	ovio	de s	spec	cifi	c w	eb	ado	lres	sses	s - n	ot	hor	ne j	pag	e.									
	t	0	W	n	0	f	b	е	t	h	1	е	h	е	m		0	r	g	/	р	а	g	е	s	/	S	t	0	r	m	W
	a	t	е	r	/	d	р	W	S	W	S	t	0	r	m	W	а	t	е	r	•	а	s	р								
	URL	,																														
	С	0	h	0	е	s	•	С	0	m	/	С	i	t	_	е	-	А	С	С	е	s	s	/	W	е	b	р	a	g	е	-
	С	f	m	?	Т	Ι	D	=	3	4	&	Т	Р	Ι	D	=	9	8	9	8												
	URL		-				_		_			,	1-			1-		I _		/												
	С	0	1	0	n	i	е	٠	0	r	g	7	h	i	g	h	W	a	У	/												,
	C .	0	1	0	n	i	е	٠	V	i	1	1	а	g	е	٠	0	r	g	/	s	t	0	r	m	W	a	t	е	r	٠	h
	t	m																														
	URL V	i	1	1	a	g	е	0	f	m	е	n	a	n	d	s		С	0	m	/	С	0	n	t	е	n	t	/	s	t	0
	r	m	w	a	t	e	r	_	n	e	w	s	a	11	<u> </u>	5	•			111	/			11			11					
		111	vv	a	L				11		vv	5																				
	LIDI																															
	URL t	0	w	n	0	f	n	е	w	s	С	0	t	1	a	n	d		С	0	m	/	t	0	W	n	r	е	р	0	r	t
	е	r	/	s	t	0	r	m	W	a	t	е	r	M	g	t		a	s	р	?	m	m	=	5	&	s	m	=	4	8	
																				_												
	URL	,																														
	v	i	1	1	a	g	е	0	f	v	0	0	r	h	е	е	s	v	i	1	1	е		С	0	m	/	i	n	d	е	х
		a	s	р	?	i	d	=	3	&	m	m	=	8	4	&	s	m	=	8	7											
	W	a	t	е	r	v	1	i	е	t		С	0	m	/	i	n	d	е	х		р	h	р	?	0	р	t	i	0	n	=
	URL	,																														
	С	0	m		С	0	n	t	е	n	t	&	t	a	S	k	=	v	i	е	W	i	d	=	3	3	6	/	Ι	t	е	m
	i	d	=	7	2																											
	a	1	b	a	n	У		е	d	u	/	е	h	s	/	s	t	0	r	m	W	а	t	е	r		s	h	t	m	1	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

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

		SPL	DES	ID				
Name of MS4/Coalition	Stormwater Coalition of Albany County	Ν	Y	R	2	0		

4. Evaluating Progress Toward Measurable Goals MCM 1

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

- A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
- 1) Purchase CWP Webcast series for 2011, continue to invite others to attend using e-mail list, and grow e-mail invitation list, based on participation
- 2) Finalize website vendor selection, design site, organize information to be posted and launch site
- 3) Continue to supply brochure racks
- B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
- 1) CWP 2011 Webcast series: Permit Year 2012-six webinars, average attendance-17 participants. Permit Year 2011-four webinars, average attendance-10 participants. E-mail invite list and attendance--growing.
- 2) Coalition website: vendor selected, site designed, information assembled, and site launched
- 3) Brochure rack: members receive requested literature, inventory & distribution adequate

C.	How	many	times	was	this	obser	vation	measured	or	eval	uated	in	this	repor	ting	period	1?

					3	
:	samp	les/	parı	tici	pant	s/events

- D. Has your MS4 made progress toward this Measurable Goal during this reporting period?
 - Yes O No
- E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
- Yes No
- F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
- 1) Revisit as a SW Coalition, pollutants of concern, geographic areas of concern, waterbodies of concern, and target audiences unique to each MS4 and shared. Prioritize educational effort based on analysis. Focus on mutually recognized target audiences. Incorporate priorities into SWMP Goals.
- 2) Promote Coalition website via a press release, Coalition list serve, and 3 write-ups in member newsletters. 3) Replenish publications inventory, as needed; secure financing, order, distribute items.

This report is being submitted for the reporting period ending March 9, 2 0 1

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

in such items to the aspect of a joint report on our	SPDES ID	
Name of MS4/Coalition Stormwater Coalition of Albany County	N Y R 2 0	
Minimum Control Measure 2. Publi	ic Involvement/Particination	
	<u> </u>	
On behalf of an individual MS4		
Minimum Control Measure 2. Public Involvement/Participation the information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1 2		
development, evaluation and improvement of the S	Stormwater Management Program	
• Cleanup Events	# Events 5 8	
O Comments on SWMP Received	#Comments 0	
• Community Hotlines Phon	ne# (518)783-6292	
Phone # (5 1 8) 7 6 5 - 2 0 5 5 Phon	ne# (
Phone # (5 1 8) 4 3 4 - 5 3 0 0 Phon	ne# (
Phone # (5 1 8) 4 3 9 - 4 9 5 5 Phon	ne# (
Phone # (5 1 8) 8 6 9 - 6 3 7 2 Phon	ne# ()	
Phone # (5 1 8) 4 4 2 - 3 4 9 5 Phon	ne# (
Community Meetings	# Attendees 9 1	
Plantings	Sq. Ft. 3 4 3 8	
Storm Drain Markings	# Drains 1 6 2	
O Stakeholder Meetings	# Attendees	
O Volunteer Monitoring	# Events	
Other:		
2. Was public notice of availability of this annual rep Program (SWMP) Plan provided?	oort and Stormwater Management • Yes • N	
• List-Serve	# In List 4 6 1	
Newspaper Advertising	# Days Run 3	
○ TV/Radio Notices	# Days Run	

• Web Page URL: Enter URL(s) on the following two pages.

 $B \mid o \mid x \mid$

• Other: | P | o | s | t | i | n | g

V

CO

S

е

1 T h

e V

i

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

SPDES ID

Y R 2

		e p	rov	/1 d (e sp	eci	ific	ad	are	ess(es)	wł	iero	e no	otic	e(s) ca	an	be a	acc	ess	ed	- n	ot h	ion	ie j	oag	e.		
JRI			1				1		Ι.																			_		_
W	W	W	•	С	0	1	0	n	i	е	V	i	1	1	а	g	е	٠	0	r	g	/	m	s	4	왕	2	0	a	n
n	u	а	1	%	r	е	р	0	r	t		р	d	f																
JRI	_																													
W	W	W	•	s	t	0	r	m	W	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У		0	r	g	
																												_		_
RI																														
_																														_
- TD 1																														
JRI																														
																														T
IRI		ļ	1	1	-	ļ	1	-		ļ			1			-		l						l						
, TCI																														
JRI																														
JRI	_		1				1							1													1			
																												<u> </u>		

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

SPDES ID

Y R 2

Pl	RL leas	(s) e p	cor	ı't. ⁄id	: e sp	eci	ific	ad	dre	ess(es)	wh	iero	e no	otic	es	can	be	e ac	ces	sec	l - 1	not	ho	me	pa	ıge.		
JRI	L			1												1													_
																													Т
IDI	r	-			-	-	-	-				-				-				-			-		-	-	-	 	
JRI																													
		_																											L
JRI	L																											 	
	-	\vdash			-																								
JRI	r																												
IXI																													
_		_			<u> </u>																								
		_																											
JRI	L																												
JRI	L																												
	-	<u> </u>			_																								
JRI	r		•	•	•	•	•	•		•				•		•			•		•							 •	_
/KI																													
	-	_																											
_	T																<u> </u>												Т

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

SPDES ID

N Y R 2

																			_					IVI	am	ige	me	Шι			
Е	nte	r ad	dre	ess/	con	itac	t in	ıfo	and	se	leci	t ra	dio	bu	ttor	ı to	ino	lica	ate	wh	ich	do	cun	nen	t is	av	aila	ıble	an	d	
	Address City Phone (
• MS	54/C	oal	itioı	n O	ffic	e											A	nnu	al l	Rep	ort		S'	WN	1P 1	Plar	1	• (Con	nme	nts
		artr	nen																												
				С	0	a	1	i	t	i	0	n		0	f		А	1	b	a	n	У		С	0	u	n	t	У		
	Address 1																														
			2		S	t	a	t	е		S	t	r	е	е	t	,		R	0				7	2	0					
	Г.		h		'n	T.,												Г	NT	77			2	2	0	7					
			מ	a	11	У												L	LN	ĭ					U		_				
	(1	8)	4	4	7	_	5	6	4	5																		
○ I :1-	\				,				J					J					1.	.			- a		(D. 1	D1		<u> </u>	<u> </u>		
∪ Lib	rary Ado	dres	S) A	nnu	al	Rep	ort) S'	WN	1P I	Plar	1		Con	nme	nts
	City	y															1					Zip					1				
																											_				
	Pho	ne			1.				1					1																	
	()				-																						
Oth	ner) A	nnu	a1]	Ren	ort		S'	WN	1P I	Plar	1	0 (Con	nme	nts
0 011		dres	S		1				1										I	T			_				_				
	City	У]					Zip									
	Dha																										_				
	/	nie			١]																						
	()				_																						
• We	b P	age	UR	L:													A	nnu	al I	Rep	ort		S'	WN	1P 1	Plar	1	• (Con	nme	nts
	W	W			s	t	0	r	m	W	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У		0	r	g	
							<u> </u>													<u> </u>						Ë					
																										\sqsubseteq					
	D1			<u> </u>										1											1						
•		ease	pr	OV1	ide	spe	c1f	ic a	ıddı	ess	of	pa	ge v	whe	ere	rep	ort	car	1 be	e ac	ces	sec	1 - r	ot	hor	me	pag		<u> </u>		
• eM	all																											(Jon	nme	nts
	s	W	С	0	а	1	i	t	i	0	n	@	а	1	b	а	n	У	С	0	u	n	t	У	•	С	0	m			

Name of MS4/Coalition Albany County

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

SPDES ID

N Y R 2 0 A 3 5

3. W	heirog				-													-	-					M	ana	age	me	nt			
	nter hetl																													d	
• MS	4/Co Dep				ffic	ee											A	nnu	al l	Rep	ort		S	WN	1P 1	Plar	1	0 (Con	nme	ents
	D	е	р	a	r	t	m	е	n	t		0	f		Р	u	b	1	i	С		W	0	r	k	s					
	Add 4	ress 4	9		N	е	W		S	a	1	е	m		R	0	а	d													
	City									<u>а</u>	_				10		ч	<u> </u>		<u> </u>		Zip									
	V	0	0	r	h	е	е	s	v	i	1	1	е					1	N .	Y		1	2	1	8	6	_				
	Pho	ne 5	1	8	\	7	6	5	l _	2	7	8	6																		
O * "	([0	,				_			0	0			_						_						_			
O Libi	rary Add	res	S) A :	nnu	al l	Rep	ort		S'	WN	1P 1	Plar	1	0 (Con	nme	ents
	City																					Zip] _				
	Pho	ne] _				
	()				_																						
• Oth	er Add	ress	s														A	nnu	al l	Rep	ort	(S'	WN	1P 1	Plar	1	• (Con	nme	ents
	1	1	2		S	t	a	t	е		S	t	r	е	е	t		R	0	0	m		7	2	0						
	City		1.															Γ,				Zip		_]				
	A Pho	l ne	b	a	n	У												L	N .	Y		1	2	2	0	7	_				
	(5	1	8)	4	4	7	_	5	6	7	0																		
• Wel	b Pa	ıge	UR	L:													A	nnu	al l	Rep	ort		S'	WN	1P 1	Plar	1	0	Con	nme	ents
	h	t	t	р	:	/	/	w	W	W		a	1	b	a	n	У	С	0	u	n	t	У		С	0	m	/	е	d	С
	р	/	s	W	р		а	s	р																						
• eMa	Ple	ase	pr	ovi	de	spe	cifi	ic a	ddr	ess	of	pa	ge v	whe	ere	rep	ort	car	ı be	e ac	ces	sec	l - r	ot	hor	ne	pag		Con	nme	nts
	m	d	е	1	1	a	r	0	С	С	0	@	a	1	b	a	n	У	С	0	u	n	t	У		С	0	m		11110	,1103
		<u>~</u>			<u> </u>										~			I						1							

Name of MS4/Coalition City of Albany

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

SPDES ID

NYR2

0 A

																								IVI	am	ige	me	Πι			
Eı	nter	ad	dre	ess/	cor	itac	t ir	ıfo :	and	l se	lec	t ra	dio	bu	ttor	ı to	inc	lica	ate	wh	ich	do	cun	nen	t is	ava	aila	ıble	an	d	
• MS	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 Annual Report SWMP Plan Comments Address OAnnual Report SWMP Plan Comments Address City Phone (
	MS4/Coalition Office ● Annual Report ● SWMP Plan ● Comments Department																														
	whether comments may be submitted at that location. Submit additional pages as needed. MS4/Coalition Office Annual Report SWMP Plan Comments Department Address 1 0 N O r t h E n t e r p r i s e D r i v e D																														
	whether comments may be submitted at that location. Submit additional pages as needed. MS4/Coalition Office Pannual Report SWMP Plan Comments Department Dept.Opt SWMP Plan Comments Department Dept.Opt SWMP Plan Comments Address Address Albany Phone (518) 434-5300 City Address Annual Report Annual Report SWMP Plan Comments City Ci																														
	whether comments may be submitted at that location. Submit additional pages as needed. MS4/Coalition Office Annual Report SWMP Plan Comments Department Address Annual Report SWMP Plan Comments Address Annual Report SWMP Plan Comments Address Annual Report SWMP Plan Comments City Phone (
			b	а	n	У													N	Y		1	2	2	0	4	-				
	/		1	8)	4	3	4	_	5	3	0	0																		
∩ Lib	A 1 b a n y																														
	Add	ress	S											1) A	nnu	ai	кер —	ort) S	W IV	IP I	Piar	1		_on	nme	ents
	City	, 																Г				Zip					1				
																		L									-				
	Pho	ne			1]]																	
	()				-																						
○ Oth	er) A	nnıı	ล1 1	Ren	ort	(`Z (WN	/P 1	Plar	1	\circ	Con	nme	ents
	D e p t . o f W a t e r & W a t e r S u p p 1 y Address 1 0 N o r t h E n t e r p r 1 s e D r 1 v e																														
	City	, 																Γ				Zip									
	Dha																	L									_				
	/ [ne			١]																	
	()				_																						
O Wel	o Pa	ıge	UR	L:) A	nnu	al l	Rep	ort		\mathbf{S}	WN	1P]	Plar	1	\circ	Con	nme	ents
	Ple	ase	pr	ovi	de	spe	cif	ic a	.dd1	ess	of	ba:	ge v	whe	ere	rep	ort	car	 1 be	ac	ces	sec	l - 1	l iot	hor	ne '	pas	e.			
• eMa			r			1						Ι	5-			-1											1		Con	nme	ents
	s	t	0	r	m	W	а	t	е	r	@	С	i		а	1	b	a	n	У		n	У		u	s					
					<u> </u>																	<u> </u>									

Name of MS4/Coalition

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

TOWN OF BETHLEHEM

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

SPDES ID

NYR2

0 A

	rog																							IVI	am	age	me	Пt			
Eı	nter	ad	dre	ess/	con	ıtac	t in	fo a	and	se	lect	t ra	dio	bu	ttoı	ı to	ino	dica	ate	wh	ich	do	cun	nen	ıt is	av	aila	ble	an	ıd	
W	hetl	ner	co	mn	nent	ts n	nay	be	sul	omi	itte	d at	th	at 1	oca	tio	n.	Sub	mi	t ac	ldit	ion	al p	oag	es a	as r	ieed	led			
• MS	4/Co Dep				ffic	ee											A	nnu	ıal l	Rep	ort		S	WN	1 P	Plaı	1	•	Con	nme	ents
	D	Р	W		-		E	N	G	Ι	N	Е	Ε	R	Ι	N	G		D	I	V	Ι	S	Ι	0	N					
	Add 4	ress 4	5 5		D	Ε	L	А	W	A	R	E		А	V	E	N	U	E												
	City	,															1		_	_		Zip							_		
	D	Ε	L	M	А	R													N ?	Y		1	2	0	5	4	_				
	Pho:	ne 5	1	8)	4	3	9	_	4	9	5	5																		
O Libi	rary				,				J					l		() A	nnu	ıal l	Rep	ort		S'	WN	/IP]	Plaı	n	0 (Cor	nme	ents
	Add	res	S																												
	City																					 Zip									
																											_				
	Pho	ne															J														
	()				-																						
Oth	er Add	rocc) A	nnu	ıal l	Rep	ort) S'	WN	1 P :	Plaı	n	0	Con	nme	ents
	Auu	108	5																												
	City	,																				Zip									
																											-				
	Pho	ne							1					1	•		•	_								•					
	()				-																						
• Wel	b Pa	ıge	UR	L:													A	nnu	ıal l	Rep	ort		S	WN	/IP :	Plaı	1	•	Con	nme	ents
	W	W	W		Т	0	W	N	0	F	В	Ε	Т	Н	L	Е	Н	Ε	M		0	R	G	/	Р	A	G	Ε	S	/	
	S	Т	0	R	М	W	A	Т	Ε	R	/	D	Р	W	S	W	А	В	0	U	Т	U	S		A	S	Р				
• eMa	Ple	ase	pr	ovi	de	spe	ecif	ic a	.ddr	ess	of	paş	ge v	whe	ere	rep	ort	car	ı be	e ac	ces	sec	l - r	ot	hoı	me	pag		Cor	nme	nta
UIVI	S	Т	0	R	М	W	А	Т	Е	R	М	А	N	А	G	Е	М	E	N	Т	@									mne	mts
					<u> </u>				<u> </u>							12				<u> </u>	w									\sqsubseteq	
	Т	0	W	N	0	F	В	Ε	Т	Η	L	Ε	Η	Ε	M		0	R	G												

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 2

3. Where can the public access copies of this annual report, Stormwater Management

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

SPDES ID

N Y R 2 0 A 2 4

rog	rar	n S	\mathbf{W}	MP) P	lar	ı ar	ıd s	sub	mi	t co	mı	nei	nts	on	tho	se	do	cun	nen	its?	•								
nter hetl																													d	
4/C				ffic	ee											A	nnu	al I	Rep	ort		S	WN	1 P]	Plar	1	0	Con	nme	ents
Dep B	u	nen i	1	d	i	n	g		a	n	d		Р	1	a	n	n	i	n	g										
Ado																														
9	7		M	0	h	a	W	k		S	t	r	е	е	t															
City	7																·				Zip					1				
С	0	h	0	е	S]	N .	Y		1	2	0	4	7	-				
Pho	ne 5	1	8)	2	3	3	_	2	1	3	1																		
rary Ado	Iros	5		,				J					,) A	nnu	al I	Rep	ort		\mathbf{S}^{T}	WN	1P 1	Plar	1	0	Con	nme	ents
Auc	11 CS																													
City	/ /																				Zip									
																										_				
Pho	ne																_									J				
()				-																						
ner Add	ires	s) A	nnu	al I	Rep	ort		\mathbf{S}^{T}	WN	1P 1	Plar	1	0	Con	nme	ents
City	/																_				Zip									
																										_				
Pho	ne							1					1				_									•				
()				-																						
b Pa	age	UR	L:													A	nnu	al I	Rep	ort		\mathbf{S}^{T}	WN	1P]	Plar	1	0	Con	nme	ents
h	t	t	р	:	/	/	W	W	W		С	0	h	0	е	S		С	0	m	/	С	i	t	_	е	-	А	С	С
е	ß	S	•	С	f	m	?	Т	Ι	D	3	4	&	Т	Р	Ι	D	=	9	8	9	8								
Ple	ease	pr	ovi	de	spe	cif	ic a	ddı	ess	of	pag	ge v	whe	ere	rep	ort	car	ı be	ac	ces	sec	l - 1	ot	hor	ne	pag				
ail																								1		1	0 (Con	nme	nts
						_		_			_ '												_							_

Name of MS4/Coalition $\left| \begin{array}{c} Town \ of \ Colonie \end{array} \right|$

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

SPDES ID

N Y R 2 0 A 1 9

3. V	Vhe rog				-													-	-					M	ana	age	me	nt			
	ntei																													d	
• MS	S4/C Dep			_	ffic	ee											A	nnu	ıal 1	Rep	ort		S	WN	1P]	Plar	ı	• (Con	nme	ents
	S	t	0	r	m	W	a	t	е	r		М	a	n	а	g	е	m	е	n	t		0	f	f	i	С	е			
	Add	dres 4	s 7		0	1	d		N	i	s	k	a	3.7	u	n	a		R	0	а	d									
	City						u		11/	_	٥		a	У	u	11	a		IX			Zip								Ш	
	L	a	t	h	а	m													N	Y		1	2	1	1	0	-				
	Pho		1	0	\	7	8	3]	6	2	0	2																		
o	(5		8)	7	0	3	_	0		9																			
○ Lib	rary Add	dres	S) A	nnu	ıal I	Rep	ort		S	WN	1P]	Plar	1	\circ	Con	nme	nts
	City	/																Γ				Zip					_				
	Pho	ne																L									_				
	()				_																						
Otl																	A	nnı	ıal 1	Rep	ort		S'	WN	1P]	Plar	ı	0 (Con	nme	nts
	Ado	ires	S																												
	City	7																				Zip									
																											-				
	Pho	ne			\]																						
	()				_																						
• We	b Pa	age	UR	L:													A	nnı	ial I	Rep	ort		S	WN	1 P]	Plar	1	\circ	Con	nme	nts
	W	W	W	•	С	0	1	0	n	i	е		0	r	g																
	Ple	ease	pr	ovi	de	spe	cifi	ic a	ddı	ess	of	pa	ge v	whe	ere	rep	ort	cai	n be	e ac	ces	sed	l - r	ot	hoı	ne	pag	ge.			
○ eM	ail																											\circ	Con	nme	nts

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

SPDES ID

N Y R 2 0 A 0 7

3. W	heirog				-													-	-					M	ana	ige	me	nt			
	nter hetl																													d	
\circ MS	4/C	oali	tio	n C																			_	_					Con	nme	ents
	Dep	artn	nen	t																											
	Add	res	S																												
	City	,																		_		Zip									
																											-				
	Pho	ne			\]																	
	()				_																						
O Libi	rary Add	ress	S) A :	nnu	al l	Rep	ort		S	WN	1P 1	Plar	1	\circ	Con	nme	ents
	City	.																				Zip									
																											-				
	Pho	ne			1 .				1					1																	
	()				-																						
Oth	er) A	nnıı	a1 1	Rep	ort		S	WN	/P 1	Plar	1	• (Con	nme	ents
	Add	res	5													_	- 11			Т	O1 t			****		Iui	•				71105
	2		Т	h	u	n	d	е	r		S	t	r	е	е	t															
	City		h		- -													Γ,	ΛТ .	77		Zip	2	2	_	Е					
	A Pho	1	b	a	n	У												Ŀ	N .	Y		1	2	2	0	5	_				
	<i>(</i>	5	1	8	١	8	6	9	_	7	5	6	2																		
	\ [,			_]																	
• Wel	o Pa	ige	UR	L:													A	nnu	al l	Rep	ort		S	WN	1P 1	Plar	1	0 (Con	nme	ents
	W	w	W		С	0	1	0	n	i	е	v	i	1	1	а	g	е		0	r	g	/	m	s	4	00	2	0	а	n
	n	u	a	1	%	2	0	r	е	р	0	r	t		р	d	f														
	Ple	256	nr	ovi	l de	sne	cif	ic a	ddr	ess.	of	na	oe v	whe	ere	ren	ort	car	h he		ces	sed	l - r	not	hor	ne '	nac	re.			
• eMa		asc	P	0 1 1	uc	ърс	C 111	ic u	aai	• • • • • • • • • • • • • • • • • • • •	01	Pu	5~	,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	гор	011	Cui	100	o ac		.500		101	1101		Pue		Con	nme	ents
	е	s	i	m	s	@	С	0	1	0	n	i	е	v	i	1	1	a	g	е		0	r	g							
																								_							

Name of MS4/Coalition

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

VILLAGE OF GREEN ISLAND

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

SPDES ID
N Y R 2

0 A

																								M	ana	age	me	nt			
E ₁	nter	ado	dre	ss/	con	itac	t in	fo	and	se	lec	t ra	dio	bu	ttor	ı to	inc	lica	ate	wh	ich	do	cun	nen	t is	ava	aila	ble	an	d	
W	hetl	er	COI	mm	nen	ts n	nay	be	sul	omi	itte	d a	t th	at l	oca	tio	1. \$	Sub	mi	t ac	ldit	ion	al p	oag	es a	as n	eed	led.	,		
					ffic	e											A	nnu	al l	Rep	ort		S	WN	1P 1	Plar	1	• (Con	nme	nts
	Address City Phone Page URL: Annual Report SWMP Plan Comments W W W . V i l l a g e o f g r e e n i s l a n d . c o m Please provide specific address of page where report can be accessed - not home page.																														
	-			Ь	А	G	Е		0	F		G	R	Е	Е	N		Ι	S	L	А	N	D								
			; 	<u> </u>	_	_	N.T.	Ш		ът		<u> </u>	_	Б	п	п	ш														
				<u> </u>	Ъ		IN	T		IN		5	.1.	R	ഥ	ഥ	1					7in									
	Ĩ		E	E	N		Т	S	т.	Δ	N	ח						ī	NT .	v			2	1	8	3	_ [
										7.1	14							Ľ						_			. ⁻ l				
	(1	8)	2	7	3	_	2	2	0	1																		
O * "	\ [,											_															
O Libi	rary Add	ress	5) A :	nnu	al l	Rep	ort) S'	WN	1P 1	Plar	1	0 (Con	nme	nts
	City																					Zip									
																											_				
	Pho	1e			1				1					1																	
	()				-																						
																				_						5.1		_	~		
O Oth		ress	;) A :	nnu	al l	Rep	ort	(S	WN	1P I	Plar	1	0 (Con	nme	nts
	City	_																				Zip									
																											_				
	Pho	ne																_									ı				
	()				-																						
	` L				,				I					ı																	
• Wel	b Pa	ge	UR	L:								1) A:	nnu	al l	Rep	ort		S	WN	1P 1	Plar	1	0 (Con	nme	nts
	w	w	W		v	i	1	1	a	g	е	0	f	g	r	е	е	n	i	s	1	a	n	d		С	0	m			
		4																													_
							L																								
		ase	pr	ovi	de	spe	cif	ic a	.dd1	ess	of	pa	ge v	whe	ere	rep	ort	car	ı be	e ac	ces	sec	l - r	ot	hor	ne	pag				
• eMa	ail																											• (Con	nme	nts
	S	E	A	N	W	@	V	I	L	L	A	G	Ε	0	F	G	R	Ε	Ε	N	I	S	L	A	N	D		С	0	М	
		\exists																													$\overline{}$

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

3. Where can the public access copies of this annual report, Stormwater Management

Name of MS4/Coalition Stormwater Coalition of Albany County-Village of Menands

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

SPDES ID

N Y R 2 0 A 1 4

	- 05	ıaı	по	VV	MP	') P	lan	ar	ıd s	sub	mi	t co	mı	mei	ıts	on	tho	se	do	cun	nen	ts?	•								
	nter																													d	
	hetl						nay	be	sul	omi	tte	d at	th	at l	oca	tior	1. \$	Sub	mi	t ac	ldit	ion	al p	ag	es a	as n	eec	led			
• MS					ffic	e) A1	nnu	al I	Rep	ort		S	WN	1P 1	Plar	1	• (Con	nment	S
	Dep V	artr i	nen	t <u> </u>		~				f		1\1		_			٦	~													٦
	Ado				a	g	е		0	L		M	е	n	а	n	d	S													
	2	5	0		В	r	0	a	d	W	a	7.7																			
	City		-		Ъ			a	u	vv	а	У										Zip									
	M	е	n	a	n	d	s]	И.	Y		1	2	2	0	4	_				
	Pho																	L													
	(5	1	8)	4	3	4	_	2	9	2	2																		
O T 11	\				,									J								_				~ 4		_	~		
O Lib	rary Add	lres:	S													C) A 1	nnu	al I	Rep	ort	(S	WN	1P 1	Plar	1	0 (Con	nment	S
	City	7																				Zip									_
																											-				
	Pho	ne												1							•										
	()				-																						
	` '				,									ı																	
O Otl		1	2													C) A1	nnu	al I	Rep	ort		S'	WN	1P 1	Plar	1	\circ	Con	nment	S
	Δdc		,																												
	Add	ires																									•				
																						Zip									
	City																					Zip									
		7																				Zip									
	City	7)				_													Zip									
	City	7)				-													Zip									
○ We	City Pho	ne	UR	L:)				-) A1	nnu	al I	Rep				WN	ſP I		_		Con	nment	
○ We	City Pho	ne	UR	L:)				-) Aı	nnu	al I	Rep) S'	WM	11P 1		_		Con		
○ W€	City Pho	ne	UR	L:)				-							C) A1	nnu	al I	Rep) S (WM	1P 1		_		Con		
○ We	City Pho	ne	UR	L:)				-) Ai	nnu	al I	Rep) S'	WM	ſP I		_		Con		
○ W€	City Pho (ne)				-												ort					Plar	-	0 (Com		
	City Pho (Pho Pho Ple	ne) de	spe	ceifi	ic a	- ddr	ress	of	paş	gev	whee	ere	rrepo					ort					Plar	-	0 (Con		
○ We	City Pho (Pho Pho Ple	ne) de	spe	pecifi	ic a	- dddr	ress	of	paş	ge v	whee	ere						ort					Plar	-	O (
	City Pho (Pho Pho Ple	ne) de	spe	ecifi	ic a	- dddr	ress	of	paş	ge v	whe	ere						ort					Plar	-	O (nment	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

Name of MS4/Coalition Stormwater Coalition of Abany County-Town of New Scotland

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

SPDES ID

NYR2

0 A 4 6 3

3. W	Vhei rogi				-													-	-					M	ana	age	me	nt			
	nter heth																													d	
• MS	4/C	oali	tion	ı O			ilay		Sui	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		u u			004					Repo			S'	_						nme	nts
	Dep	artn	nen	t																											
	T Add	0	W	n		0	f			N	е	W		S	С	0	t	1	а	n	d	_	В	1	d	g		D	е	р	t
	2	0	2	9		N	е	w		S	С	0	t	1	a	n	d		R	0	a	d									
	City	- 1								_												Zip									
	S	1	i	n	g	е	r	1	a	n	d	Ω]	N .	Y		1	2	1	5	9	-				
	Pho	ne							1																						
	(5	1	8)	4	3	9	-	5	1	9	3																		
O Lib	rary Add	ress	S) A	nnu	al I	Repo	ort		S'	WN	1P 1	Plaı	1	0	Con	nme	nts
	City																,					Zip									
																											_				
	Pho	ne														•	•	_			,				•		,				
	()				_																						
Oth	ner Add	ress	5														A	nnu	al I	Repo	ort		S	WN	1P]	Plaı	1	0 (Con	nme	nts
	Т	0	W	n		Η	a	1	1	-	2	0	2	9		N	е	W		S	С	0	t	1	a	n	d		R	d	
	City																1					Zip					1				
	S	1	i	n	g	е	r	1	a	n	d	S]	N .	Y		1	2	1	5	9	_				
	Pho	ne						1	1																						
	([5	1	8)	4	3	9	-	4	8	6	5																		
• We	b Pa	ge	UR	L:													A	nnu	al I	Repo	ort		S	WN	1P]	Plaı	1	0	Con	nme	nts
	h	t	t	р	:	/	/	W	W	W		t	0	W	n	0	f	n	е	W	S	С	0	t	1	a	n	d	٠		
	=							-									/		+	_					ᆫ						
	С	0	m	/	t	0	W	n	r	е	р	0	r	t	е	r	/	S	t	0	r	m	W	а	t	е	r	M	g	t	•
	С		m p	?	t m	o m	w =	n 5	r &	e в		0	r 4	t 8	е	r	/	5	L	0	r	III	W	a	C	е	r	M	g	t	_
• eM	a Ple	s	р		m	m	=	5	&	S	m	=	4	8			ort											ge.			nts
• eM	a Ple	s	р		m	m	=	5	& ddı	S	m	=	4	8											hor	me		ge.		nme	nts

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

3. Where can the public access copies of this annual report, Stormwater Management

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

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

SPDES ID

N | Y | R | 2 |

0 A

	_					_)						uo	-											
Eı	nter	ad	dre	SS/	con	ıtac	t in	fo	and	se	lec	t ra	dio	bu	tton	to	inc	lica	ate	wh	ich	doc	cun	nen	t is	av	aila	ıble	an	d	
W	hetl	ner	COI	nn	nen	ts n	nay	be	sul	mi	itte	d at	th	at l	oca	tio	ı. S	Sub	mi	t ac	ldit	ion	al p	oag	es a	as n	iee	ded			
• MS	4/C	oali	tion	ı O	ffic	ee											A	nnu	al l	Rep	ort		S	WN	1P 1	Plaı	1	\circ	Con	nme	nts
	Dep		nen	t				ı					ı	ı						_					ı		1				
	S	t	0	r	m	W	a	t	е	r		M	a	n	а	g	е	m	е	n	t		0	f	f	i	С	е			
	Add		S									1																			
	2	9		V	0	0	r	h	е	е	S	V	i	1	1	е		A	V	е	٠		Р	0	В	0	Х		3	6	7
	City	, 			Ι_						_	Ι_						Г				Zip]				
	V	0	0	r	h	е	е	S	V	i	1	1	е						N .	Y		1	2	1	8	6	-				
	Pho				1 、									l																	
	(5	1	8)	7	6	5	-	2	6	9	8																		
O Libi	rary Add	lress	s													\subset) A	nnu	al l	Rep	ort		S'	WN	1P]	Plaı	1	0	Con	nme	nts
	LIII City																					Zip									
																											_				
	Pho	ne										ļ						L													
	7				١				_																						
	(,																										
O Oth																C	A	nnu	al l	Rep	ort		S	WN	1P]	Plat	า	\circ	Con	nme	nts
	Add	lres	S																									\sim ,			
		- 1																		_							1				
	City	7																				Zip					1				
	City	7																				Zip									
	City																					Zip] -				
)																	Zip] -				
	Pho (ne	UR	L:])				_) A	nnu	al l	Rep) S'	WM	1P 1] -			nme	nts
	Pho (ne	UR	L:)				-) A 1	nnu	al l	Rep) S'	WN	1P]] -				ents
	Pho (ne	UR	L:)				-) Aı	[nnu	al l	Rep) S'	WN	МР]] -				nts
	Pho (ne	UR	L:)				-) A:	nnu	al l	Rep) S (S	WN	MP]] -				nts
	Pho (ne	UR	L:)				-) A:	nnu	al l	Rep) S'	WM	MP]] -				nts
○ Wel	Pho ([ne)		poif		-		of										ort					Plan] -	0(ents
○ Wel	Pho ([ne)) ide	spe	ecif	ic a	- ddr	ess	of	paş	gev	whe	pre 1						ort					Plan] -	o (Con		
○ Wel	Pho ([nge	pr	ovi		_										rep	ort	car	n be	e ac	ort	sed	l - r	not		Plan] -	o (Con	nme	
○ Wel	Pho ([ne	pr	ovi		spe		b b	- ddr	ess	of		ge v		c						ort		l - r			Plan] -	o (Con	nme	

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

3. Where can the public access copies of this annual report, Stormwater Management

Program SWMP) Plan and submit comments on those documents?

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

SPDES ID

N Y R 2 0

	Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed. • MS4/Coalition Office Department • Annual Report • SWMP Plan • Comments Department																														
wl	neth	er	coi	nm	ent	ts n	nay	be	sul	omi	itte	d at	th	at 1	oca	tio	1. \$	Sub	mi	t ac	ldit	ion	al p	age	es a	as n	eed	ded	•		
					ffic	ee											A	nnu	al l	Rep	ort		SV	WN	1P 1	Plar	1	•	Con	nme	nts
	W	a	t	е	r	v	1	i	е	t		W	а	t	е	r		Р	1	a	n	t									
Ì	Addı											_									1										
		2	2		W	а	t	е	r	V	1	i	е	t		S	h	a	k	е	r		R	d							
[City		.				٦.											Γ,				Zip		_	_						
	W Phon		t	е	r	V	1	i	е	t									N	Y		1	2	1	8	9	-				
-	, [5	1	8)	7	8	5	_	7	0	8	2																		
O Libr	ary				,				l) A :	nnu	al l	Rep	ort		SV	WN	1P 1	Plar	1	0 (Con	nme	nts
ĺ	Addı	ress	; 																												
]	City	_																Г				Zip				1					
																											-				
]	Phon	ne																													
	()				-																						
• Oth	er Addı	racc															A	nnu	al l	Rep	ort		SI	WN	1P 1	Plar	1	•	Con	nme	nts
• Oth	Addı		t	У		Н	а	1	1		2		1	5	t	h) A	nnu S	al]	Rep r	ort e	e	S S V	WN.	1P 1	Plar	n		Con	nme	nts
ĺ	Addı			У		Н	а	1	1		2		1	5	t	I) A:			_	е			WN.	1P 1	Plar	1		Con	nme	nts
ĺ	Addı C City	i		У	r	Н	a 1	1 i	1 e	t	2		1	5	t	I) A:	S	t	_	е	е		WM 1	(IP)	Plan 9	n 		Con	nme	nts
[Addı C City	i a	t		r					t	2		1	5	t	I) A:	S	t	r	е	e Zip	t				n _		Con	nme	nts
[Addı C City W	i a	t		r					t	2		1	5	t	I) A:	S	t	r	е	e Zip	t				n _		Con	nme	nts
	City W Phor	a ne	t	е	r				е	t	2		1	5	t	h		S	t	r	е	e Zip	t 2	1	8	9	_				
[City W Phon	a ne	t	e L:)				e			r	1 V			h) A	S	t N	r Y	e	e Zip	t	1 WM	8 (P)	9	_		Con	nme	nts
	City W Phor (Phor h	a ne ge l	t t UR	e L:))	v /	1	i	e -	t	е	r	v	1	i	h) A	S []	t all	r	e ort	e Zip 1	2 SV	1 WM e	8 (P)	9 Plan	-	() () () () () () () () () ()	Corr	nmer	nts
	City W Phor (Phor h	a a ge l	t t UR t e	e L: p	:	/ P	1 / H	i W P	e - a ?	t	e	t	v	1 0	i	e =) A	S []	t all c	r Y	e ort m	e Zip 1	t 2 2 w n	1 WM e t	8 1P1 1	9 Plan	-		Corr	nmer	nts
• Web	Addr C City W Phon (Care Phon Pa h n w	a ne ge l	t UR t a	e L: p x) :	/ / P	1 / H C	i w P	e a ?	t 0 &	e p	t	v i =	1 0	i n	e = &	t c	S []	t all c m	r Y Rep o	e ort m c	e Zip 1 / O d	2 SV w n =	1 WW e t	8 1 e 3	9 Plan C	- o t	() (m & &	Corr	nmer	nts
• Web	Addr C City W Phor (Care Phor n Plea	a ne ge l	t UR t a	e L: p x) :	/ / P	1 / H C	i w P	e a ?	t 0 &	e p	t	v i =	1 0	i n	e = &	t c	S []	t all c m	r Y Rep o	e ort m c	e Zip 1 / O d	2 SV w n =	1 WW e t	8 1 e 3	9 Plan C	- o t	m &	Con e v	nmer	nts i e
• Web	Addr C City W Phor (Care Phor n Plea	a ne ge l	t UR t a	e L: p x) :	/ / P	1 / H C	i w P	e a ?	t 0 &	e p	t	v i =	1 0	i n	e = &	t c	S []	t all c m	r Y Rep o	e ort m c	e Zip 1 / O d	2 SV w n =	1 WW e t	8 1 e 3	9 Plan C	- o t	m &	Con e v	nnmer / i	nts i e
• Web	Addr C City W Phor (Care Phor n Plea	a ne ge l	t UR t a	e L: p x) :	/ / P	1 / H C	i w P	e a ?	t 0 &	e p	t	v i =	1 0	i n 3	e = &	t c	S []	t all c m	r Y Rep o	e ort m c	e Zip 1 / O d	2 SV w n =	1 WW e t	8 1 e 3	9 Plan C	- o t	m &	Con e v	nnmer / i	nts i e

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

3. Where can the public access copies of this annual report, Stormwater Management

Program SWMP) Plan and submit comments on those documents?

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

SPDES ID

N Y R 2 0 A 2 3

	Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed. • MS4/Coalition Office Department • Annual Report O SWMP Plan O Comments Department																													
							nay	be	sul	omi	itte	d at	th	at l	oca	tio	1. \$	Sul	bm	iit a	ddi	tior	ıal	pag	es	as r	iee	ded	•	
					ffic	e) A	nnı	ıal	Rej	ort	; (SWN	ЛP	Pla	n	\circ	Cor	nments
								_	_										Т			T	Т			Ι				
	C	a	m	р	u	S		Р	1	а	n	n	i	n	g															
	Add								,								_		Т	_		1_	Τ,	Τ,		Г			_	
	1 City	4	0	0		W	a	S	h	i	n	g	t	0	n		A	V	E			B Zip	1	. d	g	•		2	5	
	A	1	b	а	n	У													N	Y		1		2 2	2	2	_			
																		L]			
	(5	1	8)	4	4	2	_	3	4	0	0																	
∩ Lib	Phone																													
O LIO	Add	lres	S											1		_	<i>-</i>	11110	141	ICC	JOI 1		_ \ 	J VV I	V11	1 1a		$\overline{}$		IIIICIIIS
	City	/	I											1				Г				Zip)		1	1	1			
																											_			
	Pho	ne			١.				1					1																
	()				-																					
) Δ -	nnı	าลใ	Re	ort	. ($\supset 9$	SWN	ЛP	Dla:		\cap	Car	
\bigcirc Oth	er																									1 14	n	\cup	COL	nments
Oth	er Add	lres	S											ı			71	11110					_ ,	7 ** 1	711	1 1a	n	—	COI	nments
Oth	er Add	lres	S																							1 14	n			nments
	er Add		S																			Zip								nments
	Add		S																								n -			nments
	Add	7	S											1													 -			nments
	Add City	7	S)				_] _			nments
	City Pho	ne)																	Zip)] -			
	City Pho	ne		L:)															Rej		Zip) 	SWN] -			nments
	City Pho	ne		RL:)				-													Zip)] -			
	City Pho	ne		RL:)				-													Zip)] -			
	City Pho	ne		RL:)				-													Zip)] -			
	City Pho (ne	UR)) de	spe	cifi	ic a		ress	s of	paş	gev	whee) A:	nnı	ual	Rej	port	Zir		SWN	MP	Pla	n	0		
	City Pho (ne	UR)) de	spe	ccifi	ic a		ress	s of	paş	ge	whee	ere) A:	nnı	ual	Rej	port	Zir			MP	Pla	n	o ge.	Cor	mments
○ We	City Pho (ne	UR) de	spe	cifi	ic a		ress	s of	paş	gev	whee	erre) A:	nnı	ual	Rej	port	Zir		SWN	MP	Pla	n	o ge.	Cor	
○ We	City Pho (ne	UR)) de	spe	ccifi	ic a		ress	s of	paş	gev	whe	ere) A:	nnı	ual	Rej	port	Zir		SWN	MP	Pla	n	o ge.	Cor	mments

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

	_	SPI	DES	ID					
Name of MS4/Coalition Stormwater Coalition of Albany County		N	Y	R	2	0			
4.a. If this report was made available on the internet, what da	ate was	it p	oste	d?					
Leave blank if this report was not posted on the internet.	0	5]/[0	4	/	2 () 1	L 2
4.b. For how many days was/will this report be posted?								1	L 4
If submitting a report for single MS4, answer 5.a If submitt	ting a joi	int r	epo	rt,	ans	wei	5.b		
5.a. Was an Annual Report public meeting held in this report	ting per	iodí	?			0	Yes	(O No
If Yes, what was the date of the meeting?			/[/			
If No, is one planned?						0	Yes	(⊃ No
5.b. Was an Annual Report public meeting held for all MS4s	contrib	utin	ıg to) tł	is 1	rep	ort (dur	ing
this reporting period?						0	Yes		• No
If No, is one planned for each?						0	Yes		• No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to						0	Yes		• No
SWMP in response to comments to this report.									

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

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

		SPI	DES	ID				
Name of MS4/Coalition	Stormwater Coalition of Albany County	N	Y	R	2	0		

7. Evaluating Progress Toward Measurable Goals MCM 2

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

- A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
- 1) Attempt to upload SWMP Plan into MS4 Permit Manager system
- 2) Incorporate a water quality message into Clean Up event promotions
- 3) Build into Coalition website, tools for the public to learn about and participate in public participation events
- B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
- 1) Before uploading SWMP Plan into MS4 Permit Manager, issues regarding wording of text and overall organization of SWMP needed to be addressed by Coalition members. Key decisions have been made and the Coalition is moving towards finalizing Goals. Uploading issues are anticipated.
- 2) Minimally two MS4s included a water quality message with Clean Up event promotions.
- 3) Website includes an interface to both promote public participation events and sign up individuals.
- C. How many times was this observation measured or evaluated in this reporting period?

 3.50.4		 					
				(ex.: sai	mples/par	ticipan	ts/events)
]
						3	
							7

- 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?

\circ	Yes	No

- F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
- 1) SWMP Measurable Goals. While Coalition members have documented their activities as detailed in the permit (SWMP Plan), by 3/9/2013 Coalition members will develop clearer measurable goals (both individual and Coalition-wide) to be included in Plan(s), for public review and input.
- 2) Maintenance of Demo Rain Gardens. Clarify maintenance needs with partners, identify personnel needs, by whom, identify costs, sources of funding, write up, share, & monitor maintenance plan(s).

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 1 & 2 \end{vmatrix}$

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

SPDES ID

Name of MS4/Coalition Albany County	N Y R 2 0 A 3 5 9
Minimum Control Measure 3. 1	Illicit Discharge Detection and Elimination
The information in this section is being reported (● On behalf of an individual MS4 ○ On behalf of a coalition How many MS4s contributed to the section of the section is being reported (section of the section of t	
1. Enter the number and approx. percent	of outfalls mapped: 3 3 5 # 1 0 0 %
2. How many of these outfalls have been so reporting period (outfall reconnaissance	creened for dry weather discharges during this e inventory)?
3.a. What types of generating sites/sewershe reporting period?	eds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
● Building Maintenance	○ Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	● Vehicle Maint./Repair Shops
	○ None i n a g e e a s e m e n t s
O Sewersheds:	

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

																						S	PDI	ES I	D						_
Name of	fMS	4/C	oali	tior	All	bany	Cou	nty						_	_								N .	Y	R	2	0 2	A	3	5	9
3.b.W	/ha	t ty	pes	of	illi	icit	dis	sch	arg	ges	hav	e l	ee	n fe	oun	ıd o	lur	ing	th	is r	ерс	orti	ng	pe	rio	d?					
• Brol	ken	Line	es F	roi	n S	ani	tary	Se	wer	•			O I	ndu	stri	al (Cor	nec	tior	ıs											
O Cro	ss C	onr	ect	ion	S								O I	nflo)w/	Infi	ltra	tion	ı												
• Fail	ing	Sep	tic	Sys	ten	as							O I	?un	ıp S	Stati	ion	Fail	lure	;											
○ Floo	or D	rain	s C	on	neci	ted	То	Sto	rm	Sev	vers	;	• 5	San	itar	y S	ewe	r O	ver	flov	vs										
• Illeg	gal I	Oun	npir	ıg									0.5	Stra	igh	t Pi	pe :	Sew	er l	Disc	chai	ges									
Oth	er:												10	Vor	ne																
4. H	ow epoi		-				ch	arg	es/j	pot	ent	ial	ille	ega	l co	nn	ect	ion	s h	ave	e be	en	de	tec	ted	du	ı rin	ıg t	his		8
5. H	ow	ma	ny	illi	icit	dis	sch	arg	es l	hav	e b	eeı	n ce	onf	irn	ned	du	ırin	ıg t	his	rej	por	tin	g p	eri	od'	?			3	2
6. H	ow eria		ny	illi	icit	dis	sch	arg	es/i	ille	gal	co	nne	ecti	ion	s ha	ave	be	en	elir	nin	ate	ed c	lur	ing	g th	is r	epe	orti		2
7. H	as t No																								od?	•	0	Ye	s	0	No &
8. Is	th	e ab	ov	e i	nfo	rm	atio	on :	ava	ila	ble	in	GI	S?														Ye	s	0	No
	thi Ye								ble	on	th	e w	eb'	?													•	Ye	>S	0	No
	ease								ess	of	pas	ge v	νhε	ere	ma	p(s) ca	ın b	e a	cce	sse	d -	not	. ho	me	ра	ge.				
URI		· F -				Γ.	ı					,				1	r		,				· · ·]			_		_			
W	W	W		a	j.	m	<u> </u>	•	0	r		/	W	е	b	m	a	р	/												
*	*	R	е	ន	t	r	i	С	t	е	d		a	C	С	е	s	ន	*	*	*								<u> </u>		
	<u> </u>					<u> </u>											<u> </u>														
URI	<u>L</u> T					$\overline{}$	<u> </u>									<u> </u>	-	<u> </u>								·					
	<u> </u>				<u> </u>	<u> </u>	L							<u> </u>	<u> </u>	<u>L</u> .	<u> </u>	<u> </u> 											<u> </u>		
	1					<u> </u>	l 							L 	 	<u> </u>			<u> </u>		L										
l	1	ıl			l	I		í						ì				1	i		L					<u> </u>					

This report is being submitted for the reporting period ending March 9, 2 0 1 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

								_													_							
URL			_	Γ			_	<u> </u>		<u> </u>	<u> </u>	-	Γ.		_			Γ-										
		+-	 	<u> </u>	I [L			<u> </u>				-	L		I	<u> </u>	 	<u> </u>					-				
			<u> </u>	 				<u> </u>	 				<u> </u>		-													
URL				⊥ <u> </u>		l					·		. <u> </u>				J 1		-	_	·			Γ"		1		
			_													<u></u>	<u> </u>										<u> </u>	
														<u></u>		<u></u>								L			ļ <u>.</u>	
					l														_		<u> </u>		<u> </u>					
URL			T	τ	1	Ι.	Γ	Т		1	_	Τ.	1	1	Ι	Τ.	1	Τ	T	·		Ţ	I	<u> </u>	Γ.	<u> </u>		l
			<u> </u>	<u> </u>		<u> </u>	<u> </u> 	<u>L.</u>	<u> </u>	<u> </u>	<u> </u> 	<u> </u> 	<u></u>		<u> </u>		<u> </u> -	<u> </u>	<u>L</u>	<u> </u>	<u>L</u>	<u> </u>	<u> </u> 	<u> </u>		<u> </u>		<u>. </u>
			 		<u> </u>	<u> </u>	<u> </u> 	<u>L.</u>		<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>L.</u>	 	<u> </u>	l I	<u> </u>	 	<u> </u>
		<u> </u>			<u>.</u>	<u>L</u>	J			<u></u>	<u> </u>	<u> </u>	1					<u></u>	<u> </u>	ـ		<u> </u>		<u>.</u>	<u> </u>	<u> </u>	<u> </u>	
URL				Γ		T										Γ				Γ								
	† †		Ť	<u> </u>	<u> </u>	T			-	†		 	T	<u> </u>				Ì	†		Ī	T	İ		Ī			
	$+\cdot +$	_	╁	+	T		<u> </u>	T	Ī	T	Ť		T	İ	İ			Ť	Ī	Ī				Ì				

This report is being submitted for the reporting period ending March 9, 2 0 1 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES 1D blank.

		SPI	ES	ID		_				
Name of MS4/Coalition	Albany County	N	Y	R	2	0	Α	3	5	9

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

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

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

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

~		4.	41. * 1	-		
Ų.	How many	v times was	s this observation	i measured or	evaluated in thi	s 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).

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

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

If submitting	g this form as part of a	joint report on behalf of a	a coalition leave SPDES	ID blank.
			SPDES ID	
Name of MS4/Coalition	Albany County		N Y R 2	0 A 3 5 9
		arable Goals MCM 3	l achieving measurable	goals
	ormwater Manageme tional pages as needed	nt Program Plan (SWM d.	(PP), including requirer	nents in Part
A. Briefly summar	ize the Measurable	Goal identified in the S	SWMPP in this report	ing period.
within the MS4 are		es to the inventory of all ownload all information		
B. Briefly summan Goal.	rize the observations	that indicated the ove	rall effectiveness of th	is Measurable
collection of all the into one digital file	existing County high that will overlap with	and began the initial dev way drainage plans and nother municipalities in f concern and illicit disc	County owned facilities the same watersheds to	es records
C. How many time	es was this observation	on measured or evalua		4
D. Has your MS4	made progress towar	rd this measurable goa		amples/participants/ev g period? ● Yes ○ No
E. Is your MS4 on	schedule to meet the	e deadline set forth in	the SWMPP?	● Yes ○ No
		activities planned to m an implementation sch		CM during
-	ntory of all drainage s ort information into d	structures on County roaligital format.	ads and facilities within	the MS4
		<i>5</i>		

SWPPP process?

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

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

	SPDES ID
Name of MS4/Coalition Albany County	N Y R 2 0 A 3 5 9
Minimum Control Measures 4 au	nd 5 <u>.</u>
Construction Site and Post-Construction	
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, ordine mechanism that provides equivalent protection to the NYS SP	-
Stormwater Discharges from Construction Activities?	● Yes ○ No
1b. Has each Town, City and/or Village contributing to this report equivalent to a NYSDEC Sample Local Law for Stormwater Mediment Control through either an attorney cerfification or a Analysis Workbook?	Management and Erosion and
If Yes, Towns, Cities and Villages provide date of equivalent NY	S 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 Pla reviewed in this reporting period?	nns (SWPPPs) have been
4. Does your MS4/Coalition have a mechanism for receipt and comments related to construction SWPPPs?	onsideration of public ○ Yes ○ No ● NT
If Yes, how many public comments were received during this repo	orting period?

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

● 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:

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

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$ 2

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

	SPDES ID
Nam	e of MS4/Coalition Albany County N Y R 2 0 A 3 5 9
	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?
	How many construction projects have been authorized for disturbances of one acre or more during this reporting period?
	How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
3.	What percent of active construction sites were inspected during this reporting period? ONT
4.	What percent of active construction sites were inspected more than once? ONT 1 0 0 %
5.	Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? • Yes O No O 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.

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

	<i>,,</i> ,							
Jame of MS4/Coalition Albany County	N	Y	R 2	2 0	Α	3	5	9
6. con't.:								
Submit additional pages as needed.								
MS4/Coalition Office								
Department Department								
Allbany County DPW								
Address 449 New Salem Road								
City Zip						<u> l</u>		
Voorheesville NY 1	2	1	8	6 –			:	
Phone								
(5 1 8) 7 6 5 - 2 7 8 6								
Library								
Address								
City Zip	г	—т		- -1		I I		
					L.			
Phone								
(
Other								
Address						·····		
City Zip	-		-	7		.		
]		
Phone								
(
Web Page URL(s): Please provide specific address where SWPPPs can be a	cces	ssed	1 - no	ot ho	me j	page	e.	
URL							1	
							\Box	
	\exists	$^{+}$	+					_
					<u> </u>			
URL	T		1					
		+		<u> </u>				_

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

is submitting this form as part of a joint report on behalf of a coantion leave St DES 1D blank.
SPDES ID Normale SMSA/Condition Albany County N Y R 2 0 A 3 5 9
Name of MS4/Coalition Abany County Name of MS4/Coalition
7. Evaluating Progress Toward Measurable Goals MCM 4
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
BMP: Permit Review To identify the County's role in the MS4 permitting requirements related to NYSGML239 review process a stormwater note was added to the County Planning Board Notification Form in 2011. This note informs municipal, planning, zoning, legislative boards and project applicants of the County's responsibility to comply with MS4 Permit GP-0-10-002 and any construction activity permits under GP-0-1-001.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
The goal of this notification and review provides the County the opportunity to increase awareness of stormwater regulations and illicit discharge regulations to the public involved in development activities throughout the County. This notification also provides the County the opportunity to review the any possible negative stormwater impacts to County roadways, drainage systems and facilities.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participan
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 ○ Note The Stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
Continue the notification process on the Albany County Planning Board Notification Form and convinue staff review of submitted local projects for possible negative stormwater impacts.

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

				SPDES ID	
Name of MS4/Coalition	Albany County			N Y R	2 0 A 3 5 9
				a	
Minimum (Control Meas	sure 5. Post-	<u>Constructio</u>	n Stormwater N	<u>vianagement</u>
The information in thi		g reported (chec	k one):		
On behalf of an indOn behalf of a coalHow m		ributed to this r	report?		
1. How many and v MS4/Coalition in	what type of pos wentoried, insp	t-construction ected and main	stormwater ma tained in this r	nagement practices eporting period?	has your
		#	#	# Times Maintained	
		Inventoried	Inspections	[Viantamed	
O Alternative Practic	es				
O Filter Systems					
• Infiltration Basins		6	6		
Open Channels		4	4		
Ponds		3	3	0	
O Wetlands	:				
Other		5	5	0	
2. Do you use an o			abase, spreads	heet) to track post	-construction O Yes • No
3. What types of Development/B					mpact
O Building Codes	O Municipal C	omprehensive P	lans		
Overlay Districts	Open Space	Preservation Pre	ogram		
O Zoning	O Local Law o	r Ordinance			
○ None	O Land Use R	egulation/Zoning	g		
O Watershed Plans	Other Comp	rehensive Plan			
Other:			D 2 -		

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

		SP	DES	ID						
Nan	ne of MS4/Coalition Albany County	N	Y	R	2	0	Α	3	5	9
4a.	. Are the MS4s contributing to this report involved in a regional/wate	rshed	wid	e pl	ann	ing	eff	ort	?	
								s		No
4b.	. Does the MS4 have a banking and credit system for stormwater man	nagemo	ent j	pra	etic	es?				
	<u>-</u>						Υe	S		No
4c.	Do the SWMP Plans for each MS4 contributing to this report include and approval of banking and credit of alternative siting of a stormw	le a pro	otoc ana	ol f	or e	eval t pr	uat act	ion ice	?	
	and approval of banding and crosse of accordance of the second						Ye			No
4d	. How many stormwater management practices have been implement	ted as p	art	of	this	sys	ten	n in	thi	is
	reporting period?								0	
5.	What percent of municipal officials/MS4 staff responsible for progr training on Low Impace Development (LID), Better Site Design (BS						atte	end	ed	
	Infrastructure principles in this reporting period?	D) AIIU	VII	101	OIC	- 1		7	5	%

the MEP.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$

II Submitti	ng and rolling to barren.	, C		
Name of MS4/Coalition	n Albany County			N Y R 2 0 A 3 5 9
6. Evaluating Pro	ogress Toward Measu	rable Goals MCN	15	
identified in your S	port on your progress a tormwater Managemen litional pages as needed	nt Program Plan (S	ward achievi WMPP), inc	ing measurable goals cluding requirements in Part
A. Briefly summa	rize the Measurable	Goal identified in	the SWMPI	P in this reporting period.
reporting materials	s and BMP information	to the County DP	W foremen,	nent. Provided training, Commissioner and deputy on practices under County
B. Briefly summa Goal.	rize the observations	that indicated the	overall effe	ectiveness of this Measurable
received a binder w BMPs with detailed	with illustrated maintered inspection procedure	nance cards describ es and suggested in	ing the proposition inte	post construction practices er purpose and function of ervals. All responsible existing post construction
C. How many tim	es was this observation	on measured or ev	aluated in t	this reporting period?
•				1
D. Has your MS4	made progress towar	rd this measurable	e goal durin	(ex.: samples/participants/eg this reporting period?
T. T. 3.504		1 111 (6 ()		● Yes ○ No
E. Is your MS4 or	n schedule to meet the	e deadline set forti	n in the SW.	MPP? ● Yes ○ No
-	arize the stormwater a	_		goals of this MCM during
forms, maintenance	e procedures and repor	rting methods for p	ossible addit	actices and review inspection tional training needs, in stormwater discharges to

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

e of MS4/Coalition Albany Coutny					
Evaluating Progress Toward	Measurable Goals MC	M 5			
this page to report on your prog tified in your Stormwater Mana 1.1. Submit additional pages as	agement Program Plan (S		-	_	in Part
Briefly summarize the Measu	rable Goal identified in	the SWMPP	in this rep	orting po	eriod.
P: Reduction of Stormwater Ru	unoff. Four County emp				
nber, and 2 invited private cons					
nber, and 2 invited private cons					

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

• Yes O No

(ex.: samples/participants/events)

1

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

● Yes ○ No

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

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

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

	SPL	ES	ID						
Name of MS4/Coalition Albany County	N	Y	R	2	0	Α	3	5	9

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):		
 On behalf of an individual MS4 On behalf of a coalition 		
How many MS4s contributed to this report?		l

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Self-Assessment Operation/Activity/Facility performed within the past 3 Operation/Activity/Facility Addressed in SWMP? years? Street Maintenance..... 9 Yes ○ No • Yes O No Bridge Maintenance.... • Yes ○ No • Yes ○ No • Yes O No Winter Road Maintenance.... • Yes O No Salt Storage..... • Yes ○ No • Yes ○ No • Yes O No Solid Waste Management..... New Municipal Construction and Land Disturbance.. • Yes ○ No • Yes O No Right of Way Maintenance..... • Yes O No ○ No • Yes ● No ____ ○ Yes Marine Operations.... O Yes No Hydrologic Habitat Modification..... O Yes ● No ○ Yes No Parks and Open Space..... 9 Yes ○ No • Yes O No ○ No • Yes O No Municipal Building.... • Yes ○ No • Yes O No Stormwater System Maintenance.... • Yes Vehicle and Fleet Maintenance..... • Yes ○ No Yes \bigcirc No Other..... O Yes ● No ○ Yes No

This report is being submitted for the reporting period ending March 9, 2 0 1 2

	SPDES ID	
Name of MS4/Coalition Albany County	N Y R 2 0 A 3 5	9
2. Provide the following information about municipal operat	tions good housekeeping progran	as:
• Parking Lots Swept (Number of acres X Number of times swep	ot) # Acres	1
• Streets Swept (Number of miles X Number of times swept)	# Miles 2 5	0
Catch Basins Inspected and Cleaned Where Necessary	# 1 3	2
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	# 1	8
O Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
O Nitrogen Applied In Chemical Fertilizer	# Lbs.	0
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	# Acres 0.	
3. How many stormwater management trainings have been	provided to municipal employees	<u> </u>
during this reporting period?		6
4. What was the date of the last training?	0 1 / 3 0 / 2 0 1	2
5. How many municipal employees have been trained in this	reporting period?	3
6. What percent of municipal employees in relevant position stormwater management training?	as and departments receive	%

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

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

SPDES ID

Name of MS4/Coalition Albany County	N Y R 2 0 A 3 5 9	
7. Evaluating Progress Toward Measurable Goals	s MCM 6	
Use this page to report on your progress and project plidentified in your Stormwater Management Program FIII.C.1. Submit additional pages as needed.		
A. Briefly summarize the Measurable Goal identif	ied in the SWMPP in this reporting period.	
BMP: Pollution Prevention Inspected the interior of prepared a map for compliance in Pollution prevention delineates DPW activities in the Paint Booth, body shapes a second control of the Paint Booth, but a second control of the Paint Booth, but a second control of the Paint Booth, but a second control of the Paint Booth, but a second control of the Paint Booth, but a second control of the Paint Booth, but a second control of the Paint Booth, but a second control of the Paint Booth, but a second control of the Paint Booth, but a second control of the Paint Booth, but a second control of the Paint Booth, but a second control of the Paint Booth, but a second control of the Paint Booth, but a second control of the Paint Booth, but a second control of the paint Booth, but a second control of the Paint Booth, but a second control of the Paint Booth, but a second control of the Paint Booth, but a second control of the Paint Booth, but a second control of the Paint Booth, but a second control of the Paint Boo	on and spill Response. The interior plan map	
B. Briefly summarize the observations that indicate Goal.	ted the overall effectiveness of this Measurable	•
The inspection and map provided a list of necessary a to the facility	actions including training, supplies and updates	
C. How many times was this observation measured	d or evaluated in this reporting period?	
D. Has your MS4 made progress toward this meas	(ex.: samples/participant	:s/events)
2. Thus your Most made progress toward this meas	• Yes O No)
E. Is your MS4 on schedule to meet the deadline so	et forth in the SWMPP? • Yes • No	
F. Briefly summarize the stormwater activities pla the next reporting cycle (including an implemen	anned to meet the goals of this MCM during	
Continue spill response training activities, post spill r improvements and items needed to add to County but		

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 1$

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

		SPD	ES	ID						
Name of MS4/Coalition	Albany County	N	Y	R	2	0	А	3	5	9

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

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

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

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

C. How many times was this observation mea	sured 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 deadli	ine set forth in the SWMPP?
	● Yes ○ No
F. Briefly summarize the stormwater activitie	s planned to meet the goals of this MCM during

the next reporting cycle (including an implementation schedule).

Process will be ongoing with additional information and updates provided. DPW crews are

instructed to contact the Stormwater Management Officer or assigned delegate, for further instruction and procedures depending on the type and location of the invasive species.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

Naı	Name of MS4/Coalition City of Albany																						N	Y	R	2	0	A	4	6	4	
		M	<u>in</u>	im	ur	n (C o	<u>ontr</u>	ol	Me	as	<u>ur</u>	e 3		Illi	cit	D	isc	hai	ge	<u>e</u>]	Dete	cti	on	an	d]	Eli	<u>im</u>	ina	ıtio	<u>n</u>	
Th	e inf	orr	nat	ion	in	this	SS	ection	n is	bei	ng	rep	orte	ed	(ch	eck (one	e):														
	On b On b			of a	a co	oali	tio	dual I n / MS			tril	oute	ed t	0	this	rep	ort	t? [
1.	En	tei	r th	ıe ı	nur	nb	er	and	ар	pro	X.	peı	rce	nt	of	out	fall	ls n	nap	peo	d:				6	1]#		1	0	0	%
2.								e ou outfa												W	ea	ther	dis	scha	rge	es (du	rin	g tl	nis	1	9
3.	a.W rep		•	-		_		erat	ing	sit	es/	sev	ver	sh	eds	we	re	tar	geto	ed	fo	r ins	pe	ctior	ı dı	uri	ing	th	is			
	\circ A	Aut	o F	lec;	ycle	ers									\subset	La	nds	scap	oing	(Ir	rię	gatior	n)									
	•													○ Marinas																		
	\circ C	Chu	ırcl	ies											O Metal Plateing Operations																	
	\circ C	Cor	nm	erc	ial	Car	w	ashes	\$						Outdoor Fluid Storage																	
	\circ C	Cor	nm	erc	ial]	Lau	ınc	dry/D	ry	Clea	nei	rs			O Parking Lot Maintenance																	
	\circ C	Cor	str	uct	ion	Ve	hio	cle W	Vas	hout	S				\subset	Pri	inti	ng														
	• (Cro	SS-	Co	nne	ctic	ns	;								Re	sid	enti	al (Car	wa	ashing	3									
	\circ L	Dis	trib	uti	on (Cer	ite	rs								Re	sta	ura	nts													
	\circ F	00	d F	ro	cess	sing	F	acilit	ies						C	Sc	hoo	ols a	and	Un	iv	ersiti	es									
	\circ (Jar	bag	ge T	Γru	ck V	Wa	ashou	ıts							Se	ptio	e M	aint	ena	ano	ce										
	\circ H	los	pit	als												Sw	/im	min	g P	ool	s											
	\circ I	mp	rop	er	RV	W	as	te Di	spo	sal					\subset	Ve	hic	le]	Fuel	ing	,											
		ndı	ıstr	ial	Pro	oces	SS	Wate	er						\subset	Ve	hic	le I	Mair	ıt./l	Re	pair	Sho	ps								
	Other:													No	ne																	
	• S	Sev	ers	he	ds:																											
		Р	а	t	r	0	C	o n		С	r	е	е	k	:	S	е	W	е	r	5	s h	е	d								

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

SPDES ID

Name of MS4/Coalition	City of Alb	oany													N	Y	R	2	0	A	4	6	4
3.b.What types of	illicit di	ischar	ges l	have	bee	en f	oui	nd (lur	inș	g tł	nis	rep	ort	ting	g pe	erio	d?					
O Broken Lines From	n Sanitar	y Sewe	er			Indu	ıstr	ial	Cor	nee	ctio	ns											
O Cross Connections						Infl	ow/	Infi	ltra	tioı	1												
O Failing Septic Syst	ems					Pun	np S	Stati	on	Fai	lur	e											
○ Floor Drains Conn	ected To	Storm	Sew	ers	\circ	San	itar	y S	ewe	er C)vei	flo	WS										
O Illegal Dumping					0	Stra	igh	t Pi	pe S	Sev	ver	Dis	cha	rge	S								
Other:	it digah	o ma o s	/note	ontio		Nor			oot	ion	a h		o b .	001	do	too	tod				his		
4. How many illic reporting period		arges	pote	enua	1 1111	ega	1 00)1111	eci	1011	15 11	la V	e D	een	ue	iec	teu	uı	11111	g (1115		0
5. How many illic	it diaah	04400	hav	a b aa		an f	•		du	***	. ~ 4	his	***		4 : -	~ ~		a d'	0	ſ	\neg		0
3. 110W many mic	at disch	arges	II a v	c bec	пс	UIII	11 11	icu	uu	1111	g	1113	T C	hoi	tiii	5 P	, (11	ou	•	L			
6. How many illic period?	it disch	arges	/illeg	gal co	nn	ecti	ons	s ha	ve	be	en	eliı	min	ato	ed o	dur	ing	g th	is r	epo [orti	ing	0
7. Has the storm of If No, approxim				_			-					_			_		od?	•	•	Ye	s	0	No
8. Is the above int																				Ye Ye			No No
If Yes, provide	` '		0																				
Please provide sp	pecific a	iddress	s of p	page	whe	ere i	maţ	p(s)	ca	n b	e a	cce	sse	d -	not	ho	me	pa	ge.				
URL																							
																			\dashv	\dashv			
									_										\dashv	4	\dashv	=	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

ID I	e pro	vid	e sp	eci	fic	ad	dre	SS	of	paş	ge v	vhe	ere	ma	p(s	() C	an	be	acc	ess	ed	- n	ot]	hon	ne j	pag	ge	
JRL																												
JRL																												
KL																												
																												T
							İ				<u> </u>																	_
JRL											L																	
,KE																												
																												F
																		<u> </u>										
JRL																												
																												Ī
																												Ī
JRL																											-	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

		SPD	ES	ID						
Name of MS4/Coalition	City of Albany	N	Y	R	2	0	А	4	6	4

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

BMP: Outfall Reconnaissance Inventory (ORI)

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

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

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

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

-					
				1	
comn	100/	'nari	tici	nant	. c / azzan + c

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

$lacktriangle$ Yes \bigcirc N

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

• Yes	O No
-------	------

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

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

SPDES ID

Nan	ne of MS4/Coalition	n Cit	y of Alba	ny								N	Y	R	2	0 A	4	6	4
	Minimum C	Cor	trol I	Meası	<u>ure 4.</u>	. Co	<u>onsti</u>	<u>ructi</u>	ion S	Site S	<u>torn</u>	<u>ıwa</u>	<u>ter</u>	Rı	<u>ıno</u>	ff C	on	<u>tro</u>	<u>I</u>
The	e information in th	his s	ection	is being	g repor	rted (c	check	c one):											
	On behalf of an inc On behalf of a coal How m	alitic	n		ibuted	l to th	nis re	eport?											
1.	How many conduring this rep				cts ha	ive be	een a	autho	rized	for d	listur	banc	ces (of o	ne a	icre	or r	nor	e 4
2.	How many conduring this rep				cts dis	sturbi	oing a	at lea	st on	e acr	e wer	e ac	tive	in	you	r jur	risd	ictio	on 9
3.	What percent of	of a	ctive	constr	uction	ı sites	s wei	re ins	specte	ed du	ring t	this 1	repo	orti	ng p	erio		0	NT %
4.	What percent of	of a	ective (constr	uction	ı sites	s wei	re ins	specte	ed mo	re th	an o	nce	?				0	
5.	Do all inspecto Construction S			_					contri	ibutir	ng to 1	this	-	ort • Y		the I			
6.	Does your MS4 (SWPPPs) of co												d a		ova				NT
	If your MS4 is public review?		n-Tra	dition	al, are	e SWI	PPP	s of c	consti	ructio	n pro	ject		_			le f	or	No
	If Yes, use the f	foll	owing	nage t	o idení	tify lo	ocatio	on(s)	wher	e SW	PPPs	can	he a	cce	ssec	1.			

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

																							SPI	DES	ID						
Name	of M	S4/0	Coa	litio	on	City (of Al	bany	,														N	Y	R	2	0	A	4	6	4
	c on't Subm		add	itio	ona	l pa	age:	s as	s ne	ede	ed.																				
• M	S4/C	oali	itior	ı C	ffic	ce																									
	Dep																												_		
	D	е	р	t			0	f		W	а	t	е	r		а	n	d		W	а	t	е	r		S	u	р	р	1	У
	Add								1											1					I				_		
	1	0		N	•		Ε	n	t	е	r	р	r	i	S	е		D	r	i		е									
	City		1.																	_		Zip				4					
	A		b	а	n	У												N	1 7			1	2	2	0	4	-				
	Pho	ne 5	1	8	١	4	3	4		5	3	0	0																		
O T "	. ([0)	4	3	4	-	٦)	U	U																		
O Li	brary Add		,																												
	Aud	1088	5																												
	City																					L Zip									
																											_				
	Pho	ne																													
	()				_																						
O Ot	hon	-			,				ı																						
\cup \cup i	Add	ress	S																												
		100																													
	City																					∟∟ Zip							_		
																											_				
	Pho	ne				_														_							ı				
	()				-																						
\circ w	eh Pa	തല	ΠR	Ι.(z)·	P	leas	se n	rov	ide	sne	cifi	c a	ddre	200	whe	ere	SW	pp	Ps (an	he s	acce	2886	d -	not	hoi	me ·	pag	e	
U ,,	URL	isc	OI	L	۰)،	1	10a	эс р	101	iuc	spc	<i>(</i> 111)	·C a	aar	000	VV 11V	010	5 **	11.		zam		1000	2550	u	1101	1101	,	pus	С.	
	\vdash	_	_																												_
	URL																														
																							<u></u> _								
			T																												

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

If submitting	ng this form as part	of a joint report of	n behalf of a coal	lition leave SPDE	S ID blank.	
				SPDES ID		
Name of MS4/Coalition	City of Albany			N Y R	2 0 A 4	6 4
7. Evaluating Pro	gress Toward Mo	easurable Goals	s MCM 4			
Use this page to repidentified in your St III.C.1. Submit addi	tormwater Manage	ement Program I		-	-	Part
A. Briefly summar	rize the Measura	ble Goal identif	ied in the SWM	IPP in this repo	orting per	iod.
BMP: Local Ordina Erosion and sedime environmental prob program that include disturbing at least of	entation from consolems. Phase II mules a component for	struction sites ca unicipalities mus	n lead to reduce t implement a st	tormwater mana	gement	
B. Briefly summan	rize the observati	ons that indica	ted the overall	effectiveness of	this Meas	urable
The City of Albany problems on active were graded unsatis active permitted co.	construction sites sfactory during an	s. During this rep inspection. Enfo	orting year, no jorcement action	permitted constr did not need to	ruction site be taken o	
C. How many time	es was this observ	vation measure	d or evaluated i			1
D. Has your MS4	made progress to	ward this meas	urable goal du		ing period	rticipants/eve. 1? ○ No
E. Is your MS4 on	schedule to mee	t the deadline s	et forth in the S	SWMPP?	• Yes	○ No
F. Briefly summar the next reporti	rize the stormwat ing cycle (includi	-		_		
Inspection and subsand sedimentation f	-				where eros	sion

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2 \mid$

	ng uns form as part of	a joint report on contain or	f a coalition leave SPDES ID blank.
			SPDES ID
Name of MS4/Coalition	City of Albany		N Y R 2 0 A 4 6 4
7. Evaluating Pro	ogress Toward Meas	surable Goals MCM 4	
8	0		
identified in your S		nent Program Plan (SWN	d achieving measurable goals MPP), including requirements in Part
A. Briefly summa	rize the Measurable	e Goal identified in the	SWMPP in this reporting period.
Construction sites sediment to stream		rmwater controls can co y of Albany has a constr	ntribute significant amounts of uction inspection program to ensure
B. Briefly summa Goal.	rize the observation	is that indicated the ov	erall effectiveness of this Measurable
Albany urbanized a ensure Erosion and	area during this repor I Sediment Control P lesigned in the Plans	rting period. All sites we Practices were in place an	Activity permits within the City of ere inspected by city personnel to nd functioning as described in the d approval during the plan review and
C. How many tim	es was this observat	tion measured or evalu	nated in this reporting period?
			(ex.: samples/participants/e
D. Has your MS4	made progress towa	ard this measurable go	oal during this reporting period?
,	•	ard this measurable go he deadline set forth in	● Yes ○ No the SWMPP?
E. Is your MS4 or F. Briefly summa	n schedule to meet tl	he deadline set forth in	● Yes ○ No The SWMPP? ● Yes ○ No The symplection of the symplectic of the symplection of the symplectic

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2 \mid$

SPDES ID N Y R 2 0 A 4 6 4
N Y R 2 0 A 4 6 4
hieving measurable goals, including requirements in Part
MPP in this reporting period.
e they address local requirements, otect water quality.
effectiveness of this Measurable
lbany which submitted plans for and comments were returned to viewed again to ensure all
in this reporting period?
1 4
(ex.: samples/participants/evuring this reporting period? ● Yes ○ No
SWMPP?
● Yes ○ No
the goals of this MCM during lle).
ter requirements are met in

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

SPDES ID

Yes

 \bigcirc No

○ Yes

 \circ NT

No

3

Name of MS4/Coalition City of Albany	NY	R	2 () A	4	6 4
Minimum Control Measures 4 and 5 Construction Site and Post-Construction 6		<u>ol</u>				
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 mechanism that provides equivalent protection to the NYS SPDES Stormwater Discharges from Construction Activities?			Perr		or	○ No
1b. Has each Town, City and/or Village contributing to this report do equivalent to a NYSDEC Sample Local Law for Stormwater Man Sediment Control through either an attorney cerfification or using Analysis Workbook?	agemen	nt aı YSI	nd I OEC	Erosi	on p	
If Yes, Towns, Cities and Villages provide date of equivalent NYS Sa	mple L 09/2004			w. 3/200	6	O NT
2. Does your MS4/Coalition have a SWPPP review procedure in pla	ce?			• Ye	es	○ No
3. How many Construction Stormwater Pollution Prevention Plans (reviewed in this reporting period?	SWPP	Ps) l	hav	e bee	en	1 4
4. Does your MS4/Coalition have a mechanism for receipt and considerate	deratio	n of	`pu	blic		

comments related to construction SWPPPs?

SWPPP process?

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

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

This report is being submitted for the reporting period ending March 9, 2 0 1 2

Name of MS4/Coalition	City of Albany			SPDES ID N Y R	2 0 A 4 6 4
Minimum	Control Mea	sure 5. Post-	Constructio	n Stormwater M	anagement
The information in the On behalf of an incomparison of the One of	dividual MS4	g reported (chec	k one):		
On behalf of a coa How m	lition nany MS4s contr	ributed to this r	eport?		
				nagement practices heporting period?	as your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	es				
• Filter Systems		2			
O Infiltration Basins					
Open Channels					
Ponds		6	4		
O Wetlands					
Other					
2. Do you use an BMPs, inspecti			base, spreadsl	neet) to track post-c	onstruction ● Yes ○ No
3. What types of a Development/B				implement Low Imposition in the Imposition in the Imposition in the Imposition in the Imposition in the Imposit Imposition in the Imposition in Imposition in Imposition in Imposition in Imposition in Imposition in Imposition in Imposition in Imposition in Impositi	pact
O Building Codes	• Municipal Co	omprehensive Pl	ans		
Overlay Districts	Open Space	Preservation Pro	gram		
○ Zoning	• Local Law or	Ordinance			
○ None	O Land Use Re	egulation/Zoning			
O Watershed Plans	Other Compr	ehensive Plan			
Other:					

This report is being submitted for the reporting period ending March 9, 2 0 1 2

	SPDES ID
Name of MS4/Coalition City of Albany	N Y R 2 0 A 4 6 4
4a. Are the MS4s contributing to this report involved in a regional/w	vatershed wide planning effort?
	○ Yes • No
4b. Does the MS4 have a banking and credit system for stormwater	management practices? O Yes • No
	○ 1 cs • 110
4c. Do the SWMP Plans for each MS4 contributing to this report inc and approval of banking and credit of alternative siting of a stor	mwater management practice?
	○ Yes • No
4d. How many stormwater management practices have been implement reporting period?	nented as part of this system in this
5. What percent of municipal officials/MS4 staff responsible for protraining on Low Impace Development (LID), Better Site Design (Infrastructure principles in this reporting period?	•

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

If submitting this form as part of a joint report on behalf of a coalition lea	ave SPDES ID blank.
SP	PDES ID
Name of MS4/Coalition City of Albany	I Y R 2 0 A 4 6 4
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward achieving ridentified in your Stormwater Management Program Plan (SWMPP), includi 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 (SI regular inspections of the control measures. The City of Albany has an insperpogram in place for SMPs within the urbanized area.	· • • •
B. Briefly summarize the observations that indicated the overall effectiv	veness of this Measurable
During this reporting period, four city owned management practices were in operation.	spected to ensure proper
C. How many times was this observation measured or evaluated in this	reporting period?
	(ex.: samples/participants/ev
D. Has your MS4 made progress toward this measurable goal during the	is reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMP	
F. Briefly summarize the stormwater activities planned to meet the goal the next reporting cycle (including an implementation schedule).	● Yes ○ No Is of this MCM during
SMPs, both publicly and privately owned, will be inspected based on the fol 2012 - Normans Kill/Hudson River watershed SMPs Any SMPs which require maintenance will be properly addressed.	llowing schedule:

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

		SPDES ID									
Name of MS4/Coalition	City of Albany		N	Y	R	2	0	А	4	6	4

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
On behalf of an individual MS4On behalf of a coalition	
How many MS4s contributed to this report?	

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

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

		<u>pei</u>	rformed within	the past 3
Operation/Activity/Facility	Addressed in	n SWMP?	<u>years?</u>) =
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 Disturba	ince • Yes	○ No	○ Yes	No
Right of Way Maintenance	• Yes	○ No	○ Yes	No
Marine Operations	○ Yes	• No	○ Yes	No
Hydrologic Habitat Modification	O Yes	• No	○ Yes	No
Parks and Open Space	Yes	○ No	○ Yes	No
Municipal Building		○ No	○ Yes	No
Stormwater System Maintenance	• Yes	○ No	○ Yes	No
Vehicle and Fleet Maintenance	• Yes	○ No	○ Yes	No
Other	○ Yes	○ No	○ Yes	\bigcirc No

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

	SPDES ID			
Name of MS4/Coalition City of Albany	N Y R 2	0 A	4	6 4
2. Provide the following information about municipal operat	ions good housekeep	oing pr	ogra	ıms:
O Parking Lots Swept (Number of acres X Number of times swep	t) # Acres			
• Streets Swept (Number of miles X Number of times swept)	# Miles	2 3	3	7 4
• Catch Basins Inspected and Cleaned Where Necessary	#		3	1 8
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#			4
O Phosphorus Applied In Chemical Fertilizer	# Lbs.			
O Nitrogen Applied In Chemical Fertilizer	# Lbs.			
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	# Acres Umber of			•
3. How many stormwater management trainings have been put during this reporting period?	provided to municipa	al emp	loye	es 2
4. What was the date of the last training?	0 1 / 3 1	/ 2	0	1 2
5. How many municipal employees have been trained in this	reporting period?			3
6. What percent of municipal employees in relevant positions stormwater management training?	s and departments r	eceive	0 () %

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

SPDES ID

Name of MS4/Coalition City of Albany	N Y R 2 0 A 4 6 4
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM) III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
BMP: Street Sweeping and Catch Basin Cleaning By sweeping the streets and cleaning catch basins throughout the SMPs and pollute the waters.	e city, less floatables will reach
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
During the inspections of the city owned SMPs, there were no flo	oatables found.
C. How many times was this observation measured or evalua	ted in this reporting period?
D. Has your MS4 made progress toward this measurable goa	(ex.: samples/participants/events. l during this reporting period?
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	the SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation scho	8
Streets will continue to be swept and catch basins will continue to before they reach SMPs.	o be cleaned to eliminate floatables

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 1 \end{vmatrix}$

Name of MS4/Coalition TOWN OF BETHLEHEM	N Y R 2 0 A 2 0 8
M' ' · · · · · C · · · · · · · · · · · ·	
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 the 	his report?
1. Enter the number and approx. percent	of outfalls mapped: 293# 100%
2. How many of these outfalls have been so reporting period (outfall reconnaissance	creened for dry weather discharges during this e inventory)?
3.a. What types of generating sites/sewershe reporting period?	eds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	○ Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	○ Printing
○ Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	○ Septic Maintenance
O Hospitals	○ Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
• Other:	○ None
FOCUSEDORIB	A S E D O N Z O N I N G
O Sewersheds:	

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 & 2 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name	of M	S4/0	Coal	litio	n_T	owi	N OF	BE	ΓHLI	EHE	M												N	Y	R	2	0	A	2	0	8
3.b.V	Vha	ıt ty	ype	s o	f ill	lici	t di	iscł	ıar	ges	ha	ve	bee	en f	ou	nd	du	rin	g tl	ıis	rep	ort	ting	g po	erio	od?	1				
O Bro	ken	Lir	nes	Fro	m S	San	itar	y S	ewe	r				Ind	ustr	ial	Со	nne	ctio	ns											
O Cro	oss (Con	nec	tior	ıs									Infl	OW/	/Inf	iltra	itio	n												
O Fai	ling	Sep	otic	Sy	ster	ns								Pur	np S	Stat	ion	Fai	ilur	e											
• Flo	or D	rai	ns (Con	nec	ted	То	Sto	orm	Se	wer	S	0	San	itar	y S	sew	er C)ve	rflo	ws										
• Ille	gal	Dui	mpi	ng									0	Stra	aigh	nt P	ipe	Sev	ver	Dis	cha	rge	S								
Otl				•11	,	1.						4. 1		Noi																	
	low epoi						sch	arg	ges/	pot	ten	tial	111	ega	ıI C	onr	1ec1	tior	is h	ıav	e b	een	de	etec	eted	l di	ırıı	ıg t	this	; 	3
-	-P o		-8 r																												3
5. H	low	ma	any	ill	icit	di	sch	arg	ges	hav	ve l	oee	n c	onf	irn	ned	l dı	ırir	ıg t	this	re	por	tin	g p	eri	od	?				3
																												•	,		
6. H	low erio		any	ill	icit	di	sch	arg	ges/	ille	gal	l co	nn	ecti	ion	s h	ave	be	en	eli	mir	ate	ed (dur	ing	g th	ıis 1	rep	ort	ing	3
•																													l)
7. H	[as t No										_				-					-		•	_		od?		С	Ye	Τ.		No
	. 1 (0	,	pro	J211	iiia		***	iut	PCI	0011	,,	u b	001	p.		u 11	1 (11	10 1	•pc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	181	, (11	·ou						4	3	웅
8. Is																												Ye			No
	thi Ye								ble	on	th	e w	'eb'	?													•	Ye	S	0	No
	ease						` ′		ess	of	pa	ge v	whe	ere	ma	p(s) ca	ın b	e a	cce	sse	d -	not	t hc	me	pa	ıge.				
UR W		W		A	I	М	S	G	I	S		0	R	G	/	W	E	В	М	А	Р	/									
*		R	E	S	Т	R	I	С	Т	E	D		A	С	/ C	E	S	S	1.1	_		/ C	0	N	Т	A	C	Т			
M		4	- 11	F	0	R		U	S	E	R		N	A		E	٥	A	N	D		P	A	S	s	W			D	*	*
		-		1		10			0		10		TA		1-1				TA	ט			Γ	D		V V		10	الما	Ш	
UR																															
			\vdash										-		—						-							-		\vdash	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 1 \end{vmatrix}$

ne of MS4/														1		,	SPDE	SIL)				_
	/Coalitic	on TO	WN OF	BET	HLEH	EM											N Z	R	. 2	0	А	2	0

URL(s)			r	ال م	d	~ - £		-	.l		a= (~	h.			ال. م	4	L -				
Please	provia	e spe	eciiic	ad	ares	s oi	paş	ge w	ner	e m	ap(s) c	an	be a	icc	ess	ea -	not	nor	ne	paş	ge	
OKL											Τ											T	Τ
	++					+	+	Н		+	+		<u> </u>		\dashv		+	+				\vdash	\vdash
URL						-			-	_	_												
OKL																							Т
	++					+		H		+	+				\dashv		+					\vdash	
	$\perp \downarrow$														4	_	_		<u> </u>			\perp	L
URL																							
								H			+												T
	++		+			+		Ш	_	+	+				4		+		+			\vdash	\vdash
																							L
URL																							
																							Т
	++									+	+				\pm		+					\vdash	H
																						L	_
URL							_			_	_											_	_
UKL											<u> </u>												L
ORL	\perp			\vdash																			
URL																							
											<u> </u>												<u></u>

This report is being submitted for the reporting period ending March 9, 2 0 1 2

	ng this form as part of a joint rep	port on ochan or a				LUIL	010	IIK.	
	TOWN OF BETHLEHEM]	SPDE			71		
Name of MS4/Coalition	TOWN OF BETTILEHEM			N	YR	2 0	A	2 0	8
Use this page to rep	oort on your progress and projectormwater Management Progressitional pages as needed.	ject plans toward		_		_			ırt
A. Briefly summan	rize the Measurable Goal id	lentified in the S	SWMPP i	n th	is re	porti	ng p	erio	d.
-	nd screen outfalls within MS4 ain a mechanism for residents	-	•				_		
B. Briefly summar Goal.	rize the observations that in	idicated the over	rall effect	tiven	ess (of this	s M	easur	able
	falls confirmed and screened vn were investigated and add	_	_				com	plain	ts
C. How many time	es was this observation mea	sured or evalua	ted in thi	s rep	orti	ng pe	erio	d?	
									3
D. Has your MS4	made progress toward this	measurable goal	l during	this 1		rting	per	iod?	cipants
E. I		l: 4	L - CXX/X/I	mno		(Y	es (⊃ No
E. Is your MS4 on	schedule to meet the deadl	ine set forth in t	ine SWM	PP?		(Y	es () No
•								- '	
•	rize the stormwater activition ing cycle (including an impl	_	_	als o	f thi	s MC	CM	durir	ıg

SWPPP process?

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

	SPDI	ES ID			
Name of MS4/Coalition TOWN OF BETHLEHEM	N	Y R 2	0 A	2 0	8
Minimum Control Measures 4 and 5	5.				
Construction Site and Post-Construction C	_	<u>trol</u>			
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 mechanism that provides equivalent protection to the NYS SPDES			_	•	
Stormwater Discharges from Construction Activities?	GCI	ici ai i c	• Ye		O No
1b. Has each Town, City and/or Village contributing to this report docequivalent to a NYSDEC Sample Local Law for Stormwater Mana Sediment Control through either an attorney cerfification or using Analysis Workbook?	agem	ent and	Erosi C Ga	on a	
If Yes, Towns, Cities and Villages provide date of equivalent NYS Sar	mple	Local L	aw.		
	09/20	004	03/200	5 C	NT
2. Does your MS4/Coalition have a SWPPP review procedure in place	ce?		• Ye	s (⊃ No
3. How many Construction Stormwater Pollution Prevention Plans (streviewed in this reporting period?	SWP	PPPs) ha	ve bee	e n 1	. 0
4. Does your MS4/Coalition have a mechanism for receipt and considerated comments related to construction SWPPPs?	lerat	tion of p ● Yes	ublic O N	o C	NT
If Yes, how many public comments were received during this reporting	g per	iod?			0
5. Does your MS4/Coalition provide education and training for contr	racto	rs abou	t the l	ocal	

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

		 SPI	DES	ID						
Name of MS4/Coalition	TOWN OF BETHLEHEM	N	Y	R	2	0	А	2	0	8

	Minimum Control Measure 4. Construction Site Stormwater Runo	ff Con	<u>trol</u>
The	e 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 a during this reporting period?	acre or 1	more
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	r jurisd	iction 8
3.	What percent of active construction sites were inspected during this reporting j	period?	O NT
4.	What percent of active construction sites were inspected more than once?	1 0	0 % O NT
		1 0	0 %
5.	Do all inspectors working on behalf of the MS4s contributing to this report use	the NY	S
	Construction Stormwater Inspection Manual? • Yes	○ No	\circ NT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prever (SWPPPs) of construction projects that are subject to MS4 review and approva	al?	
	Yes If your MS4 is Non-Traditional, are SWPPPs of construction projects made available.	○ No ailable f	O NT
	public review?	○ Yes	
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	d.	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

																							SPI	DES	ID						
Nan	ne o	fMS	4/Co	aliti	on	ГОW	N O	F BE	THL	EHE	EM												N	Y	R	2	0	A	2	0	8
6.		n't.:		41.1																											
	St	ıbmi	t ad	ditio	ona	l pa	ages	s as	ne	ede	ed.																				
\circ N		4/Co Depa			Offic	ce																									
	ĺ		P W		-		Е	N	G	I	N	E	E	R	I	N	G		D	I	V	I	S	I	0	N					
	L	Addr	ess		-																-	-									
		4	4 5	;	D	E	L	А	W	А	R	Ε		A	V	E	N	U	Ε												
	(City																_		_		Zip					1				
		D 1	EL	M	A	R												1	1 Y			1	2	0	5	4	-				
	I	Phone		1 -	1		_	_		_	_																				
		([5 1	8)	4	3	9	-	4	9	5	5																		
\circ I																															
		Addr	ess																												
		City																				Zip									
	Ì	JILY																				Zip					_				
	L	Phone	 e																			_					J				
		()				_																						
\sim ϵ	\41.	` _			,																										
0 (er Addr	ess																												
	ĺ	Iddi																													
	(City																				Zip									
																											_				
	I	Phone	e														I			_							J				
		()				-																						
\circ	Veh	Pag	re II	RLG	s).	P	leas	se n	rov	ide	sne	cifi	ic a	ddre	225	wh	ere	SW	'PP	Ps (ran	he:	acce	2886	-d -	not	hoi	me i	pag	e	
· ,		JRL	, C	rcL(٥).	1	Tour	ос р	101	140	эрс	.0111	ic u	uui	000	***11	010	5 11			Juli				·u	1100	1101	ine j	Pus	.	
	Ī	$\overline{}$	\pm	T																											
	L	+	+	+																											_
	Į Г	JRL		1																											
	ļ																														
	Ī																														

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 1 \end{vmatrix}$

7. Evaluating Progress Toward Measurable Goals MCM 4 Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Ensure all SWPPP inspection and enforcement procedures are accurately documented and tracked. 100% of active construction sites were inspected to ensure compliance with GP-0-10-001. Enforcement actions were taken and documented when necessary. C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants/
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Ensure all SWPPP inspection and enforcement procedures are accurately documented and tracked. B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. 100% of active construction sites were inspected to ensure compliance with GP-0-10-001. Enforcement actions were taken and documented when necessary. C. How many times was this observation measured or evaluated in this reporting period?
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Ensure all SWPPP inspection and enforcement procedures are accurately documented and tracked. B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. 100% of active construction sites were inspected to ensure compliance with GP-0-10-001. Enforcement actions were taken and documented when necessary. C. How many times was this observation measured or evaluated in this reporting period?
identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Ensure all SWPPP inspection and enforcement procedures are accurately documented and tracked. B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. 100% of active construction sites were inspected to ensure compliance with GP-0-10-001. Enforcement actions were taken and documented when necessary. C. How many times was this observation measured or evaluated in this reporting period? 1 7 7 1 7 1 7
Ensure all SWPPP inspection and enforcement procedures are accurately documented and tracked. B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. 100% of active construction sites were inspected to ensure compliance with GP-0-10-001. Enforcement actions were taken and documented when necessary. C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants/
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. 100% of active construction sites were inspected to ensure compliance with GP-0-10-001. Enforcement actions were taken and documented when necessary. C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants/
Goal. 100% of active construction sites were inspected to ensure compliance with GP-0-10-001. Enforcement actions were taken and documented when necessary. C. How many times was this observation measured or evaluated in this reporting period? [Ex.: samples/participants/
Goal. 100% of active construction sites were inspected to ensure compliance with GP-0-10-001. Enforcement actions were taken and documented when necessary. C. How many times was this observation measured or evaluated in this reporting period? [ex.: samples/participants/
Goal. 100% of active construction sites were inspected to ensure compliance with GP-0-10-001. Enforcement actions were taken and documented when necessary. C. How many times was this observation measured or evaluated in this reporting period? [ex.: samples/participants/
Goal. 100% of active construction sites were inspected to ensure compliance with GP-0-10-001. Enforcement actions were taken and documented when necessary. C. How many times was this observation measured or evaluated in this reporting period? [ex.: samples/participants/
Goal. 100% of active construction sites were inspected to ensure compliance with GP-0-10-001. Enforcement actions were taken and documented when necessary. C. How many times was this observation measured or evaluated in this reporting period? [ex.: samples/participants/
Enforcement actions were taken and documented when necessary. C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants/
Enforcement actions were taken and documented when necessary. C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants/
C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants/
(ex.: samples/participants/
(ex.: samples/participants/
(ex.: samples/participants/
(ex.: samples/participants/
(ex.: samples/participants/
D. Has your MS4 made progress toward this measurable goal during this reporting period?
● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
Continue inspections of all active construction sites. Town will document in writing standard inspection procedures and develop a tracking sheet for all active SWPPPs.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

SPDES ID

Name of MS4/Coalition	TOWN OF BETHLE	HEM			N Y	R 2	0 A	2	0 8
3.61		5 D (G.		3.4			_
<u>Minimum</u>	Control Mea	<u>sure 5. Post</u>	-Constructio	<u>n Storm</u>	<u>watei</u>	r Ma	nagei	<u>ner</u>	<u>1t</u>
The information in the	nis section is beir	ng reported (che	ck one):						
On behalf of an incOn behalf of a coaHow m		ributed to this	report?						
1. How many and MS4/Coalition i	• • •			_	-	es has	s your		
		# Inventoried	# Inspections	# Time Maintair					
O Alternative Practic	ees								
• Filter Systems		4							
O Infiltration Basins									
Open Channels									
Ponds		4							
O Wetlands									
Other									
2. Do you use an BMPs, inspecti			abase, spreads	heet) to tr	ack po	st-coi	nstruc ● Ye		ı O No
3. What types of a Development/E		•		-	t Low	Impa	ict		
O Building Codes	Municipal C	omprehensive P	lans						
Overlay Districts	Open Space	Preservation Pre	ogram						
Zoning	O Local Law o	r Ordinance							
○ None	• Land Use R	egulation/Zoning	9						
O Watershed Plans	Other Comp	rehensive Plan							
Other:									

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

		,	SPL)ES I	D					
Nar	me of MS4/Coalition TOWN OF BETHLEHEM		N	Y	R 2	2	0 A	2	0	8
4a	. Are the MS4s contributing to this report involved in a regional/v	watershe	d w	v ide j	plar	ıni	ing e ● Y			No
4b	. Does the MS4 have a banking and credit system for stormwater	managei	nei	ıt pr	acti	ice	es?			
							\circ Y	es		No
4c.	Do the SWMP Plans for each MS4 contributing to this report in and approval of banking and credit of alternative siting of a store							etice	?	No
4d	. How many stormwater management practices have been implen	nented as	s pa	rt o	f thi	is s	syste	m ir	ı thi	is
	reporting period?							L	0	
5.	What percent of municipal officials/MS4 staff responsible for pr	ogram iı	npl	leme	nta	tio	n att	end	ed	
	training on Low Impace Development (LID), Better Site Design	(BSD) ar	ıd	othe	· Gr	ee	en			
	Infrastructure principles in this reporting period?							7	0	%

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

If submittin	ng this form as part of a joint i	report on behalf of a				ES ID	bla	nk.	
1	TOWN OF DETHI EVEN] ;	SPDES		_	1_		
Name of MS4/Coalition	TOWN OF BETHLEHEM			N Y	R	2 0	A	2 0	8
Use this page to repute dentified in your St	gress Toward Measurable ort on your progress and protormwater Management Protonal pages as needed.	roject plans toward	-			_			rt
A. Briefly summar	rize the Measurable Goal	identified in the S	SWMPP i	n this	rep	ortii	ıg p	eriod	l
	s are reviewed for complian in procedures. In addition maractices.	_	-						
B. Briefly summar Goal.	rize the observations that	indicated the over	rall effect	ivene	ss o	f this	Me	easur	able
	were reviewed for complian action inventoried during the								n
C. How many time	es was this observation me	easured or evalua	ted in this	s repo	orti	ng pe	riod	1?	5
					(ex	.: sam	ples/	 partic	ipants.
D. Has your MS4 i	made progress toward thi	is measurable goa	l during t	his re	epoi	_	per Ye) No
E. Is your MS4 on	schedule to meet the dead	dline set forth in 1	the SWM	PP?					
							Ye		No No
_	rize the stormwater activiting cycle (including an im	_	_	als of	thi	s MC	CM (durin	g
	ment in writing SWPPP revenue to struction practices and polace.								h

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

		SPE	ES	ID						
Name of MS4/Coalition	TOWN OF BETHLEHEM	N	Y	R	2	0	А	2	0	8

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 	

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Self-Assessment

Operation/Activity/Facility performed within the past 3 vears? **Operation/Activity/Facility** Addressed in SWMP? Street Maintenance..... • Yes ○ No • Yes \bigcirc No ● No ○ Yes No Bridge Maintenance.... O Yes Winter Road Maintenance.

• Yes ○ No • Yes \bigcirc No Salt Storage.

• Yes ○ No • Yes \bigcirc No \bigcirc No Solid Waste Management..... • Yes ○ No • Yes New Municipal Construction and Land Disturbance.. • Yes ○ No Yes \bigcirc No Right of Way Maintenance....

Yes \bigcirc No ● No O Yes Marine Operations.... O Yes No Hydrologic Habitat Modification..... O Yes ● No ○ Yes No Parks and Open Space....

Yes \bigcirc No ○ No • Yes Municipal Building.... • Yes \bigcirc No \bigcirc No Stormwater System Maintenance..... • Yes ○ No • Yes \bigcirc No Vehicle and Fleet Maintenance..... • Yes ○ No • Yes \bigcirc No Other...... • Yes

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

	S	PDES ID				
Name of MS4/Coalition TOWN OF BETHLEHEM		N Y R	2 0	A 2	0	8
2. Provide the following information about municipal operation	ions good	houseko	eeping	pro	grai	ns:
• Parking Lots Swept (Number of acres X Number of times swep	t)	# Acre	es		1	8
• Streets Swept (Number of miles X Number of times swept)		# Mile	es	5	2	5
• Catch Basins Inspected and Cleaned Where Necessary			#	1	1	6
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary			#			
O Phosphorus Applied In Chemical Fertilizer		# Lb	s.			
Nitrogen Applied In Chemical Fertilizer		# Lb	s.	6	0	0
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.) 	umber of	# Acres	1 3	3 7	5 .	5
3. How many stormwater management trainings have been p during this reporting period?	provided t	o munic	ipal e	mplo	yees	4
4. What was the date of the last training?	0 2	2 / 2	8 /	2 0	1	2
5. How many municipal employees have been trained in this	reporting	period?	•			7
6. What percent of municipal employees in relevant positions stormwater management training?	s and depa	artments	s recei	ve 7	0]%

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

Name of MS4/Coalition TOWN OF BETHLEHEM Name of MS4/Coalition TOWN OF BETHLEHEM N Y R 2 0 A 2 0 8
Name of MS4/Coantion
7. Evaluating Progress Toward Measurable Goals MCM 6
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
Continued inspection and cleaning of all streets and catch basins, as well as the continued training of municipal staff responsible for implementation of the SWMPP.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
All streets were swept and all catch basins in need of maintenance were appropriately addressed. Additionally, majority of staff attended training workshop on Green Infrastructure.
C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
Ensure appropriate staff is adequate is trained in stormwater basics and maintenance.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

Name of MS4/Coalition City of Cohoes				NY	R	2	0 .	A 2	2 4	4 3				
Minimum Control Measure 3.	Illi	cit	Discl	ıar	ge D	<u>ete</u>	cti	on a	nd	Eli	mi	nat	ior	<u>1</u>
The information in this section is being reported	d (che	eck o	one):											
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to 	o this	rep	ort?											
1. Enter the number and approx. percen	it of o	outf	falls m	ap	ped:			7	7 6	#		1	0	0 %
2. How many of these outfalls have been reporting period (outfall reconnaissan				•	weatl	her	dis	char	ges	dur	ing	this	S	0
3.a. What types of generating sites/sewers reporting period?	heds	we	re tar	gete	ed for	ins	pec	tion (dur	ing	thi	S		
Auto Recyclers	С	La	ndscap	ing	(Irriga	tion	1)							
O Building Maintenance	С	Ma	arinas											
○ Churches	O Metal Plateing Operations													
O Commercial Carwashes	Outdoor Fluid Storage													
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance													
O Construction Vehicle Washouts	С	Pri	nting											
○ Cross-Connections	С	Re	sidentia	ıl C	Carwas	hing	,							
O Distribution Centers	С	Re	staurar	ts										
○ Food Processing Facilities	С	Scl	hools a	nd	Univer	sitie	es							
○ Garbage Truck Washouts	С	Se _l	ptic M	aint	enance									
○ Hospitals	С	Sw	immin	g P	ools									
O Improper RV Waste Disposal	С	Ve	hicle F	uel	ing									
O Industrial Process Water	O Vehicle Maint./Repair Shops													
Other:	С	No	ne											
○ Sewersheds:														

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

Name	of M	S4/0	Coal	litio	n	ity o	f Col	hoes															N	Y	R	2	0	A	2	4	3
3.b.V	Vha	ıt t	ype	s o	f il	lici	t di	iscł	ıar	ges	ha	ve	bee	en f	ou	nd	du	ring	g tl	is i	rep	ort	ing	g po	erio	od?					
O Bro	oken	Liı	nes	Fro	m S	San	itar	y S	ewe	r			0]	Ind	ustr	ial	Co	nne	ctio	ns											
O Cro	oss (Con	nec	tior	ıs								0]	Infl	ow/	/Inf	iltra	ıtioı	n												
O Fai	ling	Sej	ptic	Sy	ster	ns							0]	Pun	np S	Stat	ion	Fai	ilur	e											
○ Flo	or I	Orai	ns (Con	nec	ted	То	Sto	orm	Se	wer	S	0 :	San	itar	y S	ewe	er C)vei	rflo	WS										
O Ille	gal	Du	mpi	ng									• ;	Stra	aigh	t P	ipe	Sev	ver	Dis	cha	rge	S								
Otl				. :11	: 0:4	ا	a a b		-09/			4.1		Noi				Han.	h				da	400	400	l d.			hia		
4. H	tow epo		•				scn	arg	ges/	po	len	uai	11110	ega	II CO	omn	ieci	1101	1S II	lav(e D	een	ae	etec	ted	ı at	ırıı	ıg ı	nis		1
	•																														
5. H	low	ma	any	ill	icit	di	sch	arg	ges	hav	ve l	oee	n c	onf	irn	ned	dı	ırir	ıg t	his	re	por	tin	g p	eri	iod	?				1
6. H	low eric		any	ill	icit	di	sch	arg	ges/	ille	gal	co	nn	ecti	ion	s h	ave	be	en	eliı	nin	ato	ed (dur	ing	g th	is 1	ep	ort	ing	1
7. H	las No										_				-					_		•			od?	?	0	Ye	es 7	0	No 왕
	s the S the	is i	nfo	rm	ati	on	ava	ila																				Ye Ye			
	ease	e pr	ovi	de	spe	cif	ic a	ıddı	ess	of	pag	ge v	whe	ere	ma	p(s)) ca	n b	e a	cce	sse	d -	not	t ho	me	pa	ge.				
W	w	W		a	i	m	s	g	i	S		0	r	g	/	W	е	b	m	а	р										
*	*	*	r	е	s	t	r	i	С	t	е	d		a	С	С	е	ದ	ន	*	*	*									
UR	L																														

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

Pleas JRL	se prov	vide	spe	citic	ad	dre	ess	of	paş	ge v	vhe	ere	ma	p(s	() C	an	be	acc	ess	ed	- n	ot	non	ne]	pag	ge	
KL																											
+				t																							T
				<u> </u>																							<u> </u>
																											_
JRL				Τ																							
				+																							H
				+																							H
JRL				Τ																							Т
																											<u>_</u>
				<u> </u>																							L
JRL				Т																							Ι
				+																							H
				+																							_
\perp																											
				Т																							Т
JRL	1 1			+																							H
IRL .																											L
JRL				Ť												1	1						1				

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

Name of MS4/Coalition	City of Cohoes	SPDES ID N Y R 2 0 A 2 4 3
12. Evaluating Pro	gress Toward Measurable Goals MCM 3	
identified in your St	oort on your progress and project plans toward tormwater Management Program Plan (SWM itional pages as needed.	e e
A. Briefly summar	rize the Measurable Goal identified in the S	SWMPP in this reporting period.
Still working with	CBI software to better track the IDDEs.	
B. Briefly summar Goal.	rize the observations that indicated the over	rall effectiveness of this Measurable
City forces investig	gated possible illegal connections.	
C. How many time	es was this observation measured or evalua	ted in this reporting period?
		(ex.: samples/participants/events
D. Has your MS4	made progress toward this measurable goa	
E. Is your MS4 on	schedule to meet the deadline set forth in	the SWMPP? ○ Yes • No
•	rize the stormwater activities planned to moing cycle (including an implementation sch	
Once the CBI softv	vare becomes available (without problems) it	will be easier to track down IDDEs.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

SPDES ID

No

○ Yes

 \circ NT

No

O Yes

Name of MS4/Coalition City of Cohoes	N Y R 2 0 A 2 4 3
Minimum Control Measures Construction Site and Post-Constru	
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, o mechanism that provides equivalent protection to the NYS Stormwater Discharges from Construction Activities?	<u> </u>
1b. Has each Town, City and/or Village contributing to this re equivalent to a NYSDEC Sample Local Law for Stormwat Sediment Control through either an attorney cerfification Analysis Workbook?	ter Management and Erosion and
If Yes, Towns, Cities and Villages provide date of equivalent	
2. Does your MS4/Coalition have a SWPPP review procedur	e in place? • Yes • No
3. How many Construction Stormwater Pollution Prevention reviewed in this reporting period?	n Plans (SWPPPs) have been

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public

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

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

comments related to construction SWPPPs?

SWPPP process?

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

SPDES ID

Naı	me of MS4/Coalition City of Cohoes N Y R 2 0 A 2 4 3
	Minimum Control Measure 4. Construction Site Stormwater Runoff Control
The	e information in this section is being reported (check one):
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?
1.	How many construction projects have been authorized for disturbances of one acre or more during this reporting period?
2.	How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
3.	What percent of active construction sites were inspected during this reporting period? \bigcirc NT $\boxed{1\ 0\ 0\ }\%$
4.	What percent of active construction sites were inspected more than once? \bigcirc NT $\boxed{1\ 0\ 0\ \%}$
5.	Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ● Yes ○ No ○ NT
	If your MS4 is Non-Traditional, are SWPPs of construction projects made available for public review? O Yes O No
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

																		SPI	DES	ID										
Name	of MS4	/Coa	alitio	on	City o	of Co	hoes	;														N	Y	R	2	0	A	2	4	3
6. (con't.:																													
,	Submit	ado	ditio	ona	l pa	age	s as	ne	ede	ed.																				
• M	S4/Coa	litio	n C	Offic	ce																									
	Depar				Ι.	1													_							_	_			
	Bu		1	d	i	n	g		a	n	d		Р	1	a	n	n	i	n	g										
	Addre 9 7		ъл		h		7.7	k		С	+	20			_															
	City		M	0	11	a	W	K		S	t	r	е	е	t						Zip									
	City	h	0	е	s												N	1 2	Y		1	2	0	4	7]_				
	Phone																					_	-			J				
	(5	1	8)	2	3	3	_	2	1	3	0																		
O Li	brary			,				•					ı																	
	Addre	SS		1		1	ı	1	I																					
	City	_																\top	\neg		Zip]				
	D1																									_				
	Phone /			١																										
	(_)				_																						
\bigcirc Ot																														
	Addre	ss																												
	C:4																				7.									
	City																	Т			Zip]				
	Phone																									_				
	(Т		١				_																						
	(_			,				l																						
\circ W	eb Pag	e UI	RL(s):	P	lea	se p	rov	ide	spe	cifi	ic a	ddr	ess	wh	ere	SW	PP.	Ps	can	be a	acce	esse	ed -	not	hoi	me	pag	e.	
	URL																													
	URL	,			•	,	,		,						,	-											,	,,	•	
		İ		Ì																										
		1					<u> </u>																							_
	1 1		1		1				1				1		1					1	1		1		()	ι '	1 '			

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

SPDES ID

Name of MS4/Coalition City of Cohoes		N Y R 2 0 A 2 4 3
7. Evaluating Progress Toward	d Measurable Goals MCM 4	
Use this page to report on your pridentified in your Stormwater Ma III.C.1. Submit additional pages a	nagement Program Plan (SWM)	achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Meas	urable Goal identified in the S	SWMPP in this reporting period.
Reviewed 100% of the SWPPPS under review).	(one submitted and reviewed; a	and one currently submitted and
B. Briefly summarize the obser Goal.	vations that indicated the over	rall effectiveness of this Measurable
All are either reviewed or under r	review; therefore Cohoes was e	effective in meeting this goal.
C. How many times was this ob	oservation measured or evalua	ted in this reporting period?
		(ex.: samples/participants/event
D. Has your MS4 made progres	ss toward this measurable goa	ll during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to 1	meet the deadline set forth in t	
•	nwater activities planned to mo luding an implementation sch	○ Yes ● No eet the goals of this MCM during edule).
City has internal meetings with the Management Officer and Plannin		

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

Name of MS4/Coalition	City of Cohoes			N	1 Y	R 2	0 A	2	4 3
<u>Minimum</u>	Control Mea	sure 5. Post	t-Constructio	on Stormy	vate	r Ma	ınage	<u>me</u>	<u>nt</u>
TT1 : 6		. 1 (1	1						
The information in the		ig reported (che	eck one):						
On behalf of an incOn behalf of a coa									
How m	nany MS4s cont	ributed to this	report?						
1. How many and MS4/Coalition is	• • •					ces ha	ıs your		
		# Inventoried	# Inspections	# Times Maintaine	d				
Alternative Practic	200	Inventorieu		Maintaine	;u 				
	ies				_ 				
O Filter Systems									
O Infiltration Basins									
Open Channels									
Ponds									
O Wetlands									
Other									
2. Do you use an o			abase, spreads	heet) to tra	ck po	ost-co	nstruc O Y		n • No
3. What types of Development/E	non-structural	practices hav		-	Low	Imp		CS	• 110
Building Codes		comprehensive I	•	ncipies:					
	•	•							
Overlay Districts		Preservation Pr	ogram						
○ Zoning	O Local Law o	or Ordinance							
○ None	O Land Use R	egulation/Zonin	g						
O Watershed Plans	Other Comp	rehensive Plan							
Other:									

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 1 \end{vmatrix}$

	SP	DES.	ID .				
Name of MS4/Coalition City of Cohoes	N	Y	R 2	0 7	2	4	3
4a. Are the MS4s contributing to this report involved in a regional/v	watershed v	wide	planı	_	e ffor Yes		No
4b. Does the MS4 have a banking and credit system for stormwater	manageme	ent p	ractio				
				\circ	l'es		No
4c. Do the SWMP Plans for each MS4 contributing to this report in and approval of banking and credit of alternative siting of a store				ıt pra		?	No
4d. How many stormwater management practices have been implement reporting period?	nented as p	art o	f this	syste	m ir	thi	is
5. What percent of municipal officials/MS4 staff responsible for protraining on Low Impace Development (LID), Better Site Design Infrastructure principles in this reporting period?	_				tend	ed	%

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

SPDES ID

Name of MS4/Coalition	City of Cohoes	N Y R 2	0 A 2 4 3
6. Evaluating Prog	gress Toward Measurable Goals MCM 5	5	
identified in your St	ort on your progress and project plans towater Management Program Plan (SW tional pages as needed.	_	_
A. Briefly summar	rize the Measurable Goal identified in th	e SWMPP in this repo	rting period.
	ned stormwater management facilities. Ob omwater management facilities.	tain copies of inspection	reports for
B. Briefly summar Goal.	rize the observations that indicated the o	verall effectiveness of t	his Measurable
The City owned fac	cilities were inspected; non city owned faci	lities to forward copies of	of inspections.
C. How many time	es was this observation measured or eval	uated in this reporting	period?
D. Has your MSA	made progress toward this measurable g		samples/participants/events
D. Has your WIS4 I	made progress toward this measurable g	oar during this reporti	Yes O No
E. Is your MS4 on	schedule to meet the deadline set forth i	n the SWMPP?	
•	rize the stormwater activities planned to ing cycle (including an implementation s	<u> </u>	● Yes ○ No MCM during
I .	o track inspections, more effectively track ty's MS4 laws and guidance.	catch basins work, educa	nte new

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

		SPD	ES	ID						
Name of MS4/Coalition	City of Cohoes	N	Y	R	2	0	А	2	4	3

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):
On behalf of an individual MS4On behalf of a coalition
How many MS4s contributed to this report?

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

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

		<u>p</u>	<u>erformed within</u>	the past 3
Operation/Activity/Facility	Addressed in	a SWMP?	<u>years?</u>	
Street Maintenance	• Yes	○ No	• Yes	\bigcirc No
Bridge Maintenance	• Yes	○ No	○ Yes	No
Winter Road Maintenance	O Yes	• No	○ Yes	No
Salt Storage	O Yes	• No	O Yes	No
Solid Waste Management	• Yes	○ No	○ Yes	No
New Municipal Construction and Land Disturban	nce O Yes	• No	○ Yes	No
Right of Way Maintenance	O Yes	• No	O Yes	No
Marine Operations	O Yes	• No	○ Yes	No
Hydrologic Habitat Modification	O Yes	• No	O Yes	\bigcirc No
Parks and Open Space	• Yes	○ No	○ Yes	No
Municipal Building	• Yes	○ No	• Yes	\bigcirc No
Stormwater System Maintenance	• Yes	○ No	• Yes	\bigcirc No
Vehicle and Fleet Maintenance	∴ ○ Yes	• No	○ Yes	No
Other	O Yes	• No	○ Yes	No

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

	SPDES ID			
Name of MS4/Coalition City of Cohoes	N Y R 2	0 A	2 4	1 3
2. Provide the following information about municipal operat	ions good housekeep	oing pr	ogra	ıms:
• Parking Lots Swept (Number of acres X Number of times swep	t) # Acres			3
• Streets Swept (Number of miles X Number of times swept)	# Miles	1	4 7	7 4
• Catch Basins Inspected and Cleaned Where Necessary	#		5	5 5
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#			2
O Phosphorus Applied In Chemical Fertilizer	# Lbs.			
O Nitrogen Applied In Chemical Fertilizer	# Lbs.			
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	# Acres Umber of			•
3. How many stormwater management trainings have been put during this reporting period?	provided to municipa	al empl	loyee	e s 3
4. What was the date of the last training?	0 3 / 0 6	/ 2	0 1	1 2
5. How many municipal employees have been trained in this	reporting period?			5
6. What percent of municipal employees in relevant positions stormwater management training?	s and departments r	eceive	6 0) %

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

SPDES ID

Name of MS4/Coalition	City of Cohoes		N Y R 2 0 A	2 4 3
	gress Toward Measurable Goals M			
identified in your St	oort on your progress and project plans tormwater Management Program Plan itional pages as needed.		_	n Part
A. Briefly summar	rize the Measurable Goal identified	in the SWMPP in	this reporting p	eriod.
	wned buildings inventoried, the City of g period and revising the schedule for			
B. Briefly summan	rize the observations that indicated	the overall effecti	veness of this Me	asurable
Audits for the rema	aining facilities to be done during 201	2.		
C. How many time	es was this observation measured or	r evaluated in this	reporting period	?
			(5
D. Has your MS4	made progress toward this measura	able goal during th		participants/events) od?
		ALL CANADA		s O No
E. Is your MIS4 on	schedule to meet the deadline set for	orth in the SWMP	YP? ○ Yes	s • No
•	rize the stormwater activities planning cycle (including an implementat	_	ls of this MCM d	uring
	ore time than scheduled but the remaine. Catch basin repairs ongoing.	ning ones are sched	uled to be done by	the

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

Name of MS4/Coalition Town of Colonie	SPDES ID N Y R 2 0 A 1 9 0
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination
The information in this section is being reported ((check one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to t 	his report?
1. Enter the number and approx. percent	of outfalls mapped: 8 0 0 # 1 0 0 %
2. How many of these outfalls have been so reporting period (outfall reconnaissance	creened for dry weather discharges during this e inventory)?
3.a. What types of generating sites/sewershe reporting period?	eds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	○ Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	 Parking Lot Maintenance
O Construction Vehicle Washouts	○ Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	○ Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
○ Hospitals	O Swimming Pools
O Improper RV Waste Disposal	Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
• Other:	○ None
Pet Waste Com	p 1 a i n t s
• Sewersheds:	
K r o m m a K i 1 1 , D	r y R i v e r , S a 1 t K i 1 1

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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 Coloni	e													N	Y	R	2	0	A	1	9	0
3.b. What types of illic	it disch	arges	s ha	ve	bee	n f	ou	nd	du	rin	g tł	nis	rep	ort	ing	g pe	erio	od?					
O Broken Lines From Sar	nitary S	ewer			\circ I	Indu	ıstr	ial	Co	nne	ctio	ns											
O Cross Connections					\circ I	nfl	OW/	/Inf	iltra	ıtio	n												
O Failing Septic Systems					\circ I	Pun	np S	Stat	ion	Fai	ilur	e											
O Floor Drains Connected	l To Sto	orm Se	wer	S	0.5	San	itar	y S	ew	er ()vei	rflo	ws										
O Illegal Dumping					0 5	Stra	igh	t P	ipe	Sev	ver	Dis	cha	rge	S								
Other: Pet Com 4. How many illicit di	1-	a i	n ten	t tial	o i			onn	nec1	tion	ıs h	nav.	e h	een	de	tec	ted	l dı	ıriı	10 1	this		
reporting period?	ischai g	,cs/ po	ten	tiai		.ga				101	19 1	161 7			uc		icu	· ut	41 11	15			0
5. How many illicit di	ischarg	ges ha	ve l	bee	n co	onf	irn	ned	dı	ıriı	ıg t	this	re	poı	tin	g p	eri	iod	?				0
6. How many illicit di period?	ischarg	ges/illo	egal	l co	nne	ecti	on	s h	ave	be	en	eliı	min	ate	ed o	lur	ing	g th	is 1	rep	ort	ing	
periou:																							0
7. Has the storm sewer If No, approximately			_	•			-					_		•	_		od?		С	Ye	1		No
Tr .	,	r				Г					· I ·		<i>O</i> 1							L	8	5	웅
8. Is the above inform Is this information																				Ye			No
If Yes, provide URL		DIC OI	ı uı	C W	CD.	•														Ye	S		No
Please provide specif	fic addr	ess of	pa	ge v	whe	re 1	ma	p(s)) ca	n b	e a	cce	sse	d -	not	ho	me	pa	ge.				
W W W . a i m	s g	i s		0	r	g	/	W	е	b	m	a	р										
* * * r e s t	ri	c t	е	d		a	С	С	е	s	S	*	*	*									
URL																							

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

03.5-			T	ωwn	of C	oloni	ie														SPI N	Y	R	2	0	А	1	9
ne of MS	54/Coa	ılitic	n_ ¹	OWII	01 C	OIOIII	10]			ΤΛ	1	1/		U	~		ر ا
URL(pec	ific	ad	ldre	ess	of	paş	ge v	vhe	ere	ma	p(s	s) c	an	be	acc	ess	ed	- n	ot l	hon	ne j	pag	ge	
URL				I	1			ı									1		ı					1	ı			
											_																	
URL																												
	+				<u> </u>													<u> </u>										
	_																											
JRL																												
											_																	
URL																												
	+																											
	+																											
URL																	1							1				
Haga	~ ID	DE	lox	w h			lan	. 4 0d	ı ca		- ak	440		4:01	aal	N	C 4		1/0	, b	27/0	ID	DI	7	400	ad.	***	a h
Has a appro							_															ID	ועי	ر p م		Ye		s n
11															0				•							- 1	-	-
. If Yes			-										ting	g to	thi	is r	epo	ort	cer	tifi	ed							
equiv	alent	to	the	e N	YS	M	ode	el I	DD	E]	Lav	v ?										(Y	es) N	0	0
. What							-														-					-		_

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

SPDES ID Name of MS4/Coalition Town of Colonie N Y R 2 0 A 1 9 0
Traine of the Wednesday
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?
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/eve
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.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

		SPL	DES	ID						
Name of MS4/Coalition	Town of Colonie	N	Y	R	2	0	А	1	9	0

	Minimum Control Measures 4 and 5.		
	Construction Site and Post-Construction Control		
• (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 regumechanism that provides equivalent protection to the NYS SPDES General Perustormwater Discharges from Construction Activities?		•
1b	.Has each Town, City and/or Village contributing to this report documented that equivalent to a NYSDEC Sample Local Law for Stormwater Management and E Sediment Control through either an attorney certification or using the NYSDEC Analysis Workbook?	Erosioi	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Lav ○ 09/2004 ● 03	w. 8/2006	○ 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 reviewed in this reporting period?	e been	4
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of pulcomments related to construction SWPPPs? • Yes	blic ○ No_	O 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 to SWPPP process?	the loc • Yes	al ○ 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	O No Authority
O Stop Work Orders	#				O No Authority
O Criminal Actions	#				O No Authority
○ Termination of Contracts	#				O No Authority
O Administrative Fines	#				O No Authority
O Civil Penalties	#				O No Authority
O Administrative Orders	#				O No Authority
O Enforcement Actions or Sanctions	#				
• Other	#			2	O No Authority

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

Nam	ne of MS4/Coalition Town of Colonie N Y R 2	0 A 1	L 9 0
	Minimum Control Measure 4. Construction Site Stormwater Run	off Cor	<u>itrol</u>
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?		
	How many construction projects have been authorized for disturbances of one during this reporting period?	acre or	more 5
	How many construction projects disturbing at least one acre were active in your during this reporting period?	ur jurisc	diction 2 2
3.	What percent of active construction sites were inspected during this reporting	g period?	
4.	What percent of active construction sites were inspected more than once?	1 0	O NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report us Construction Stormwater Inspection Manual? • Yes		
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prevo (SWPPPs) of construction projects that are subject to MS4 review and approx		lans
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made a public review?		
	If Vestuse the following page to identify location(s) where SWPPPs can be access	ed	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

				_															_			SPI	DES	ID						
Name	of MS	4/Co	aliti	on	Γown	of C	Color	nie														N	Y	R	2	0	A	1	9	0
	c on't. Subm		diti	ona	ıl pa	age:	s as	s ne	ede	ed.																				
• M	S4/Co	o litic	n C)ffi	20																									
• IVI	Depa			<i>)</i> 111(
		t o		m	W	a	t	е	r		М	a	n	а	g	е	m	е	n	t		0	f	f	i	С	е			
	Addr	ess			-																									
		4 7		0	1	d		N	i	s	k	а	У	u	n	а		R	0	a	d									
	City																				Zip									
	La	a t	h	a	m												N	I Y	7		1	2	1	1	0	_				
	Phon	e																	_							J				
	(5 1	8)	7	8	3	_	2	7	5	8																		
O Lil	orary		ļ	,			ı	J					J																	
	Addr	ess	_																											
	City																		_		Zip					1				
																										-				
	Phon	e		1				1					1						_											
	()				-																						
O Ot	hor	,					•	•	,			•																		
O 01	Addr	ess																												
	City																				L Zip									
																										_				
	Phon	 e																								J				
	()				_																						
~ ***	1.5				_			J									~***													
\circ W	eb Paş	ge U	RL(s):	Р	leas	se p	rov	1de	spe	eciti	ic a	ddr	ess	whe	ere	SW	PPI	Ps c	an	be a	icce	esse	d -	not	hoi	me j	pag	e.	
	URL	\top																												
		+																											=	
	LIDI							<u> </u>																						
	URL																													
		\perp																												
																						Ţ				Ţ				

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

II Subilitui	ig tills form as part of a jo	ant report on bename	or a coantion	icave of DE	o id olalik	•
AL CAGA/G 11/1	Town of Colonie			SPDES ID N Y R 2	0 A 1	9 0
Name of MS4/Coalition					0 -	
7. Evaluating Pro	gress Toward Measura	able Goals MCM 4	1			
identified in your St	ort on your progress and ormwater Management tional pages as needed.	1 0 1			-	Part
A. Briefly summan	rize the Measurable Go	oal identified in th	e SWMPP i	n this repo	rting per	iod.
Number of water que continued inspection	uality violations observens.	ed through construc	tion site insp	pections wil	l decrease	e with
B. Briefly summar Goal.	rize the observations th	nat indicated the o	verall effect	tiveness of t	this Meas	surable
	struction site effluent sa rosion and sediment con			there has b	een some	
C. How many time	es was this observation	measured or eval	uated in thi			1
D. Has your MS4	made progress toward	this measurable g	oal during		ng period Yes	_
E. Is your MS4 on	schedule to meet the o	deadline set forth i	n the SWM	PP?	• Yes	O No
•	rize the stormwater act	-	_	als of this I		
effectiveness of ero	t inspections and share sion and sediment contr garding effective E&SC	rol measures. Keep				ship

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

II Suomitti	ing time form do pe	or a joint r o p	or on oviidir or	SPDES ID	o in oranic
Name of MS4/Coalition	Town of Colonie				2 0 A 1 9 0
Minimum	Control Mea	sure 5. Post	-Constructio	on Stormwater M	anagement
The information in the		g reported (che	ck one):		
On behalf of an indOn behalf of a coa					
How m	nany MS4s contr	ributed to this	report?		
				nagement practices heporting period?	as your
		# Inventoried	# Inspections	# Times Maintained	
Alternative Practice	ees	4	5 0		
• Filter Systems		3	7 6		
• Infiltration Basins		3	3 0		
Open Channels		1	1 3		
Ponds		1	1 2		
O Wetlands					
Other					
2. Do you use an BMPs, inspecti			abase, spreads	heet) to track post-c	onstruction ● Yes ○ No
3. What types of Development/B		-		implement Low Imposition in the implement Low Imposition in the im	pact
O Building Codes	Municipal C	omprehensive P	lans		
Overlay Districts	Open Space	Preservation Pro	ogram		
Zoning	O Local Law or	r Ordinance			
○ None	• Land Use Re	egulation/Zoning	9		
O Watershed Plans	Other Comp	rehensive Plan			
• Other:					

b u f f e r

S t r e a m

This report is being submitted for the reporting period ending March 9, 2 0 1 2

			SPL	DES I	D				
Name of MS4/Coalition Town of Colonie			N	Y	2	0	A 1	9	0
4a. Are the MS4s contributing to this i	report involved in a regional	/watershe	ed w	/ide]	olanı	0	effor Yes		No
4b. Does the MS4 have a banking and	credit system for stormwate	r manage	mei	ıt pr	actio				
				_			Yes		No
4c. Do the SWMP Plans for each MS4 and approval of banking and credi									
						0	Yes		No
4d. How many stormwater manageme	nt practices have been imple	mented a	s pa	ert o	f this	syst	em i	n thi	is
reporting period?								0	
							_	•	
5. What percent of municipal official		0	-				ttend	led	
5. What percent of municipal official training on Low Impace Developm Infrastructure principles in this re	ent (LID), Better Site Design	0	-					led 5	%

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

SPDES ID

Name of MS4/Coalition	Town of Colonie	N Y R 2 0 A 1 9 0
	ogress Toward Measurable Goals MCM 5	
identified in your St	port on your progress and project plans toward tormwater Management Program Plan (SWM itional pages as needed.	
A. Briefly summar	rize the Measurable Goal identified in the	SWMPP in this reporting period.
	, inspect, and maintain post construction pract sediment removal will increase with the ins	
B. Briefly summar Goal.	rize the observations that indicated the ove	erall effectiveness of this Measurable
Approximately 90	yards of sediment were removed from post co	onstruction practices.
C. How many time	es was this observation measured or evalua	ated in this reporting period?
D. Has your MS4	made progress toward this measurable goa	(ex.: samples/participants/events) al during this reporting period?
		● Yes ○ No
E. Is your MS4 on	schedule to meet the deadline set forth in	the SWMPP? ● Yes ○ No
•	rize the stormwater activities planned to ming cycle (including an implementation sch	neet the goals of this MCM during
Train municipal staneeded/required.	aff on how to properly maintain post construc	tion practices. Remove sediment as

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1$

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

		SPL	DES	ID						
Name of MS4/Coalition	Town of Colonie	N	Y	R	2	0	А	1	9	0

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
On behalf of an individual MS4On behalf of a coalition	
How many MS4s contributed to this report?	

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Self-Assessment
Operation/Activity/Facility

 \bigcirc No

performed within the past 3 vears? **Operation/Activity/Facility** Addressed in SWMP? Street Maintenance..... 9 Yes ○ No • Yes \bigcirc No ● No ○ Yes No Bridge Maintenance.... O Yes Winter Road Maintenance.

• Yes ○ No • Yes \bigcirc No Salt Storage. • Yes ○ No • Yes \bigcirc No \bigcirc No Solid Waste Management..... • Yes ○ No • Yes New Municipal Construction and Land Disturbance.. • Yes ○ No Yes \bigcirc No Right of Way Maintenance....

Yes \bigcirc No ● No O Yes Marine Operations.... O Yes No Hydrologic Habitat Modification..... O Yes ● No ○ Yes No Parks and Open Space....

Yes \bigcirc No ○ No • Yes Municipal Building.... • Yes \bigcirc No \bigcirc No Stormwater System Maintenance..... • Yes ○ No • Yes \bigcirc No Vehicle and Fleet Maintenance..... • Yes

Other...... • Yes

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

	SPDES ID		
Name of MS4/Coalition Town of Colonie	N Y R 2	0 A 1	9 0
2. Provide the following information about municipal operat	ions good housekeep	oing prog	rams:
• Parking Lots Swept (Number of acres X Number of times swep	t) # Acres		1 7
• Streets Swept (Number of miles X Number of times swept)	# Miles	3	2 0
• Catch Basins Inspected and Cleaned Where Necessary	#	5	1 0
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#		1 2
 Phosphorus Applied In Chemical Fertilizer 	# Lbs.	1	8 0
Nitrogen Applied In Chemical Fertilizer	# Lbs.	6 7	2 0
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.) 		3 6 0 0	0].
3. How many stormwater management trainings have been put during this reporting period?	provided to municipa	l employ	ees 0
4. What was the date of the last training?		/	
5. How many municipal employees have been trained in this	reporting period?		1
6. What percent of municipal employees in relevant positions stormwater management training?	s and departments re	eceive 5	0 %

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

		SPDES ID	
Name of MS4/Coalition	Town of Colonie	N Y R 2 0	A 1 9 0
7. Evaluating Prog	gress Toward Measurable Goals MCM	1 6	
identified in your Sto	ort on your progress and project plans tovormwater Management Program Plan (SV cional pages as needed.		
A. Briefly summari	ize the Measurable Goal identified in t	the SWMPP in this reportin	g period.
1	and quantify sediment removed from our om entering our conveyance system.	ır conveyance system. Also, c	continue to
B. Briefly summari Goal.	ize the observations that indicated the	overall effectiveness of this	Measurable
1 1 1	cubic yards of sediment was cleaned out ediment from entering waters of the US.	of catch basins and swept up	from
C. How many times	s was this observation measured or eva		riod? 1 ples/participants/events
D. Has your MS4 n	nade progress toward this measurable		period? Yes O No
E. Is your MS4 on	schedule to meet the deadline set forth	in the SWMPP?	Yes O No
•	ize the stormwater activities planned to ng cycle (including an implementation	o meet the goals of this MC	
Town staff will cont quantified.	tinue to clean the MS4 conveyance system	m and sediment removed wil	l be

This report is being submitted for the reporting period ending March 9, 2 0 1 2

Name of MS4/Coalition Village of Colonie	N Y R 2 0 A 0 7 6
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 the 	
1. Enter the number and approx. percent	of outfalls mapped: 42# 100%
2. How many of these outfalls have been so reporting period (outfall reconnaissance	creened for dry weather discharges during this inventory)?
3.a. What types of generating sites/sewershe reporting period?	eds were targeted for inspection during this
O Auto Recyclers	○ Landscaping (Irrigation)
O Building Maintenance	○ Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	○ Printing
Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	○ Schools and Universities
O Garbage Truck Washouts	○ Septic Maintenance
○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
 Other: F i r e D e p a r t m e 	O None
O Sewersheds:	

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

SPDES ID

Name of MS4/Coalition Village of Colonie			N Y	R	2	0	А	0	7	6
3.b. What types of illicit discharges have	been found during th	nis repor	ting p	erio	od?					
O Broken Lines From Sanitary Sewer	O Industrial Connectio	ns								
• Cross Connections	Inflow/Infiltration									
O Failing Septic Systems	O Pump Station Failure	e								
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Over	rflows								
• Illegal Dumping	O Straight Pipe Sewer	Discharge	S							
Other:	O None	ave been	doto	2400	Ldv			hia		
4. How many illicit discharges/potentia reporting period?	i megai connections ii	iave been	dete	eteu	ı au	ırıı	ig i	ms	•	8
5. How many illicit discharges have been	n confirmed during t	his reno	rting	neri	od'	9				8
5. How many miere discharges have bee	a commined during t	шо терог	ting j	JCI I	iou.	•	Į			
6. How many illicit discharges/illegal coperiod?	onnections have been	eliminat	ed du	ring	g th	is r	·ep	orti	ing	8
7. Has the storm sewershed mapping be If No, approximately what percent was	<u>-</u>	-		od?	?	•	Ye	s O	0	No %
8. Is the above information available in Is this information available on the value of Yes, provide URL(s):	veb?	1	. 1			0	Ye Ye			No No
Please provide specific address of page URL	where map(s) can be a	ccessed -	not ho	ome	pa —	ge.				
URL								\neg		
				<u> </u>				\dashv		

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

URL	(s) co	n't.	:																								
Pleas	se pro	vid	e sp	ecif	ic ac	ldr	ess	of	paş	ge v	vhe	ere	ma	p(s	s) c	an	be	acc	ess	ed	- n	ot	hor	ne]	pag	ge	
URL																											$\overline{}$
\perp																											Ļ
JRL		-				_				-							_				l						_
JKL																											
																											H
						<u> </u>																					F
																											L
JRL		_																									$\overline{}$
																											L
JRL		1								-																	_
																											Ħ
																											H
																											L
																											Т
JRL		1		_		<u> </u>																					\vdash
JRL				- 1			1																				
JRL								<u> </u>	_	-		-															=

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

II Subilituii	ig this form as part of a joint report on behan	I of a coantion reave SPDES ID blank.	
ı		SPDES ID	
Name of MS4/Coalition	Village of Colonie	N Y R 2 0 A 0 7	7 6
12. Evaluating Pro	gress Toward Measurable Goals MCM	13	
identified in your St	ort on your progress and project plans tovormwater Management Program Plan (Stional pages as needed.	-	rt
A. Briefly summar	ize the Measurable Goal identified in	the SWMPP in this reporting period	l.
1 *	reness of illicit discharges. Storm sewer falls (yearly) is completed. Each year a p	1 1	
B. Briefly summar Goal.	ize the observations that indicated the	overall effectiveness of this Measur	able
	nspections and testing- all outfalls complene calls received from public deceased b		
C. How many time	es was this observation measured or ev	valuated in this reporting period?	
			4
D. Has your MS4	made progress toward this measurable	(ex.: samples/partic	∷ipants/e
D. Has your MS4 i	made progress toward this measurable) No
E. Is your MS4 on	schedule to meet the deadline set forth) No
•	rize the stormwater activities planned t ng cycle (including an implementation	to meet the goals of this MCM durin	
utility bills as well a letter. Continue to i	e public awareness, continue video inspeas the hotline number, Include the hotlin nspect all outfalls on a yearly basis. Test ag and associated utilities - goal 2013.	ne number in the village quarterly news	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

		SPL	DES	ID						
Name of MS4/Coalition	Village of Colonie	N	Y	R	2	0	A	0	7	6

Minimum Control Measures 4 and 5

William Control Measures 1 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 regumechanism that provides equivalent protection to the NYS SPDES General Pern Stormwater Discharges from Construction Activities?		○ No
1b. Has each Town, City and/or Village contributing to this report documented that equivalent to a NYSDEC Sample Local Law for Stormwater Management and E Sediment Control through either an attorney cerfification or using the NYSDEC	Erosion	
If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Lav ○ 09/2004 ● 03	v. /2006	O 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 reviewed in this reporting period?	e been	1
4. Does your MS4/Coalition have a mechanism for receipt and consideration of pull comments related to construction SWPPPs? • Yes	blic ○ No	O 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 t SWPPP process?	t he loca • Yes	l ○ 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:

O Notices of Violation	#				O No Authority
O Stop Work Orders	#				O No Authority
O Criminal Actions	#				O No Authority
○ Termination of Contracts	#				O No Authority
O Administrative Fines	#				O No Authority
O Civil Penalties	#				O No Authority
O Administrative Orders	#				O No Authority
O Enforcement Actions or Sanctions	#				
Other	#		1	6	O No Authority

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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	N Y R 2 0 A 0 7 6
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 during this reporting period?	r disturbances of one acre or more
2. How many construction projects disturbing at least one a during this reporting period?	cre were active in your jurisdiction
3. What percent of active construction sites were inspected of	luring this reporting period? \bigcirc NT
4. What percent of active construction sites were inspected in	1 0 0 % more than once?
	1 0 0 %
5. Do all inspectors working on behalf of the MS4s contribu Construction Stormwater Inspection Manual?	ting to this report use the NYS ● Yes ○ No ○ NT
6. Does your MS4/Coalition provide public access to Stormy (SWPPPs) of construction projects that are subject to MS	4 review and approval?
If your MS4 is Non-Traditional, are SWPPPs of construct public review?	● Yes ○ No ○ NT tion projects made available for ○ Yes ○ No

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

This report is being submitted for the reporting period ending March 9, 2 0 1 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	_	SPDES	S ID			
Name of MS4/Coalition Village of Colonie		NY	R 2	2 0 .	A 0	7 6
6. con't.:						
Submit additional pages as needed.						
○ MS4/Coalition Office						
Department						
Address						1
City	Zip			7		
Phone						
○ Library						
Address						
City	Zip			п г		
				_ - L		
Phone						
(
• Other						
Address						
2 Thunder Road						
City	Zip					
V . of Colonie NY	Y 1	2 2	0 5	5 - [
Phone						
(5 1 8) 8 6 9 - 7 5 6 2						
O Web Page URL(s): Please provide specific address where SWPP.	Ps can be a	accesse	ed - no	t hon	ne pag	e.
URL					1	
				\pm		
				++	+	
URL						
				++	\dashv	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

		SPDES ID
Name of MS4/Coalition	Village of Colonie	N Y R 2 0 A 0 7 6
7. Evaluating Progr	ress Toward Measurable Goals MCM 4	
identified in your Sto	ort on your progress and project plans toward ormwater Management Program Plan (SWM ional pages as needed.	
A. Briefly summari	ize the Measurable Goal identified in the	SWMPP in this reporting period.
	e TDE to review SWPPPs in accordance wit sion and Sediment Control Manual.	th the New York State Design
B. Briefly summari	ize the observations that indicated the ove	erall effectiveness of this Measurable
the Erosion and Sedi	iewed by the TDE in accordance with the Niment Control Manual. PPPs reviewed are recorded.	ew York State Design Manual and
C. How many times	s was this observation measured or evalua	ated in this reporting period? [ex.: samples/participants/events]
D. Has your MS4 m	nade progress toward this measurable goa	
E. Is your MS4 on s	schedule to meet the deadline set forth in	the SWMPP? ● Yes ○ No
•	ize the stormwater activities planned to m	neet the goals of this MCM during
All SWPPPs are required during the next report	uired to be reviewed by the TDE. This has rting years.	been completed and will continue

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

				SPDES ID	
Name of MS4/Coalition	Village of Colonie			N Y R	2 0 A 0 7 6
Minimum The information in the				on Stormwater N	<u>Management</u>
On behalf of an inc		g reported (chec	one).		
On behalf of a coa		ributed to this 1	report?		
				nnagement practices eporting period?	has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	ces				
O Filter Systems					
O Infiltration Basins					
Open Channels					
○ Ponds					
O Wetlands					
Other		1 6	1 6		
=	electronic tool (ions and mainta		ibase, spreads	heet) to track post-	-construction ○ Yes • No
• •	non-structural Better Site Desig	•		implement Low Irnciples?	npact
O Building Codes	O Municipal C	omprehensive P	lans		
Overlay Districts	Open Space	Preservation Pro	ogram		
○ Zoning	O Local Law or	r Ordinance			
○ None	O Land Use Re	egulation/Zoning	Ş		
O Watershed Plans	Other Compr	ehensive Plan			
• Other:					

i | n | f | i | 1 | t | r | a | t | i | o | n

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 1 \end{vmatrix}$

		SPI	JES I	<u>ر</u>					
Na	me of MS4/Coalition Village of Colonie	N	Y	2	0	А	0	7	6
4a	a. Are the MS4s contributing to this report involved in a regional/wat	ershed v	vide j	lan		g eff Ye			No
4 b	o. Does the MS4 have a banking and credit system for stormwater ma	nageme	nt pr	actio	ces?				
					0	Ye	:S		Nο
									110
4c	. Do the SWMP Plans for each MS4 contributing to this report include and approval of banking and credit of alternative siting of a stormy								110
4c	and approval of banking and credit of alternative siting of a stormy				ıt pr	act		?	
	and approval of banking and credit of alternative siting of a stormy	vater ma	ınage	mei	nt pr	act Ye	ice? es	•	No
	and approval of banking and credit of alternative siting of a stormy	vater ma	ınage	mei	nt pr	act Ye	ice? es	•	No
4d	and approval of banking and credit of alternative siting of a stormy 1. How many stormwater management practices have been implement reporting period? What percent of municipal officials/MS4 staff responsible for programment.	vater ma ted as pa	inage	this	ot pr	Ye Ye etem	ice?	thi:	No
4d	and approval of banking and credit of alternative siting of a stormy l. How many stormwater management practices have been implemen reporting period?	vater ma ted as pa	inage	this	ot pr	Ye Ye etem	ice?	this	No

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

		SPE	DES	ID						
Name of MS4/Coalition	Village of Colonie	N	Y	R	2	0	А	0	7	6

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	6		
(ex.:	samp	les/	'parı	tici	pant	s/event	s

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

○ Yes • No

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

○ Yes • No

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

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

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1$

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

		SPDES ID								
Name of MS4/Coalition	Village of Colonie	N	Y	R	2	0	А	0	7	6

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
● On behalf of an individual MS4 ○ On behalf of a coalition How many MS4s contributed to this report?	

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Self-Assessment

Operation/Activity/Facility performed within the past 3 **Operation/Activity/Facility** Addressed in SWMP? vears? Street Maintenance..... 9 Yes ○ No • Yes \bigcirc No ● No ○ Yes No Bridge Maintenance.... O Yes Winter Road Maintenance.

• Yes ○ No • Yes \bigcirc No Salt Storage..... • Yes ○ No • Yes \bigcirc No Solid Waste Management..... • Yes ○ No • Yes \bigcirc No New Municipal Construction and Land Disturbance.. O Yes ● No O Yes No Right of Way Maintenance..... O Yes ● No ○ Yes No ● No O Yes No Marine Operations.... O Yes Hydrologic Habitat Modification..... O Yes ● No ○ Yes No Parks and Open Space.... • Yes \bigcirc No ○ No • Yes Municipal Building.... • Yes \bigcirc No \bigcirc No Stormwater System Maintenance..... • Yes ○ No • Yes \bigcirc No Vehicle and Fleet Maintenance.

• Yes Other..... O Yes ○ No ○ Yes \bigcirc No

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

	SPDES ID			
Name of MS4/Coalition Village of Colonie	N Y R 2	0 A 0	7	6
2. Provide the following information about municipal operat	ions good housekeep	oing prog	ran	18:
• Parking Lots Swept (Number of acres X Number of times swep	t) # Acres		4	6
• Streets Swept (Number of miles X Number of times swept)	# Miles	2	5	6
• Catch Basins Inspected and Cleaned Where Necessary	#	1	2	0
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#		1	6
Phosphorus Applied In Chemical Fertilizer	# Lbs.		2	4
Nitrogen Applied In Chemical Fertilizer	# Lbs.	9	5	2
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.) 	# Acres		4].	8
3. How many stormwater management trainings have been put during this reporting period?	provided to municipa	ıl employ	ees	2
4. What was the date of the last training?	1 0 / 2 4	/ 2 0	1	1
5. How many municipal employees have been trained in this	reporting period?		2	6
6. What percent of municipal employees in relevant positions stormwater management training?	s and departments re	eceive 1 0	0	%

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

		SPL)ES	ID						
Name of MS4/Coalition	Village of Colonie	N	Y	R	2	0	А	0	7	6

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

The streets are swept 4 times a year and catch basins are cleaned yearly on a rotation basis. Any structure and pipes needing repairs will be repaired during that time. Village of Colonie has reduced the amount of road salt

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

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

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

			1	2	0	
(ex.:	samp	les/	'parı	tici	pant	:s/events

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

Yes	\bigcirc No
-----	---------------

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

TES ONO		Yes	\circ	No
---------	--	-----	---------	----

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

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

SPDES ID

Name of MS4/Coalition VILLAGE OF GREEN ISLAND	N Y R 2 0 A 3 7 7												
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination												
The information in this section is being reported ((check one):												
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to t 	his report? 0 0 1												
1. Enter the number and approx. percent	of outfalls mapped: 0 0 0 0 7 # 1 0 0 %												
2. How many of these outfalls have been so reporting period (outfall reconnaissance	creened for dry weather discharges during this e inventory)?												
3.a. What types of generating sites/sewershe reporting period?	eds were targeted for inspection during this												
O Auto Recyclers	○ Landscaping (Irrigation)												
O Building Maintenance	O Marinas												
○ Churches	O Metal Plateing Operations												
O Commercial Carwashes	Outdoor Fluid Storage												
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance												
O Construction Vehicle Washouts	○ Printing												
○ Cross-Connections	O Residential Carwashing												
O Distribution Centers	○ Restaurants												
O Food Processing Facilities	○ Schools and Universities												
○ Garbage Truck Washouts	O Septic Maintenance												
○ Hospitals	O Swimming Pools												
O Improper RV Waste Disposal	O Vehicle Fueling												
O Industrial Process Water	O Vehicle Maint./Repair Shops												
Other:	• None												
O Sewersheds:													

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

SPDES ID

Name	of MS	S4/C	Coal	litic	n V	'ILL	AGE	OF 0	GRE	EN I	SLA	ND											N	Y	R	2	0	А	3	7	7
3.b.V	Vha	t ty	уре	s o	f il	lici	t di	iscł	ar	ges	ha	ve	bee	en f	ou	nd	du	rin	g tł	nis I	rep	ort	ting	g pe	erio	d?					
O Bro	ken	Lin	ies	Fro	m S	San	itar	y S	ewe	r				Indi	ıstr	ial	Co	nne	ctio	ns											
O Cro	oss (Con	nec	tior	ıs								0	Infl	ow/	/Inf	iltra	ıtioı	n												
○ Fai	ling	Sep	otic	Sy	ster	ns								Pun	np S	Stat	ion	Fai	ilur	е											
○ Flo	or D	rair	ns (Con	nec	ted	То	Sto	rm	Se	wer	S	0	San	itar	y S	ewe	er C)vei	flo	WS										
O Ille	gal 1	Dur	npi	ng									0	Stra	iigh	t P	ipe	Sev	ver	Dis	cha	rge	S								
Otl		ma	nny	ill	icit	di	sch	arg	ges/	pot	ten	tial		Noi		onn	nec1	tion	ns h	lavo	e be	een	de	etec	eted	l du	ırir	ng t	this		
r	epoi	tin	gŗ	er	iod	?				-																					0
<i>7</i> T	,			•11	• •,	1.									••								4.				0	[_
5. H	low	Ша	шу	Ш	icit	. ui	SCII	arg	ges	пач	veı)ee.	II C	UIII	ш	neu	u	IIII	ıg ı	.1115	re	hor	TUIII	ig þ	eri	ou	•	L			0
6. H			ıny	ill	icit	di	sch	arg	ges/	ille	gal	co	nn	ecti	on	s h	ave	be	en	eliı	min	ate	ed (dur	ing	g th	is 1	ep	ort	ing	
p	erio	d?																													0
7. H											_				-					_		•			od?	•		Ye	s	0	No
If	No	, ap	pro	OXİ	mat	tely	wl	nat	per	cen	t w	as	cor	npl	ete	d ir	ı th	is r	epo	rtir	ıg p	eri	od'	?				1	0	0	용
8. Is	s the	ab	ov	e i	nfo	rm	atio	on	ava	ila	ble	in	GI	S?														Ye	es	0	No
	thi Ye								ble	on	the	e w	eb'	?														Ye	S	0	No
	ease	, 1					` /		ess	of	pag	ge v	vhe	ere	ma	p(s) ca	ın b	e a	cce	sse	d -	not	t ho	me	pa	ge.				
UR	L	_			_										,							,				_		\neg			
W	W	W	•	A	I	M	S	G	Ι	S	-	0	R	G	/	W	E	В	M	A	Р	/						=			
(P	A	S	S	W	0	R	D		Р	R	0	Т	Ε	С	Т	E	D)									닉			
UR	L																														

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

																			1			SPI	DES	ID						
me of	MS4	/Coa	litic	on_V	'ILL	AGE	OF (GRE	EN I	SLA	ND											N	Y	R	2	0	А	3	7	7
	RL(s)				pec	ific	ad	ldr	ess	of	paş	ge v	whe	ere	ma	p(s	s) c	an	be	acc	ess	ed	- n	ot l	hon	ne j	pag	ţ e		
URL	\top																													
	+	+	L					<u></u>			<u> </u>				<u></u>										Щ		\sqsubseteq		_	
URL																														
		T																							П		П			
	+																													
																									Ш	<u> </u>	Ш	Ш		
URL																														
\square	+	<u> </u>																							\sqsubseteq		Щ			
		<u> </u>																									Ш			
URL																														
																									П					
URL											-															<u> </u>		<u> </u>		
		+																							\square		\Box			
				<u> </u>																					Н					
																									Ш		Ш	Ш		
. На арр 0. If Y	prov	ed 1	for	all	no	n-t	rad	litic	ona	ıl N	1S4	ls c	ont	trib	uti	ng	to	thi	s re	epo	rt?				•	•	Ye	es	s bo	
	uival													•	,			1							es) N		0	N
1. Wł	nat p	erc	ent	t of	sta	ıff i	in r	·ele	vai	nt j	pos	itio	ns	and	d d	epa	rtn	ner	ıts	has	re	cei	ved	II)DI	E tr	air	ning 5		

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

		SPDES ID	
Name of MS4/Coalition	VILLAGE OF GREEN ISLAND	N Y R 2 0 A 3 7 7	
12. Evaluating Prog	gress Toward Measurable Goals MCM	13	
identified in your St	oort on your progress and project plans tow tormwater Management Program Plan (SW itional pages as needed.		
A. Briefly summar	rize the Measurable Goal identified in th	the SWMPP in this reporting period.	-
DISCHARGES. CU	LS IN VILLAGE. THEY HAVE BEEN N URRENTLY ON SCHEDULE FOR MAP ICE INVENTORY SCHEDULE.		
B. Briefly summar Goal.	rize the observations that indicated the o	overall effectiveness of this Measurable	.
	ARE WELL KNOWN IN THE COMMUI RE AWARE OF ANY CHANGES. FOLL		
C. How many time	es was this observation measured or eva	1	
D. Has your MS4 i	made progress toward this measurable		
E. Is your MS4 on	schedule to meet the deadline set forth	● Yes ○ No in the SWMPP? • Yes ○ No	
•	rize the stormwater activities planned to ing cycle (including an implementation s	to meet the goals of this MCM during	
CONTINUE ONGO	OING OBSERVATIONS OF OUTFALL	ACTIVITY.	

SWPPP process?

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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	N Y R 2 0 A 3 7 7
Minimum Control Measures 4 and Construction Site and Post-Construction	
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, ordinan	3 .
mechanism that provides equivalent protection to the NYS SPDE Stormwater Discharges from Construction Activities?	S General Permit for ● Yes ○ No
1b. Has each Town, City and/or Village contributing to this report do	annouted that the law is
equivalent to a NYSDEC Sample Local Law for Stormwater Man Sediment Control through either an attorney cerfification or usin Analysis Workbook?	nagement and Erosion and
equivalent to a NYSDEC Sample Local Law for Stormwater Man Sediment Control through either an attorney cerfification or usin Analysis Workbook? If Yes, Towns, Cities and Villages provide date of equivalent NYS Samuel.	nagement and Erosion and g the NYSDEC Gap • Yes O No O NT
equivalent to a NYSDEC Sample Local Law for Stormwater Man Sediment Control through either an attorney cerfification or usin Analysis Workbook? If Yes, Towns, Cities and Villages provide date of equivalent NYS Samuel.	nagement and Erosion and g the NYSDEC Gap • Yes O No O NT nample Local Law. • 09/2004 • 03/2006 O NT
equivalent to a NYSDEC Sample Local Law for Stormwater Man Sediment Control through either an attorney cerfification or usin Analysis Workbook? If Yes, Towns, Cities and Villages provide date of equivalent NYS Samuel.	nagement and Erosion and g the NYSDEC Gap • Yes O No O NT nample Local Law. • 09/2004 • 03/2006 O NT name? • Yes O No
equivalent to a NYSDEC Sample Local Law for Stormwater Man Sediment Control through either an attorney cerfification or usin Analysis Workbook? If Yes, Towns, Cities and Villages provide date of equivalent NYS Samuel. 2. Does your MS4/Coalition have a SWPPP review procedure in plans. 3. How many Construction Stormwater Pollution Prevention Plans.	nagement and Erosion and g the NYSDEC Gap Yes No NT nample Local Law. 0 09/2004 0 03/2006 NT nce? Yes No (SWPPPs) have been

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

● 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:

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

N Y R 2 0 A 3 7 7

● Yes ○ No ○ NT

Name of MS4/Coalition VILLAGE OF GREEN ISLAND	N Y R 2 0 A 3 7 7
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 during this reporting period?	disturbances of one acre or more
2. How many construction projects disturbing at least one addring this reporting period?	cre were active in your jurisdiction
3. What percent of active construction sites were inspected d	uring this reporting period? \bigcirc NT
4. What percent of active construction sites were inspected n	nore than once? O NT O %

- 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS **Construction Stormwater Inspection Manual?** Yes
- 6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?

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

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

				_															_			SPI	DES	ID						
Name o	of MS	4/Coa	aliti	on	VILL	AGI	E OF	GRI	EEN	ISLA	ND											N	Y	R	2	0	A	3	7	7
6. co	o n't. : ubmi		diti	ona	l pa	age	s as	s ne	ede	ed.																				
• MS	4/Co	alitio	n C	Offic	ce																									
	Depa			_				1																						
	$oxed{oxed}$	DD	Ε		Ε	N	F	0	R	С	E	M	Е	N	Т		0	F	F	I	С	E								
		ess 3	Н	U	D	S	0	N		А	V	Ε	N	U	Е															
	City G I	R E	Е	N		I	S	L	А	N	D						N	1 7	7		Zip 1	2	1	8	3	_				
	Phon			1.				1					1					•	_				•			•				
	(5 1	8)	6	2	9	-	0	3	2	9																		
O Lib	rary Addr	ess																T				ı					T			
	City																				Zip					_				
	Phon	e						1					1	•					_				•			•				
	()				_																						
O Oth	er																													
	Addr	ess																												
	City																				Zip] -				
,	Phon	e		,				1					1										-			J				
	()				_																						
○ We		ge UI	RL(s):	P	leas	se p	rov	ide	spe	cifi	ic a	ddr	ess	who	ere	SW	PP]	Ps c	an	be a	acce	esse	d -	not	ho	me	pag	e.	
	URL																												\Box	
				<u> </u>																									\exists	
																												Щ	_	_
	URL																													

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

Name of MS4/Coalition	VILLAGE OF GREEN ISLAND		N Y R 2 0 A 3 7 7
7. Evaluating Pro	ogress Toward Measurable Goals N	ACM 4	
identified in your St	port on your progress and project plan tormwater Management Program Plan itional pages as needed.		_
A. Briefly summan	rize the Measurable Goal identifie	d in the SWMPP i	in this reporting period.
CONTINUE TO THE AND GREEN INF	RAIN STAFF ON CHANGES TO C RASTRUCTURE	CONSTRUCTION	ACTIVITY PERMITS
B. Briefly summar Goal.	rize the observations that indicated	l the overall effect	tiveness of this Measurable
NONE YET AS W THIS REPORTING	'E HAVE NOT HAD ANY CONST G PERIOD.	RUCTION ACTIV	TITY PERMITS DURING
C. How many time	es was this observation measured (or evaluated in thi	is reporting period?
			1
D Has your MS4	made progress toward this measur	rable goal during ((ex.: samples/participants/events
D. Has your MISH	made progress toward this measur	able goal during (• Yes • No
E. Is your MS4 on	schedule to meet the deadline set	forth in the SWM	
•	rize the stormwater activities planting cycle (including an implementa	O	● Yes ○ No oals of this MCM during
TRAINING STAF	F ABOUT GREEN INFRASTRUCT	TURE PRACTICES	S

This report is being submitted for the reporting period ending March 9, 2 0 1 2

				SPDE	ES ID			
Name of MS4/Coalition	VILLAGE OF GREE	EN ISLAND		N S	Y R 2	0 A	3 7 7	,
<u>Minimum</u>	Control Mea	sure 5. Post	-Constructi	on Stormwat	ter Ma	nagem	<u>ient</u>	
The information in th	nis section is bein	ng reported (chec	ek one):					
On behalf of an incOn behalf of a coaHow m		ributed to this	report?	1				
1. How many and MS4/Coalition is	• • •			_		s your		
		# Inventoried	# Inspections	# Times Maintained				
O Alternative Practic	ees	0						
O Filter Systems		0						
O Infiltration Basins		0						
Open Channels		0						
○ Ponds		0						
O Wetlands		0						
Other		0						
2. Do you use an observation BMPs, inspection	ions and maint	anance?			-	○ Yes		o
3. What types of a Development/B					ow Impa	act		
Building Codes	O Municipal C	omprehensive P	lans					
Overlay Districts	Open Space	Preservation Pro	ogram					
Zoning	• Local Law o	r Ordinance						
○ None	• Land Use R	egulation/Zoning	g					
O Watershed Plans	Other Comp	rehensive Plan						
Other:								

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

	51	DE2	ID					
Name of MS4/Coalition VILLAGE OF GREEN ISLAND	N	Y	R	2	0 A	3	7	7
4a. Are the MS4s contributing to this report involved in a regional/v	watershed	wide	pla	ann	ning ef			No
4b. Does the MS4 have a banking and credit system for stormwater	managem	ent p	rac	etice	es?			
					\circ Y	es		No
4c. Do the SWMP Plans for each MS4 contributing to this report in and approval of banking and credit of alternative siting of a stor						tice	?	No
4d. How many stormwater management practices have been implement reporting period?	mented as j	oart (of t	his	syster	n in	thi	is
5. What percent of municipal officials/MS4 staff responsible for protraining on Low Impace Development (LID), Better Site Design Infrastructure principles in this reporting period?	O					ende	ed	%

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

		SPDES ID
Name of MS4/Coalition	VILLAGE OF GREEN ISLAND	N Y R 2 0 A 3 7 7
6. Evaluating Prog	gress Toward Measurable Goals MCM 5	
identified in your Sto	ort on your progress and project plans towar ormwater Management Program Plan (SWN tional pages as needed.	
A. Briefly summar	ize the Measurable Goal identified in the	SWMPP in this reporting period.
	ONE NEW ROAD PROJECT INCLUDES RE OPPORTUNITIES AND DISCONNEC	
B. Briefly summar Goal.	ize the observations that indicated the ov	verall effectiveness of this Measurable
TWO MEETINGS OPPORTUNITIES	HELD TO DISCUSS ROAD WORK AND	GREEN INFRASTRUCTURE
C. How many time	s was this observation measured or evalu	nated in this reporting period?
D. Has your MS4 r	nade progress toward this measurable go	
E. Is your MS4 on	schedule to meet the deadline set forth in	n the SWMPP? ● Yes ○ No
•	ize the stormwater activities planned to n ng cycle (including an implementation sc	8
	ONITOR POTENTIAL FOR ROADWORK E PRACTICES AND INCLUDE IN THE D	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

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

		SPL	DES	ID						
Name of MS4/Coalition	VILLAGE OF GREEN ISLAND	N	Y	R	2	0	A	3	7	7

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):		
On behalf of an individual MS4On behalf of a coalition		
		1
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.

Self-Assessment

Operation/Activity/Facility performed within the past 3 **Operation/Activity/Facility** Addressed in SWMP? vears? Street Maintenance..... O Yes ● No ● Yes \bigcirc No Bridge Maintenance.... O Yes ● No ○ Yes No Winter Road Maintenance.... O Yes ● No ● Yes \bigcirc No Salt Storage..... O Yes ● No • Yes \bigcirc No Solid Waste Management..... O Yes No
 Yes \bigcirc No ○ No Yes New Municipal Construction and Land Disturbance.. • Yes \bigcirc No Right of Way Maintenance.... O Yes \bigcirc No ● No O Yes No Marine Operations.... O Yes Hydrologic Habitat Modification.....

■ Yes ○ No ○ Yes No Parks and Open Space.... • Yes \bigcirc No ○ No • Yes Municipal Building.... • Yes \bigcirc No \bigcirc No Stormwater System Maintenance..... • Yes ○ No • Yes \bigcirc No Vehicle and Fleet Maintenance.... O Yes ○ No • Yes \bigcirc No Other...... • Yes

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

	SPDES ID		
Name of MS4/Coalition VILLAGE OF GREEN ISLAND	N Y R 2	0 A 3	7 7
2. Provide the following information about municipal operation	ons good housekeep	oing progra	ams:
• 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	#		1 5
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#		
O Phosphorus Applied In Chemical Fertilizer	# Lbs.		
O Nitrogen Applied In Chemical Fertilizer	# Lbs.		
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Nutimes applied to the nearest tenth.)	# Acres umber of		
3. How many stormwater management trainings have been producing this reporting period?	rovided to municipa	al employe	0
4. What was the date of the last training?	1 2 / 2 0	/ 2 0	1 0
5. How many municipal employees have been trained in this n	reporting period?		0
6. What percent of municipal employees in relevant positions stormwater management training?	and departments re		0 %

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

		SPDES ID
Name of MS4/Coalition	VILLAGE OF GREEN ISLAND	N Y R 2 0 A 3 7 7
7. Evaluating Pro	ogress Toward Measurable Goals MCM 6	
identified in your S	port on your progress and project plans toward tormwater Management Program Plan (SWM) itional pages as needed.	
A. Briefly summa	rize the Measurable Goal identified in the S	SWMPP in this reporting period.
CATCH BASINS	INSPECTED AND CLEANED	
B. Briefly summa	rize the observations that indicated the over	rall effectiveness of this Measurable
MAINTENANCE DURING THE YE	AND INSPECTION PROGRAM RESULTED	D IN NO BACKFLOW ISSUES
C. How many time	es was this observation measured or evalua	ted in this reporting period?
D. Has your MS4	made progress toward this measurable goa	(ex.: samples/participants/events l during this reporting period?
·	1 0	• Yes O No
E. Is your MS4 or	schedule to meet the deadline set forth in t	the SWMPP? • Yes • No
•	rize the stormwater activities planned to mo	eet the goals of this MCM during
WILL CONTINUE	E TO CLEAN AND MAINTAIN ON AN AN	NUAL BASIS.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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		NY	R	2	0 A	1	4 4	
Minimum Control Measure 3.	Illicit Discharge	Detect	ion aı	nd I	Elir	nina	ıtio	<u>n</u>
The information in this section is being reported ● On behalf of an individual MS4 ○ On behalf of a coalition How many MS4s contributed to the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section is being reported of the section is being reported of the section is being reported of the section is being reported of the section is being reported of the section is being reported of the section is being reported of the section is being reported of the section is being reported of the section is being reported of the section is being reported of the section is being reported of the section is being reported of the section is being reported of the section of the section is section in the section is section in the section is section in the section of the section is section in the section is section in the section is section.								
1. Enter the number and approx. percent	of outfalls mapped	d:	3	3 3	#	1	0	0 %
2. How many of these outfalls have been s reporting period (outfall reconnaissance)	luri	ing tl	nis	0				
3.a. What types of generating sites/sewersh reporting period?	eds were targeted f	for inspe	ction (duri	ng t	this		
O Auto Recyclers	O Landscaping (Irr	rigation)						
O Building Maintenance	○ Marinas							
○ Churches	O Metal Plateing C	Operations	}					
O Commercial Carwashes	Outdoor Fluid St	torage						
O Commercial Laundry/Dry Cleaners	O Parking Lot Mai	intenance						
O Construction Vehicle Washouts	O Printing							
○ Cross-Connections	O Residential Carv	washing						
O Distribution Centers	O Restaurants							
O Food Processing Facilities	O Schools and Uni	iversities						
○ Garbage Truck Washouts	O Septic Maintena	ince						
○ Hospitals	O Swimming Pools	S						
O Improper RV Waste Disposal	O Vehicle Fueling							
O Industrial Process Water	O Vehicle Maint./R	Repair Sho	ops					
Other:	None							
O Sewersheds:				,				

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

SPDES ID

Name of MS4/Coalition	Village of M	Menands													N	Y	R	2	0	А	1	4	4
3.b.What types of	illicit di	schar	ges	have	e be	en f	ou:	nd	du	rin	g tl	nis	rep	ort	ting	g pe	erio	d?					
O Broken Lines From	n Sanitary	y Sewe	er		0	Ind	ustr	ial	Co	nne	ctio	ns											
O Cross Connections					0	Infl	ow/	Infi	ltra	itioi	n												
○ Failing Septic Syst	ems				0	Pun	np S	Stat	ion	Fai	ilur	e											
O Floor Drains Conn	ected To	Storm	Sew	vers	0	San	itar	y S	ewe	er C)vei	rflo	WS										
O Illegal Dumping					0	Stra	aigh	t Pi	pe	Sev	ver	Dis	cha	rge	S								
Other: 4. How many illic	it disah	o raos	/note	ontic		Noi			001	ior	as h		o b	000	do	too	ot a d	ldr	lein		his		
reporting perio		ai ges/	pou	CIIUI	11 111	ega	11 (1	<i>,</i> 11111	CCI	101	15 11	la v	ט ט	CCII	uc	ıcc	icu	uı	11111	ig t	1113		0
	• • • •		,				100								4.				0	ſ			_
5. How many illic	at uisch	arges	пач	e be	en c	UIII	11111	ieu	uı	1111	ıg ı	.1115	re	hor	LIII	g P	eri	ou	•	Į			0
6. How many illic period?	it disch	arges/	/illeg	gal c	onn	ecti	ion	s ha	ave	be	en	eli	min	ate	ed o	lur	ing	g th	is r	epe	ort	ing	0
7. Has the storm s If No, approxim				_			-					_		•			od?	•	•	Ye	s	0	No
8. Is the above into Is this information of Yes, provide Please provide specifications.	tion ava URL(s):	ilable	on	the	web	?	mai	n(s)	ı ca	n h	ne a	cce	cce	d -	not	ho	ame	na.	0	Ye Ye			No No
URL		dares	, 01	page	VVIIV		111a _]	P(3)	, ca	.11 0			330	u —	1100	110	71110	Pa	gc.				
																			=	_			
																			\Box				
URL																				\neg			
				+															\exists	\dashv		\dashv	_

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

					ui Cs	os UI	μa	50 VI	her	C 1117	սի(չ	,,	all	DC	acc	CSS	cu ·	- 11	υίΙ	1011	iic _k	,s	_
										İ													
			-																				
			T							Ť													
											-	<u> </u>											_
													<u> </u>										_
								\Box		\dagger													F
								H		+													
				Ш							٠.		~ .										L.
n IDI	SE I	1			4	ı c							\4	anc	1/61	r ns	3 T/ 🕰						

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

SPDES ID

Name of MS4/Coalition	Village of Menands			N Y R 2 0	A 1 4 4
12. Evaluating Prog	gress Toward Measi	urable Goals MC	M 3		
identified in your St	ort on your progress a ormwater Manageme tional pages as neede	ent Program Plan (-	
A. Briefly summar	rize the Measurable	Goal identified in	n the SWMPP	in this reportin	g period.
We will continue to 2012.	complete the ORI fo	or the remaining o	utfalls during th	ne Summer and l	Fall of
B. Briefly summar Goal.	ize the observations	that indicated tl	ne overall effec	tiveness of this	Measurable
The Field observation	ons from the ORi wil	l help determine t	he effectiveness	s of our testing p	orogram.
C. How many time	es was this observati	on measured or o	evaluated in th	1 01	riod? 0 cles/participants/events)
D. Has your MS4 i	made progress towa	rd this measurab	le goal during	_	
v	1 6		0 0		Yes O No
E. Is your MS4 on	schedule to meet th	e deadline set for	th in the SWM		
•	rize the stormwater a	-	0		Yes ○ No M during
See comments A an	nd B.				

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

		SPL	<u>JES</u>	ID						
Name of MS4/Coalition	Village of Menands	N	Y	R	2	0	А	1	4	4

Minimum Control Measures 4 and 5

	Construction Site and Post-Construction Control		
The	e 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	n. Has each MS4 contributing to this report adopted a law, ordinance or other regular mechanism that provides equivalent protection to the NYS SPDES General Permi Stormwater Discharges from Construction Activities?	•	○ No
1b	o. Has each Town, City and/or Village contributing to this report documented that the equivalent to a NYSDEC Sample Local Law for Stormwater Management and Er Sediment Control through either an attorney cerfification or using the NYSDEC Analysis Workbook?	osion	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. ○ 09/2004 ● 03/2		O 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 reviewed in this reporting period?	been	0
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of publ comments related to construction SWPPPs? • Yes	ic No	O 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 th SWPPP process?	e loca Yes	ol O 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	O No Authority
• Stop Work Orders	#		0	O No Authority
• Criminal Actions	#		0	O No Authority
● Termination of Contracts	#		0	O No Authority
Administrative Fines	#		0	O No Authority
• Civil Penalties	#		0	O No Authority
• Administrative Orders	#		0	O No Authority
• Enforcement Actions or Sanctions	#		0	
Other	#		0	O No Authority

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

		SPL)ES	ID						
Name of MS4/Coalition	Village of Menands	N	Y	R	2	0	А	1	4	4

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

	TIME CONTROL NICES AT CONSTRUCTION SILE STOTM WATER TRANS	11 0011	<u> </u>
The	e 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 a during this reporting period?	acre or	more 0
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	r jurisd	o o
3.	What percent of active construction sites were inspected during this reporting p	period?	○ NT 0 %
4.	What percent of active construction sites were inspected more than once?		○ NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual? • Yes	the NY	
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Preven (SWPPPs) of construction projects that are subject to MS4 review and approva • Yes	1?	ans
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made avapublic review?		
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	1.	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

												SPI	DES	ID																
Nam	e of MS	4/Coa	aliti	on	Villag	ge of	Men	ands	-													N	Y	R	2	0	А	1	4	4
6.	con't.: Submi		ditio	ona	l pa	ages	s as	s ne	ede	ed.																				
• N	IS4/Coa	alitio	n C)ffic	ce																									
-	Depar																													
	V	i 1	1	a	g	е		0	f		M	е	n	а	n	d	s													
	Addr	ess							,		,											,								
	2 5	5 0		В	r	0	a	d	W	а	У																			
	City																				Zip									
	M	e n	a	n	d	S											N	1 7	ζ		1	2	2	0	4	-				
	Phone																													
	(5 1 8) 4 3 4 - 2 9 2 2																													
\circ L	ibrary																													
	Addr	ess																												_
	City																	_	\neg		Zip									\neg
																										-				
	Phone	=		1 、				1					1																	
	(_)				-																						
\circ C	ther																													
	Addr	ess		_																										
	City																		_		Zip									_
																										-				
	Phone	e											,					_	_											
	()				-																						
$\cap \mathbf{v}$	Veb Pag	re I II	217			1000	ee n	rov	ide	ene	cifi	ic a	ddre	200	wh	ore '	CW/	(T	De c	on	he (2006	2000	d _	not	hoi	me 1	220	2	
∪ v	URL	3C O1	XL(i	s <i>)</i> .	1	icas	sc p	101	iuc	spc	CIII	ic a	uur	200	WIIV		3 W	111	150	an	UC a	acce	.55C	u -	1101	1101	iic j	pag	٠.	
		+																												닉
																														_
	URL																													
		\pm																												퓜
		+																										_	_	닉
		\perp																												

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

SPDES ID

Name of MS4/Coalition	Village of Menands	N Y R 2 0 A 1 4 4
7. Evaluating Prog	gress Toward Measurable Goals MCM 4	
identified in your St	ort on your progress and project plans toward ormwater Management Program Plan (SWMI tional pages as needed.	
A. Briefly summar	rize the Measurable Goal identified in the S	WMPP in this reporting period.
No SWPPPs receive	ed during reporting period.	
B. Briefly summar Goal.	rize the observations that indicated the over	call effectiveness of this Measurable
NA.		
C. How many time	es was this observation measured or evalua	ted in this reporting period?
		0
D II MCA	141	(ex.: samples/participants/events
D. Has your MS4 i	made progress toward this measurable goal	Quring this reporting period? ○ Yes • No
E. Is your MS4 on	schedule to meet the deadline set forth in t	he SWMPP?
•		○ Yes ● No
•	ize the stormwater activities planned to me ng cycle (including an implementation sche	ē ē
We are continuing to Coalition.	to develop our SWMPP in cooperation with the	ne Albany County Stormwater

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

		J 1		SPDES ID					
Name of MS4/Coalition	Village of Menands			N Y R	2 0 A 1 4 4				
<u>Minimum</u>	Control Mea	sure 5. Post	-Constructio	on Stormwater M	<u>[anagement</u>				
The information in the	nis section is bein	g reported (che	ck one):						
On behalf of an incomeOn behalf of a coan How m		ributed to this	report?						
•	• • •			nnagement practices be reporting period?	ias your				
		# Inventoried	# Inspections	# Times Maintained					
Alternative Practice	ces	0	0	0					
• Filter Systems		0	0	0					
• Infiltration Basins		0							
Open Channels		0	0	0					
Ponds		0	0	0					
Wetlands		0	0	0					
Other		0	0	0					
=	electronic tool lions and maint	_	abase, spreads	heet) to track post-c	construction ○ Yes ● No				
• •	non-structural Better Site Desi	-		implement Low Im inciples?	pact				
Building Codes	O Municipal C	omprehensive P	lans						
Overlay Districts	Open Space	Preservation Pre	ogram						
Zoning	O Local Law o	r Ordinance							
○ None	O Land Use Re	egulation/Zoning	3						
O Watershed Plans	Other Comp	rehensive Plan							
Other									

e w

P | 1 | a | n

R e v

S|i|t|e

This report is being submitted for the reporting period ending March 9, 2 0 1 2

	SI	DES .	D				
Name of MS4/Coalition Village of Menands	N	Y	R 2	0 A	1	4	4
4a. Are the MS4s contributing to this report involved in a regional/v	vatershed	wide	planı	ning ef ○ Y			N.
4b. Does the MS4 have a banking and credit system for stormwater	managem	ent p	actic	0 1	••		110
4c. Do the SWMP Plans for each MS4 contributing to this report in and approval of banking and credit of alternative siting of a stor	_				tice	?	No
4d. How many stormwater management practices have been implent reporting period?	nented as	part o	f this				
5. What percent of municipal officials/MS4 staff responsible for pr training on Low Impace Development (LID), Better Site Design Infrastructure principles in this reporting period?	_	_			ende		%

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

		SPDES ID
Name of MS4/Coalition	Village of Menands	N Y R 2 0 A 1 4 4
6. Evaluating Pro	ogress Toward Measurable Goals MCM 5	
identified in your S	port on your progress and project plans toward tormwater Management Program Plan (SWM) itional pages as needed.	e e
A. Briefly summa	rize the Measurable Goal identified in the S	SWMPP in this reporting period.
No measurable goa	al identified.	
B. Briefly summa Goal.	rize the observations that indicated the over	rall effectiveness of this Measurable
NA.		
C How many tim	es was this observation measured or evalua	ted in this reporting period?
C. How many tim	es was this observation incasured or evalua	
		(ex.: samples/participants/even
D. Has your MS4	made progress toward this measurable goa	l during this reporting period?
		○ Yes ● No
E. Is your MS4 or	n schedule to meet the deadline set forth in t	the SWMPP?
		○ Yes ● No
•	rize the stormwater activities planned to mo ing cycle (including an implementation scho	8
We will be develop	ping our SWMPP in cooperation with the Alba	any County Stormwater Coalition.

This report is being submitted for the reporting period ending March 9, 2 0

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

		SPL	DES	ID						
Name of MS4/Coalition	Village of Menands	N	Y	R	2	0	А	1	4	4

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):
On behalf of an individual MS4On behalf of a coalition
How many MS4s contributed to this report?

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Self-Assessment

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

	SPDES ID
Name of MS4/Coalition Village of Menands	N Y R 2 0 A 1 4 4
2. Provide the following information about municipal operate	tions good housekeeping programs:
O Parking Lots Swept (Number of acres X Number of times swep	pt) # Acres
• Streets Swept (Number of miles X Number of times swept)	# Miles 2 4
• Catch Basins Inspected and Cleaned Where Necessary	# 2 0
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#
O Phosphorus Applied In Chemical Fertilizer	# Lbs.
O Nitrogen Applied In Chemical Fertilizer	# Lbs.
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	Number of # Acres
3. How many stormwater management trainings have been pluring this reporting period?	provided to municipal employees
4. What was the date of the last training?	
5. How many municipal employees have been trained in this	reporting period?
6. What percent of municipal employees in relevant position stormwater management training?	as and departments receive

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

	SPDES ID
Name of MS4/Coalition Village of Menands	N Y R 2 0 A 1 4 4
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SV	WMPP in this reporting period.
The Village hosted a municipal training event for all Albany Cour communities and others on March 3, 2011. We have been implem the training during the current reporting period and will continue to	enting the techniques identified at
B. Briefly summarize the observations that indicated the overa Goal.	all effectiveness of this Measurable
Feedback from the municipal audit training event held on March 3	3, 2011.
C. How many times was this observation measured or evaluate	ed in this reporting period? (ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goal	during this reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in the	
F. Briefly summarize the stormwater activities planned to mee the next reporting cycle (including an implementation sched	8
See comments in Box A.	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

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

N Y R 2 0 A 4 6 3

Name of MS4/Coalition Town of New Scotland	N Y R 2 0 A 4 6 3
Minimum Control Measure 3. 1	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 the 	
1. Enter the number and approx. percent of	of outfalls mapped: 7 1 %
2. How many of these outfalls have been so reporting period (outfall reconnaissance	creened for dry weather discharges during this e inventory)?
3.a. What types of generating sites/sewershe reporting period?	eds were targeted for inspection during this
Auto Recyclers	○ Landscaping (Irrigation)
O Building Maintenance	○ Marinas
Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	○ Printing
Cross-Connections	 Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	○ Schools and Universities
O Garbage Truck Washouts	Septic Maintenance
○ Hospitals	○ Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	● Vehicle Maint./Repair Shops
Other:	○ None
O Sewersheds:	

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

SPDES ID

Nam	e of	f M	S4/0	Coal	litic	n	own	of N	lew S	Scotla	and													N	Y	R	2	0	А	4	6	3
3.b	.W	/ha	ıt t	ype	s o	f il	lici	t di	iscł	ıarş	ges	ha	ve	bee	en f	ou	nd	du	rin	g tl	nis	rep	ort	ting	g pe	erio	d?					
ОВ	rok	cen	Lir	nes	Fro	m S	San	itar	y S	ewe	r				Indi	ıstr	ial	Co	nne	ctio	ns											
\circ C	ros	ss (Con	nec	tior	ıs								0	Infl	ow/	/Inf	iltra	itio	n												
• F	aili	ng	Sep	otic	Sy	ster	ns							0	Pun	np S	Stat	ion	Fai	ilur	е											
\circ F	loo	r D	rai	ns (Con	nec	ted	То	Sto	orm	Sev	wer	S	0	San	itar	y S	ewe	er ()vei	flo	WS										
O I1	leg	al I	Duı	npi	ng									0	Stra	iigh	t Pi	ipe	Sev	ver	Dis	cha	rge	S								
0 C					. :11	: 0:4	٠	a a b			n o 4		4.1		Noi				ti or	h		a b			400	400	d			·hi.		
4.				any 1g p				scn	arg	ges/	pot	len	uai	11110	ega	.1 C(omn	ieci	lior	1S II	lav	e D	een	ae	etec	tea	at	ırıı	ıg ı	IIIIS		3
5.	Ho	OW	ma	any	ill	icit	di	sch	arg	ges	hav	ve l	ee	n c	onf	irn	ned	dı	ıriı	ng t	his	re	poi	rtin	g p	eri	od	?				3
6.			ma d?	any	ill	icit	di	sch	arg	ges/	ille	gal	co	nn	ecti	ion	s ha	ave	be	en	eli	mir	ato	ed (dur	ing	g th	is r	ер	ort	ing	2
	-																															
7.										ma per		_				-					-			_		od?	•	0	Ye	es	$\frac{\circ}{\Box}$	No
			, ··I	Т			J			1					Г					1		<i>O</i> 1										웅
8.										ava ble																			Ye			No
								a v a (s):		DIC	UII	UII	C VV	CD	•													O	Υe	es		No
		ase	pr	ovi	de	spe	cif	ic a	ddı	ess	of	pag	ge v	whe	ere	ma	p(s)) ca	ın b	e a	cce	sse	d -	not	ho	me	pa	ge.				
	W RL	w	W		a	i	m	s	g	i	S		0	r	g	/	W	е	b	m	a	р	/									
	*	*	R	е	S	t	r	i	С	t	е	d		A	С	С	е	S	s	*	*											
Ī																																
L.	IRL																															
							_		_			_			_			_											_			_
L																																

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

C OI IVI	S4/Coa	ilitio	n To	wn o	f Ne	w Sco	otland													N	Y	R	2	0	А	4	6
	L(s) co																										•
	se pro			eci	fic	add	ress	of	pa	ge v	vhe	ere	ma	p(s) c	an	be	acc	ess	ed	- n	ot l	hon	ne j	pag	ge	
JRL								_														1				1	_
				1																							
JRL				_				_																			
																											L
JRL								Т																			
				_		_		<u> </u>																			L
																											L
JRL																											_
TKL																											
	++							\perp																			H
	$\perp \perp$							<u> </u>																			L
JRL																											
JRL								i	i –	İ						İ											Ī
JRL																		İ		1		1	1		1		
JRL								<u> </u>																			

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

If submitting	ng this form as part of a joint report on behalf or	f a coalition leave SPDES ID blank.
		SPDES ID
Name of MS4/Coalition	Town of New Scotland	N Y R 2 0 A 4 6 3
12. Evaluating Pro	gress Toward Measurable Goals MCM 3	
identified in your St	ort on your progress and project plans toward tormwater Management Program Plan (SWI itional pages as needed.	e e
A. Briefly summar	rize the Measurable Goal identified in the	e SWMPP in this reporting period.
	of Illicit discharges detected and eliminated peen performed. Continue to maintain recon	
B. Briefly summar Goal.	rize the observations that indicated the ov	verall effectiveness of this Measurable
site. Of the three d	of four septic tank failures recorded. Three ischarges off site, two were corrected and the tof Health (ACDOH).	
C. How many time	es was this observation measured or evalu	nated in this reporting period?
		(ex.: samples/participants/events
D. Has your MS4	made progress toward this measurable go	
		● Yes ○ No
E. Is your MS4 on	schedule to meet the deadline set forth in	
•	rize the stormwater activities planned to ing cycle (including an implementation sc	9
	s complaints of failing septic systems and ut innections during routine building and fire in	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

	SI	DE	S ID						
Name of MS4/Coalition Town of New Scotland	N	Y	R	2	0	A	4	6	3

Minimum Control Measures 4 and 5

	Construction Site and Post-Construction Control	
The	e 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	o. 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 an Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? • Yes • No •	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.	NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place? • Yes	No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?	4
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ● Yes ○ No ○	NT
	If Yes, how many public comments were received during this reporting period?	
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	O No Authority
O Stop Work Orders	#			0	O No Authority
O Criminal Actions	#			0	O No Authority
○ Termination of Contracts	#			0	O No Authority
O Administrative Fines	#			0	O No Authority
O Civil Penalties	#			0	O No Authority
O Administrative Orders	#			0	O No Authority
O Enforcement Actions or Sanctions	#			0	
Other	#			2	O No Authority

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

		SPD)ES	ID						
Name of MS4/Coalition	Town of New Scotland	N	Y	R	2	0	А	4	6	3

	Minimum Control Measure 4. Construction Site Stormwater Runoff Control
The	e information in this section is being reported (check one):
	On behalf of an individual MS4 On behalf of a coalition
	How many MS4s contributed to this report?
1.	How many construction projects have been authorized for disturbances of one acre or more during this reporting period?
2.	How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
3.	What percent of active construction sites were inspected during this reporting period? $\ \bigcirc\ NT$
	1 0 0 %
4.	What percent of active construction sites were inspected more than once?
5.	Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? \bullet Yes \circ No \circ 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.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

																						SPI	DES	ID						
Name	of MS4	/Coa	aliti	on	Γown	of I	New	Scot	land													N	Y	R	2	0	А	4	6	3
	o n't.: Submit	· ada	diti	∩n a	l ne	age	c 20	: ne	ede	h																				
_	uomm	au	artiv	oma	ıı pe	igo	s as	, 110	cuc	æ.																				
• MS	S4/Coa			Offic	ce																									
	Depar B u			d	i	n	~		a	n	d		Z	0	n	i	n	a		D	е	n	a	r	t	m	е	n	t	
	Addre		1	ļ u	1	11	g		а	11	u				11		11	g		10		р	a		C	111	C	11	C	
	TC		n		Н	а	1	1		2	0	2	9		N	е	W		S	С	0	t	1	a	n	d		R	d	
	City																		_		L Zip									
	s 1	i	n	g	е	r	1	а	n	d	S						N	1 2	7		1	2	1	5	9	_				
	Phone							1									<u> </u>								1	J				
	(5	1	8)	4	3	9	_	9	1	5	3																		
O Lil	orary																													
	Addre	SS		_		1	1	1	1									1				I								
																					L									
	City	T																\top			Zip]				
	Dlassas																									_				
	Phone /			١				l _																						
	(_			,				_																						
\bigcirc Ot																														
	Addre	ss																												
	City																				7:0									
	City																				Zip					_				
	Phone																													
	()				_																						
\sim 111	1 D	T 11		,		1		J	. 1				1 1		1		CII	(DD)	_		1			1		1				
O W	eb Pag	e UI	KL(s):	Р	leas	se p	rov	1de	spe	C111	ic a	ddr	ess	who	ere	SW	PP.	Ps (can	be a	acce	esse	:d -	not	ho	me j	pag	e.	
	URL																													
																														_
		_																												
	URL																													
		+																												
	1 1		1	1	1	1	1	1	1				l	l				I	I	1			l			Ì		, ,		

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

Г		SPDE	
Name of MS4/Coalition	Town of New Scotland	N Y	R 2 0 A 4 6 3
7. Evaluating Progr	ress Toward Measurable Goals M	ICM 4	
identified in your Sto	ort on your progress and project plan ormwater Management Program Pla ional pages as needed.	_	_
A. Briefly summari	ze the Measurable Goal identified	I in the SWMPP in this	s reporting period.
disposition of the con	nt the number of SWPPP's reviewed implaints. Maintain documentation by Owner/Operator. Document rel	for MS4 inspections and	
B. Briefly summaris	ze the observations that indicated	the overall effectivene	ess of this Measurable
A total of 4 SWPPP	es were reviewed during the last rep	orting period.	
C. How many times	s was this observation measured o	r evaluated in this rep	orting period?
			(ex.: samples/participants/events
D. Has your MS4 m	nade progress toward this measur	able goal during this r	eporting period? ● Yes ○ No
E. Is your MS4 on s	schedule to meet the deadline set	forth in the SWMPP?	
•	ize the stormwater activities plant ng cycle (including an implementa	_	● Yes ○ No f this MCM during
	inue to maintain records as it curren in the Town expects to maintain the	•	0 1

Local

GI

l a w

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

				SPDES ID									
Name of MS4/Coalition	Town of New Scotlar	nd		N Y R	2 0 A 4 6 3								
Minimum Control Measure 5. Post-Construction Stormwater Management The information in this section is being reported (check one):													
		ig reported (chec	k one):										
On behalf of an incOn behalf of a coaHow m		ributed to this r	eport?										
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									
O Alternative Practic	ces	0	0	0									
O Filter Systems		0	0	0									
• Infiltration Basins		0	2	2									
Open Channels		0	0	0									
Ponds		1	1 0	0									
O 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?													
Building Codes	·	omprehensive Pl	•	ioipies (
Overlay Districts	•	Preservation Pro											
Zoning	O Local Law o		0.4										
○ None		egulation/Zoning											
O Watershed Plans	Other Comp												
Other:	1												

d e v

e | 1 | o | p | m | e | n | t

i n

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 1 \end{vmatrix}$

	SPI	JES IL)				
Name of MS4/Coalition Town of New Scotland	N	YR	2	0 A	4	6	3
4a. Are the MS4s contributing to this report involved in a regional/v	vatershed v	vide p	lanr	_	ffort es		No
4b. Does the MS4 have a banking and credit system for stormwater	manageme	nt pra	ctic	es?			
				\circ Y	es		No
4c. Do the SWMP Plans for each MS4 contributing to this report in and approval of banking and credit of alternative siting of a stor	•			t prac		?	No
4d. How many stormwater management practices have been implent reporting period?	nented as p	art of	this				
5. What percent of municipal officials/MS4 staff responsible for pr training on Low Impace Development (LID), Better Site Design Infrastructure principles in this reporting period?					end 5	ed	%

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

	SPDES ID
Name of MS4/Coalition Town of New Scotland	N Y R 2 0 A 4 6 3
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
Continue to track training of staff, relevant correspondence received continue to promote staff training.	ived and complaints received.
B. Briefly summarize the observations that indicated the ove Goal.	erall effectiveness of this Measurable
No complaints were received by the Town relating to MCM5. To ongoing and is documented by the SMO in the SWMPP files loc	
C. How many times was this observation measured or evaluation	ated in this reporting period? (ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goa	al 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 m the next reporting cycle (including an implementation sch	eet the goals of this MCM during
Continue to promote educational opportunities for Town Officia within the town work force.	als and other relevant positions

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

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

		SPD	DES	ID						
Name of MS4/Coalition	Town of New Scotland	N	Y	R	2	0	А	4	6	3

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):
On behalf of an individual MS4On behalf of a coalition
How many MS4s contributed to this report?

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Self-Assessment

Operation/Activity/Facility performed within the past 3 vears? **Operation/Activity/Facility** Addressed in SWMP? Street Maintenance..... 9 Yes ○ No • Yes \bigcirc No ○ No • Yes \bigcirc No Bridge Maintenance.... • Yes Winter Road Maintenance.

• Yes ○ No • Yes \bigcirc No Salt Storage.

• Yes ○ No • Yes \bigcirc No Solid Waste Management..... • Yes ○ No • Yes \bigcirc No New Municipal Construction and Land Disturbance.. • Yes ○ No Yes \bigcirc No Right of Way Maintenance....

Yes \bigcirc No ● No O Yes Marine Operations.... O Yes No Hydrologic Habitat Modification..... O Yes ● No ○ Yes No Parks and Open Space....

Yes \bigcirc No ○ No • Yes Municipal Building.... • Yes \bigcirc No \bigcirc No Stormwater System Maintenance..... • Yes ○ No • Yes \bigcirc No Vehicle and Fleet Maintenance.

• Yes ● No ○ Yes No Other..... O Yes

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

	SPDES ID		
Name of MS4/Coalition Town of New Scotland	N Y R 2	0 A 4	6 3
2. Provide the following information about municipal operat	ions good housekeep	oing prog	rams:
• Parking Lots Swept (Number of acres X Number of times swep	t) # Acres		1
• Streets Swept (Number of miles X Number of times swept)	# Miles	1	0 0
• Catch Basins Inspected and Cleaned Where Necessary	#		6
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#		1
O Phosphorus Applied In Chemical Fertilizer	# Lbs.		0
O Nitrogen Applied In Chemical Fertilizer	# Lbs.		0
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	# Acres		0 0
3. How many stormwater management trainings have been put during this reporting period?	provided to municipa	al employ	ees
4. What was the date of the last training?	1 1 / 2 2	/ 2 0	1 0
5. How many municipal employees have been trained in this	reporting period?		1
6. What percent of municipal employees in relevant positions stormwater management training?	s and departments re	eceive 2	5 %

This report is being submitted for the reporting period ending March 9, 2 0 1 2

	SPDES ID
Name of MS4/Coalition Town of New Scotland	N Y R 2 0 A 4 6 3
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Focus on training of DPW staff with new or updated training program	grams.
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
The Town continues to plan for a new DPW facility that will income the Town's stormwater program.	orporate BMP's that will promote
C. How many times was this observation measured or evaluat	ted in this reporting period?
	1
	(ex.: samples/participants/events,
D. Has your MS4 made progress toward this measurable goal	
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the	he SWMPP?
	● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	8
Develop a diversified schedule of training programs for the DPW acting superintendant.	staff and coordinate with the new

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

Naı	ne of MS4/Coalition Village of Voorheesville				NY	R	2	0 .	A	2	1 0				
	Minimum Control Measure 3.	Illi	<u>cit</u>	Discl	<u>ıar</u>	ge D	<u>ete</u>	<u>cti</u>	on ai	<u>nd</u>	Eli	mi	nat	io	<u>1</u>
Th	e information in this section is being reported	d (che	ck (one):											
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to	this	rep	ort?		1									
1.	Enter the number and approx. percen	t of o	outf	falls m	ap	ped:				9	#		1	0	0 %
2.	How many of these outfalls have been reporting period (outfall reconnaissan				•	weat	her	dis	charg	ges	dur	ing	thi	is	9
3.	a. What types of generating sites/sewers reporting period?	heds	we	re tarş	gete	ed for	ins	pec	ction (dur	ing	thi	S		
	O Auto Recyclers	0	La	ndscap	ing	(Irriga	ition	1)							
	● Building Maintenance	0	Ma	arinas											
	Churches	0	Мє	etal Pla	tein	g Ope	ratio	ons							
	• Commercial Carwashes	•	Ou	tdoor I	lui	d Stora	age								
	● Commercial Laundry/Dry Cleaners		Pa	rking L	ot]	Mainte	nan	ce							
	Oconstruction Vehicle Washouts	0	Pri	nting											
	O Cross-Connections	0	Re	sidentia	ıl C	Carwas	hing	5							
	O Distribution Centers		Re	stauran	its										
	O Food Processing Facilities	•	Scl	hools a	nd	Unive	sitie	es							
	○ Garbage Truck Washouts	•	Sep	ptic Ma	aint	enance	;								
	○ Hospitals	•	Sw	immin _i	g P	ools									
	O Improper RV Waste Disposal	•	Ve	hicle F	uel	ing									
	O Industrial Process Water		Ve	hicle N	1air	ıt./Rep	air	Sho	ps						
	Other:	0	No	ne											
	O Sewersheds:														

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

SPDES ID

Name	of M	S4/C	Coal	litio	n V	illag	e of	Voor	hees	ville													N	Y	R	2	0	A	2	1	0
3.b.	Wha	ıt ty	уре	s o	f il	lici	t di	iscł	ıar	ges	ha	ve	bee	en f	ou	nd	du	rin	g tł	nis 1	rep	ort	ing	g pe	erio	od?					
O Bı	oken	Lin	ies	Fro	m S	San	itar	y S	ewe	r				Ind	ıstr	ial	Co	nne	ctio	ns											
○ C1	oss	Con	nec	tior	ıs								0	Infl	ow/	Inf	iltra	ıtio	n												
○ Fa	iling	Sep	otic	Sy	ster	ns							0 2	Pun	np S	Stat	ion	Fai	ilur	е											
○ F1	oor I	rair	ns (Con	nec	ted	То	Sto	orm	Sev	wer	S	0	San	itar	y S	ewe	er ()vei	flo	WS										
O III	egal	Dur	npi	ng									0	Stra	iigh	t P	ipe	Sev	ver	Dis	cha	rge	S								
O O1	her:	ma	ıny	ill	icit	di	sch	arg	ges/	pot	ten	tial		Noi ega		onn	nect	tior	ns h	lavo	e be	een	de	tec	eted	l dı	ırin	ıg t	this		
1	epo	rtin	gŗ	er	iod	?				-																					0
- 1	T.			•11	• •,	1.									••								4.			. 11	•	[
5. 1	How	IIIa	шу	Ш	icit	ui	SCII	arg	ges	II a v	veı	jee.	II C	UIII	11 11	neu	uı	1111	ıg ı	.1115	re	hor	UIII	g þ	eri	.ou	•	L			0
	How perio		ıny	ill	icit	di	sch	arg	ges/	ille	gal	co	nn	ecti	ion	s h	ave	be	en	eliı	min	ate	ed o	dur	ing	ţ th	is r	epe	ort	ing	
•																															0
	Has f No										_				_					_		•	_		od?	,	0	Ye	S	T	No
-	1110	, u p	PIV	7711	iiia	cory	***	iut	PCI	0011		us	001	p.	000	 11.		15 1	Сро	.1 011	181	,011	ou.	•				L		0	웅
	s th																											Ye			No
	s thi								bie	on	tn	e w	eD.	•														Ye	S	0	No
P	lease	pre	ovi	de	spe	cif	ic a	.dd1	ess	of	pag	ge v	vhe	ere	ma	p(s)) ca	n b	e a	cce	sse	d -	not	ho	me	pa	ge.				
UI		w		a	i	m	s	g	i	s		0	r	g	/	W	е	b	m	a	р	/									
7	r	е	S	t	r	i	С	t	e	d		a	С	C	e	s	S	*			_							\exists			
F	+																										\dashv	\exists			_
UI	RL.																														
	Ĺ																														

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

† †	
##	
++	
† †	
++	
DDE p	 .1

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

SPDES ID

Name of MS4/Coalition	Village of Voorheesville	N Y R 2 0 A 2 1 0
12 Evaluating Proc	gress Toward Measurable Goals MCM 3	
12. Evaluating F10	gress roward Measurable Goals MCM 5	
identified in your St	ort on your progress and project plans toward formwater Management Program Plan (SWM) tional pages as needed.	
A. Briefly summar	ize the Measurable Goal identified in the S	SWMPP in this reporting period.
To continue to worl Sewer District.	k closely with the Stormwater Coalition of Al	bany County and Albany County
B. Briefly summar Goal.	ize the observations that indicated the over	rall effectiveness of this Measurable
Mapped all out falls	S.	
C. How many time	es was this observation measured or evalua	ted in this reporting period?
		1
D. Has warm MS4	wood a wax away tayyand this maasuwahla asa	(ex.: samples/participants/events
D. Has your MIS4 I	made progress toward this measurable goa	• Yes ○ No
E. Is your MS4 on	schedule to meet the deadline set forth in t	the SWMPP?
E Duiofly grows	in the stemmenter estimities planned to me	• Yes • No
•	rize the stormwater activities planned to mo ng cycle (including an implementation scho	
No new goals for Y	R10 (2013)	

SWPPP process?

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

		SPI	DES ID)				
Name of MS4/Coalition Village of Voorheesville		N	YR	2	0 A	2	1	0
Minimum Control Measures Construction Site and Post-Constru			itrol					
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? 	L							
1a. Has each MS4 contributing to this report adopted a law, o mechanism that provides equivalent protection to the NYS					_	•		
Stormwater Discharges from Construction Activities?	SPDES	G	enera	i Pei	Y •		0	No
1b. Has each Town, City and/or Village contributing to this re equivalent to a NYSDEC Sample Local Law for Stormwat Sediment Control through either an attorney cerfification Analysis Workbook?	ter Mana	ıgeı	ment e NYS	and	Eros	sion ap		d
If Yes, Towns, Cities and Villages provide date of equivalent								
	0 ()9/2	2004	• (03/200)6	0]	NT
2. Does your MS4/Coalition have a SWPPP review procedure	e in plac	e?			• Y	es		No
3. How many Construction Stormwater Pollution Prevention reviewed in this reporting period?	Plans (S	SW	PPPs) ha	ve be	en		1
4. Does your MS4/Coalition have a mechanism for receipt an comments related to construction SWPPPs?	d consid	lera	tion (_	ublic O N		0]	NT
If Yes, how many public comments were received during this	reporting	g pe	riod?					0
5. Does your MS4/Coalition provide education and training t	for contr	act	ors a	bou	t the I	loca	ıl	

● 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:

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

Nar	me of MS4/Coalition Village of Voorheesville SPDES ID N Y R 2	0 A 2	1 0
	Minimum Control Measure 4. Construction Site Stormwater Runo	ff Con	<u>trol</u>
The	e 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 during this reporting period?	acre or 1	more 1
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	r jurisd	iction 0
3.	What percent of active construction sites were inspected during this reporting	period?	
4.	What percent of active construction sites were inspected more than once?	1 0	O NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual? • Yes	the NY O No	S O NT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prever (SWPPPs) of construction projects that are subject to MS4 review and approved	1?	
	● Yes If your MS4 is Non-Traditional, are SWPPPs of construction projects made avenuable review?		O NT or O No
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	d.	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

	Name of MS4/Coalition Village of Voorheesville															SPDES ID														
Name	of MS	S4/Co	aliti	on	Villa	ge of	Voo	rhee	sville	;												N	Y	R	2	0	A	2	1	0
	con't. Subm		diti	ona	ıl pa	age	s as	s ne	ede	ed.																				
• M	S4/Co	alitio	on ()ffi	ce																									
• 111		rtme		, , , ,																										
	V	0 0	r	h	е	е	s	v	i	1	1	е		S	t	0	r	m	w	a	t	е	r		D	е	р	t		
	Addı	ess																												
	2	9	V	0	0	r	h	е	е	S	V	i	1	1	е		А	V	е	n	u	е								
	City						1												_		Zip					1				
	\vdash	0 0	r	h	е	е	S	V	i	1	1	е					N	1 7	_		1	2	1	8	6	-				
	Phon		Τ_	1	_	_	_]		_																				
	\ _	5 1	8)	7	6	5	-	2	6	9	8																		
O Li	brary																													
	Addı	ess																												
	City																				7:									
	City		Τ																		Zip					_				
	Phon	Α] _				
	1 Holl			١				_																						
	\ \			,																										
O Ot																														
	Addı	ress																												
	City																				7:-									
	City		Τ																		Zip					_				
	Phon	Α] _				
	()				_																						
_	\ \			/]																						
\circ W	eb Pa	ge U	RL(s):	P	leas	se p	rov	ide	spe	cifi	ic a	ddr	ess	wh	ere	SW	PP.	Ps (can	be a	acce	esse	d -	not	ho	me	pag	e.	
	URL		Т																											
																												=		
	URL		-	-	!	-		-						-	-															
			+						<u> </u>																			\exists		
			<u> </u>	<u> </u>																								=	_	_

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

		SPDES ID
Name of MS4/Coalition	Village of Voorheesville	N Y R 2 0 A 2 1 0
7. Evaluating Pro	gress Toward Measurable Goals MCM 4	•
identified in your St	ort on your progress and project plans towa cormwater Management Program Plan (SW) tional pages as needed.	
A. Briefly summar	rize the Measurable Goal identified in the	e SWMPP in this reporting period.
and functions to gu	w 3 of 2011, which pertains to Green Infras ide applicants, designers, VDE and local boices while addressing erosion and sediment	pards in their efforts to construct green
B. Briefly summan	rize the observations that indicated the o	verall effectiveness of this Measurable
Continue to train or CDRPC	ur CAC, ZBA and PC member through in h	nouse training and training through
C. How many time	es was this observation measured or eval	uated in this reporting period? (ex.: samples/participants/even
D. Has your MS4	made progress toward this measurable g	oal during this reporting period? ● Yes ○ No
E. Is your MS4 on	schedule to meet the deadline set forth i	n the SWMPP? ● Yes ○ No
-	rize the stormwater activities planned to ing cycle (including an implementation so	meet the goals of this MCM during
1	age applicants to use green infrastructure prinfrastructure options.	ractices and train staff and PC

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

		J 1		SPDES ID	
Name of MS4/Coalition	Village of Voorheesv	ville		N Y R	2 0 A 2 1 0
<u>Minimum</u>	Control Mea	sure 5. Post	-Construction	on Stormwater M	<u> Ianagement</u>
The information in the	nis section is bein	g reported (che	ck one):		
On behalf of an incoOn behalf of a coaHow m		ributed to this	report?	1	
•	• • •			nnagement practices eporting period?	has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	ces				
O Filter Systems					
• Infiltration Basins		1	1	1	
Open Channels					
○ Ponds					
O Wetlands					
Other					
2. Do you use an BMPs, inspects			abase, spreads	heet) to track post-	construction ● Yes ○ No
3. What types of Development/F				implement Low In inciples?	ıpact
Building Codes	Municipal C	omprehensive F	Plans		
Overlay Districts	Open Space	Preservation Preservation	ogram		
Zoning	• Local Law o	r Ordinance			
○ None	O Land Use Re	egulation/Zoning	g		
O Watershed Plans	Other Comp	rehensive Plan			
Other					

o|p|m|e|n|t

L a w

Dev

е

This report is being submitted for the reporting period ending March 9, 2 0 1 2

			SPL	DES I)					
Nar	me of MS4/Coalition Village of Voorheesville		N	Y	2	0	А	2	1	0
4a	. Are the MS4s contributing to this report involved in a regional	watershe	d w	vide j	olanı		eff Ye			No
4b	. Does the MS4 have a banking and credit system for stormwater	r manage	mei	nt pr	actic	es?				
						0	Ye	S		No
4c.	Do the SWMP Plans for each MS4 contributing to this report in and approval of banking and credit of alternative siting of a sto					t pr		ice?	?	No
4d	. How many stormwater management practices have been imple	mented a	s pa	art o	this	sys	tem	in	thi	S
	reporting period?								0	
5.	The second secon	0	-				atte	nde	ed	
	training on Low Impace Development (LID), Better Site Design	(BSD) a	nd (other	Gre	en				
	Infrastructure principles in this reporting period?						1	0	0	%

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2 \mid$

If submitting	ng this form as part of a joint report on beha	half of a coalition leave SPDES ID blank.
		SPDES ID
Name of MS4/Coalition	Village of Voorheesville	N Y R 2 0 A 2 1 0
6. Evaluating Pro	gress Toward Measurable Goals MC	EM 5
identified in your St	ort on your progress and project plans to tormwater Management Program Plan (stional pages as needed.	toward achieving measurable goals (SWMPP), including requirements in Part
A. Briefly summar	rize the Measurable Goal identified in	n the SWMPP in this reporting period.
and functions to gu	w 3 of 2011, which pertains to Green Incide applicants, designers, VDE and local vater quality, quantity and velocity goals	
B. Briefly summan Goal.	rize the observations that indicated th	he overall effectiveness of this Measurable
Members of our loc Colonie and CDRP		s of training at the Crossings in Town of
C. How many time	es was this observation measured or e	
D. Has your MS4	made progress toward this measurabl	(ex.: samples/participants ble goal during this reporting period? • Yes • No
E. Is your MS4 on	schedule to meet the deadline set for	rth in the SWMPP?
•	rize the stormwater activities planneding cycle (including an implementatio	● Yes ○ No d to meet the goals of this MCM during on schedule).
	end. We have incorporated green infrast	boards as they become available and will structure education into our mandatory

This report is being submitted for the reporting period ending March 9, 2 0 1

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

		SPI	DES	ID						
Name of MS4/Coalition	Village of Voorheesville	N	Y	R	2	0	A	2	1	0

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.

Self-Assessment

Operation/Activity/Facility performed within the past 3 vears? **Operation/Activity/Facility** Addressed in SWMP? Street Maintenance..... • Yes ○ No • Yes \bigcirc No ● No ○ Yes No Bridge Maintenance.... O Yes Winter Road Maintenance.

• Yes ○ No • Yes \bigcirc No Salt Storage..... • Yes ○ No • Yes \bigcirc No Solid Waste Management..... • Yes ○ No • Yes \bigcirc No New Municipal Construction and Land Disturbance.. O Yes ● No O Yes No Right of Way Maintenance....

Yes ○ No • Yes \bigcirc No ● No O Yes Marine Operations.... O Yes No Hydrologic Habitat Modification..... O Yes ● No ○ Yes No Parks and Open Space....

Yes \bigcirc No ○ No • Yes Municipal Building.... • Yes \bigcirc No \bigcirc No Stormwater System Maintenance..... • Yes ○ No • Yes \bigcirc No Vehicle and Fleet Maintenance..... • Yes ● No ○ Yes No Other..... O Yes

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

	SPDI	ES ID			
Name of MS4/Coalition Village of Voorheesville	N .	YR2	0 A	2 1	. 0
2. Provide the following information about municipal energy	tions good ho	usalzaan	ing ny	o gra	ms.
2. Provide the following information about municipal operat	nons good no	usekeep	ning pr	ogra	ms:
• Parking Lots Swept (Number of acres X Number of times swep	ot)	# Acres			2
• Streets Swept (Number of miles X Number of times swept)		# Miles		2	4
Catch Basins Inspected and Cleaned Where Necessary		#		4	5
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 		#			1
O Phosphorus Applied In Chemical Fertilizer		# Lbs.			0
O Nitrogen Applied In Chemical Fertilizer		# Lbs.			0
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)		Acres		0	•
3. How many stormwater management trainings have been p	orovided to n	nunicipa	al emp	loyee	S
during this reporting period?					2
4. What was the date of the last training?	1 1	/ 1 7	/ 2	0 1	. 1
5. How many municipal employees have been trained in this	reporting pe	riod?			7
6. What percent of municipal employees in relevant position stormwater management training?	s and depart	ments r	eceive	0 0	%

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

SPDES ID

Name of MS4/Coalition	Village of Voorheesville			N Y R 2 0	A 2 1 0
7. Evaluating Pro	gress Toward Mea	asurable Goals I	MCM 6		
Use this page to repidentified in your St III.C.1. Submit addi	tormwater Manager	ment Program Pl		•	
A. Briefly summar	rize the Measurab	le Goal identifie	d in the SWM	PP in this reportin	g period.
Continue to train B	uilding and DPW s	staff as stormwate	er permit require	ement changes.	
B. Briefly summar Goal.	rize the observatio	ons that indicate	d the overall ef	ffectiveness of this	Measurable
DPW, Codes office	r and SMO are awa	are of basic signs	of illicit discha	arges and pollution of	concerns.
C. How many time	es was this observa	ation measured	or evaluated in	this reporting per	
				(ex.: samp	les/participants/events)
D. Has your MS4	made progress tov	vard this measu	rable goal duri	ing this reporting p	period?
E. Is your MS4 on	schedule to meet	the deadline set	forth in the SV	WMPP?	Yes O No
F. Briefly summar the next reporti	rize the stormwate	-		e goals of this MC	Yes ○ No M during
Continue to particip	pate in future training	ng and self asses	sment of munic	ipal facilities.	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

Name of MS4/Coalition City of Watervliet	N Y R 2 0 A 0 8 7							
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination							
The information in this section is being reported	(check one):							
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to t 	this report? 1							
1. Enter the number and approx. percent	of outfalls mapped: 2 5 # 1 0 0 %							
2. How many of these outfalls have been s reporting period (outfall reconnaissance	creened for dry weather discharges during this te inventory)?							
3.a. What types of generating sites/sewershoreporting period?	eds were targeted for inspection during this							
O Auto Recyclers	○ Landscaping (Irrigation)							
 Building Maintenance 	○ Marinas							
○ Churches	O Metal Plateing Operations							
O Commercial Carwashes	Outdoor Fluid Storage							
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance							
O Construction Vehicle Washouts	○ Printing							
Cross-Connections	O Residential Carwashing							
O Distribution Centers	○ Restaurants							
O Food Processing Facilities	○ Schools and Universities							
○ Garbage Truck Washouts	○ Septic Maintenance							
○ Hospitals	O Swimming Pools							
O Improper RV Waste Disposal	O Vehicle Fueling							
Industrial Process Water	O Vehicle Maint./Repair Shops							
Other:	○ None							
V i d e o e d a n d C	Cleaned Storm lines							
O Sewersheds:								

This report is being submitted for the reporting period ending March 9, 2 0 1 2

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

SPDES ID

Name of MS4/Coalition	City of Wa	tervliet													N	Y	R	2	0	А	0	8	7
3.b.What types of	illicit di	ischar	ges l	have	bee	en f	oui	nd o	lur	inţ	g tł	nis	rep	ort	ting	g po	erio	d?					
O Broken Lines From	n Sanitar	y Sewe	er			Indi	ustr	ial (Cor	nne	ctio	ns											
Cross Connections						Infl	ow/	Infi	ltra	tioı	1												
O Failing Septic Syst	tems					Pun	np S	Stati	on	Fai	lur	е											
○ Floor Drains Conn	ected To	Storm	Sew	ers	0	San	itar	y Se	ewe	er C)vei	flo	WS										
○ Illegal Dumping					0	Stra	aigh	t Pi	pe S	Sew	ver	Dis	cha	rge	S								
Other: 4. How many illic	eit disch	arges	/note	antia		Noi))	ect	ion	ne h	191/	e h	een	de	tec	eted	dı	ırin		his		
reporting perio		ai ges/	porc	ziiua	1 111	cga	ıı CC	,1111	CCI	1011	15 11	ia v	כ טי	CCII	uc	icc	icu	uı	11 111	ig t	1113		1
																				1			
5. How many illic	it disch	arges	hav	e bec	en c	onf	irn	ned	du	rin	ıg t	his	re	por	rtin	gŗ	eri	od	?				1
6. How many illicongeriod?	eit disch	arges/	/illeg	gal co	onn	ecti	ions	s ha	ve	be	en	eli	mir	ato	ed (dur	ing	g th	is r	ep	ort	ing	1
7. Has the storm : If No, approxim				_			-					-		•	_		od?	•	•	Ye	es 0	0	No
8. Is the above into Is this informa If Yes, provide	tion ava URL(s):	ilable	on 1	the v	veb	?													0	Ye Ye			No No
Please provide sp	pecific a	ddress	s of p	oage	whe	ere	maţ	p(s)	ca	n b	e a	cce	sse	d -	not	hc	me	pa	ge.				
URL																							
																					=		
								1	_											_	=		

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

City of Watervliet			ES ID Y R			A 0	8
e of MS4/Coalition City of Watervliet		T/I	YR		0 .	A U	
URL(s) con't.: Please provide specific address of page where map(s) can	be access	sed -	not	hon	ne p	age	
RL							\top
							Ļ
							Ì
RL				Π			Т
							+
							<u> </u>
RL							
							T
							Ŧ
IRL							Т
				<u> </u>			_
TRL			•	•			
							T
							÷
							_
Has an IDDE law been adopted for each traditional MS4			IDDI	E pi			S
approved for all non-traditional MS4s contributing to thi	is report?	•				Yes	
If Vos has avary traditional MSA contributing to this ron	ort cortif	ind t	hat t	hic	low	ic	
If Yes, has every traditional MS4 contributing to this rep equivalent to the NYS Model IDDE Law?	ort CEI III	icu t	mat t			No	C
edulvalent to the NYS Wlodel IDDE Law?							_

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

Name of MS4/Coalition	City of Watervliet		SPDES ID N Y R	
value of Mish/Coantion[
12. Evaluating Prog	gress Toward Measur	rable Goals MCM 3		
identified in your Sto	ort on your progress an ormwater Managementional pages as needed.	t Program Plan (SWM	-	_
A. Briefly summar	rize the Measurable G	oal identified in the	SWMPP in this re	porting period.
The City of Watervieliminated it.	liet had experienced or	ne illicit discharge and	l after investigation	, found and
B. Briefly summar Goal.	ize the observations t	hat indicated the ove	erall effectiveness	of this Measurable
	sewer mapping and the s coming from and elin		city was able to tra	ce back where the
C. How many time	es was this observation	n measured or evalu	ated in this report	ing period?
			(6	ex.: samples/participants
D. Has your MS4 r	made progress toward	d this measurable go		orting period? ● Yes ○ No
•	made progress toward		al during this repo	• Yes O No
E. Is your MS4 on F. Briefly summar	2 0	deadline set forth in	al during this repo the SWMPP? neet the goals of th	Yes O NoYes O No

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

	SPI	DES ID				
Name of MS4/Coalition City of Watervliet	N	Y R	2	0 A	0	8 7
Minimum Control Measures 4 and Construction Site and Post-Construction		<u>itrol</u>				
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, ordina mechanism that provides equivalent protection to the NYS SPD Stormwater Discharges from Construction Activities?			_	,	or	○ No
1b. Has each Town, City and/or Village contributing to this report of equivalent to a NYSDEC Sample Local Law for Stormwater Manalysis Workbook?	anage	ment a	nd i	Erosi	on p	
If Yes, Towns, Cities and Villages provide date of equivalent NYS	Sampl			w. 3/200	6	○ NT
2. Does your MS4/Coalition have a SWPPP review procedure in p	lace?			• Ye	es	O No
3. How many Construction Stormwater Pollution Prevention Plan reviewed in this reporting period?	s (SW	PPPs)	hav	e bee	en	2
4. Does your MS4/Coalition have a mechanism for receipt and concomments related to construction SWPPPs?	sidera	tion o ● Y	-	ıblic O No	0	O NT
If Yes, how many public comments were received during this report	ting pe	riod?				0
5. Does your MS4/Coalition provide education and training for cos SWPPP process?	ntract	ors ab	out	the lo		l O 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:

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

Nar	me of MS4/Coalition City of Watervliet N Y R 2	0 A 0	8 7
	Minimum Control Measure 4. Construction Site Stormwater Runo	ff Con	<u>trol</u>
The	e information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1 2		
1.	How many construction projects have been authorized for disturbances of one aduring this reporting period?	acre or 1	more 2
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	r jurisd	iction 0
3.	What percent of active construction sites were inspected during this reporting p	period?	
4.	What percent of active construction sites were inspected more than once?	1 0	
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual? • Yes	the NY	Ш.
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prever (SWPPPs) of construction projects that are subject to MS4 review and approva		ans
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made avapublic review?		
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	1 .	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

																			_			SPI	DES	ID						
Name	of MS4	/Coa	ılitio	on	City o	of Wa	aterv	liet														N	Y	R	2	0	А	0	8	7
	on't.: Submit	ado	litio	ona	l pa	ages	s as	ne	ede	ed.																				
• MS	S4/Coa			Offic	ee																									
	Depart W a		e t	r		Р	1	а	n	t																				
	Addres			-		-																								
	2 2	2		W	а	t	е	r	v	1	i	е	t		S	h	а	k	е	r		R	d							
	City	T_				7	i	_	_								7.7	, ,	,		Zip	2	1]				
	W a Phone	t	е	r	V	1		е	t								N	1 A			1	2	1	8	9	_		Ш		
	(5	1	8)	7	8	5	_	7	0	8	2																		
O Lib	orary			,									l																	
	Addres	ss			1		1		1												1								1	
	City																				Zip									
																					2.15					_				
	Phone			1 .															_							ı				
	()				-																						
• Oth	ner																													
	Addre		T	i				70		-		70	T		i	70		G	1		70	i			Б	70				
	S e City	r	V		С	е		r	е	S	е	r	V	0		r		G		0	r Zip		a		D	r		Ш		
	Co	1	0	n	i	е											N	1 X	7		1	2	1	2	8	_				
	Phone			1 .															_							ı				
	()				-																						
○ We	eb Page	e UF	RL(s	s):	P	leas	se p	rov	ide	spe	cifi	ic a	ddr	ess	wh	ere	SW	PPI	Ps c	an	be a	acce	esse	d -	not	hoi	me j	page	Э.	
	URL																													\neg
		<u> </u>																												4
		<u> </u>																										=		_
	URL																											\neg		
		<u> </u>																										\dashv		=
		<u> </u>																										ightharpoonup		

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

	<u>S</u> :	PDES II)			
Name of MS4/Coalition City of Watervliet	1	N Y R	2	0 A	0	8 7
6. con't.:						
Submit additional pages as needed.						
○ MS4/Coalition Office						
Department						_
Address		$\overline{}$			\prod	
City	7in	$\bot\bot\bot$			Ш	
City	Zip	\top		_		
Phone						
(
○ Library						
Address						
					Ш	
City	Zip	$\overline{}$				
				-	Ш	
Phone / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
(
• Other						
Address Lower Dam Entrance	Bogl	n t	R	d	П	
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	B o g l Zip	1 -	K	u	Ш	
Colonie Ny		2 1 2	2 8	_		
Phone						
(
O Web Page URL(s): Please provide specific address where SWPPI	Os can he ac	cessed	- not	home	nage	
URL	s can be ac	ccsscu ·	- 1101	HOHIC	page	•
			$\exists \exists$	+	\Box	
			+	+	\vdash	+
URL						
		$\perp \perp$	\perp		\coprod	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

	SPDES ID
Name of MS4/Coalition City of Watervliet	N Y R 2 0 A 0 8 7
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Of the two construction projects one has been completed and the sites had been inspected by the engineers on a weekly basis.	other is near completion. These
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
Each project had multiple practices being used in the erosion and sediment on site and didn't allow it to enter the storm system. No these sites.	-
C. How many times was this observation measured or evaluat	ted in this reporting period?
D. Has your MS4 made progress toward this measurable goal	during this reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in the	● Yes ○ No he SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	et the goals of this MCM during
Any new or continually active sites will be inspected to ensure all followed.	l regulations are being properly

This report is being submitted for the reporting period ending March 9, 2 0 1 2

				SPDES ID)	
Name of MS4/Coalition	City of Watervliet			N Y R	2 0 A 0	8 7
<u>Minimum</u>	Control Mea	sure 5. Post	-Constructio	on Stormwater	<u>Manageme</u>	<u>nt</u>
The information in the	nis section is bein	g reported (chec	ck one):			
On behalf of an incOn behalf of a coa	lition	9 . 1 . 4 .	49	1		
How m	nany MS4s conti	ributed to this i	report?	1		
1. How many and MS4/Coalition i				anagement practices reporting period?	s has your	
		# Inventoried	# Inspections	# Times Maintained		
○ Alternative Practic	ees					
O Filter Systems						
O Infiltration Basins						
Open Channels		1	1	1		
○ Ponds						
O Wetlands						
Other		1	1			
2. Do you use an BMPs, inspecti		` ' '	abase, spreads	sheet) to track post	t-construction	n ● No
3. What types of Development/E		•		_	mpact	
O Building Codes	O Municipal C	omprehensive P	lans			
Overlay Districts	Open Space	Preservation Pro	ogram			
○ Zoning	• Local Law or	r Ordinance				
○ None	O Land Use Re	egulation/Zoning	7			
O Watershed Plans	Other Comp	rehensive Plan				
Other:						

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 1 $\begin{vmatrix} 2 & 0 \end{vmatrix}$

	SP	DES II)				
Name of MS4/Coalition City of Watervliet	N	YR	. 2	0 A	0	8	7
4a. Are the MS4s contributing to this report involved in a regional/	/watershed	wide p	lanı	ning ef			No
4b. Does the MS4 have a banking and credit system for stormwater	r manageme	ent pra	ctic	es?			
				\circ Y	es		No
4c. Do the SWMP Plans for each MS4 contributing to this report in and approval of banking and credit of alternative siting of a sto					tice	?	No
4d. How many stormwater management practices have been imple reporting period?	mented as p	art of	this				
5. What percent of municipal officials/MS4 staff responsible for p training on Low Impace Development (LID), Better Site Design Infrastructure principles in this reporting period?					endo	ed	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

SPDES ID

Name of MS4/Coalition City of Watervliet N Y R 2 0 A 0 8 7
6. Evaluating Progress Toward Measurable Goals MCM 5
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
The SWPPP projects the city had in the last year used a few post construction practices. Open channels and infiltration drainage along with grass seeding were used to keep the sediment from entering the storm watershed.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
The sedimentation from these sites remained on site after the project was completed.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goal during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
The city will be inspecting and maintaining these new post construction stormwater management practices.

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

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

		SPI	DES	ID						
Name of MS4/Coalition	City of Watervliet	N	Y	R	2	0	А	0	8	7

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):		
 On behalf of an individual MS4 On behalf of a coalition 		
How many MS4s contributed to this report?		1

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Self-Assessment

Operation/Activity/Facility performed within the past 3 Addressed in SWMP? vears? **Operation/Activity/Facility** Street Maintenance..... 9 Yes ○ No • Yes \bigcirc No ● No ○ Yes No Bridge Maintenance.... O Yes Winter Road Maintenance.

• Yes ○ No • Yes \bigcirc No Salt Storage..... • Yes ○ No • Yes \bigcirc No Solid Waste Management..... • Yes ○ No • Yes \bigcirc No New Municipal Construction and Land Disturbance.. • Yes ○ No Yes \bigcirc No Right of Way Maintenance.... O Yes ● No ○ Yes No ● No O Yes Marine Operations.... O Yes No Hydrologic Habitat Modification..... O Yes ● No ○ Yes No Parks and Open Space.... O Yes \bigcirc No ○ No • Yes \bigcirc No Municipal Building.... • Yes \bigcirc No Stormwater System Maintenance..... • Yes ○ No • Yes ○ No • Yes \bigcirc No Vehicle and Fleet Maintenance.

• Yes ● No ○ Yes No Other..... O Yes

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

Name of MS4/Coalition City of Watervliet	N Y R 2	0 A	0 8	7
Traine of this it countries.				
2. Provide the following information about municipal operations	good housekeep	ing pr	ograr	ns:
O Parking Lots Swept (Number of acres X Number of times swept)	# Acres			
• Streets Swept (Number of miles X Number of times swept)	# Miles	1	8 1	4
O Catch Basins Inspected and Cleaned Where Necessary	#			
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#			2
Phosphorus Applied In Chemical Fertilizer	# Lbs.			2
Nitrogen Applied In Chemical Fertilizer	# Lbs.		5	3
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)	# Acres			
3. How many stormwater management trainings have been provi	ided to municipa	ıl empl	oyees	S
during this reporting period?				5
4. What was the date of the last training?	1 / 3 1	/ 2	0 1	2
5. How many municipal employees have been trained in this repo	orting period?		3	6
6. What percent of municipal employees in relevant positions and stormwater management training?	d departments re	eceive	9 0]%

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

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

		_	SPI	DES	ID						
Name of MS4/Coalition City of	Watervliet		N	Y	R	2	0	А	0	8	7

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

The city has continued to increase its recycling intake helping keep the loose garbage weight down. The city had 4 electronic and tire recycling days. It also continues to use "Magic Salt" for all of its snow storms. It continues its street sweeping program were the sweeper is out just about everyday when the weather warrants it. The city started a pilot program where it asks some of the citizens to separate the organics from their garbage so it can be used in a digester were it will produce compost.

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

The city increased the electronic and tire days to four thus increasing these recyclables taken in. The recycle intake has gone up 40 ton from last year and is continuing to hand out recycle bins as needed by the residents. The city continues to pick up loose trash in all of its parks a along the roads. The city also did a catch basin inventory (GSP and mapping) of it's priority areas within the city.

C. How many times was this observation measured or evaluated in this reporting perio	red or evaluated in this reporting peric	neasured or ev	s was this observation	. How many times	C .
--	--	----------------	------------------------	------------------	------------

				4	
samp	les/	parı	tici	pant	s/events

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

_	_	
(Vec	\bigcirc No

(ex.:

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

• Yes	O No
-------	------

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

The city plans on finishing the rest of the city with the catch basin inventory, giving it a better mechanism to keep track of. It is also going to continue with the organic waste program in hopes of creating the by products of natural gas (use for vehicles) and compose. Continue to hand out stormwater information to help educate the public and have electronic and tires recycling days.

Name of MS4/Coalition

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

University at Albany (SUNY Uptown Campus)

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

SPDES ID

YR

2

	Minimum Control Measure 3.	Пli	cit	Disc	hai	rge	De	ete	cti	on	an	d i	Eli	i m i	ina	tio	n
Th	e information in this section is being reported (
• (On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to the			Í													
1.	Enter the number and approx. percent	of o	utf	alls r	nap	ped	l:				1	3	#		1	0	0 %
2.	How many of these outfalls have been so reporting period (outfall reconnaissance					we	eath	ıer	dis	scha	ırg	es (duı	rinş	g th	nis	1 3
3.2	a.What types of generating sites/sewershe reporting period?	eds	we	re tai	get	ed f	for	ins	pec	ctio	n d	uri	ing	th	is		
	O Auto Recyclers		Laı	ndscaj	oing	(Irı	iga	tion)								
	● Building Maintenance	○ Marinas															
	○ Churches	0	Me	tal Pl	ateiı	ng C)per	atic	ns								
	O Commercial Carwashes	0	Ou	tdoor	Flui	d S	tora	.ge									
	O Commercial Laundry/Dry Cleaners		Paı	king	Lot	Mai	inte	nano	ce								
	O Construction Vehicle Washouts	0	Pri	nting													
	O Cross-Connections	0	Re	sident	ial (Carv	vasl	ning									
	O Distribution Centers	0	Re	staura	nts												
	O Food Processing Facilities		Scl	nools	and	Uni	iver	sitie	S								
	O Garbage Truck Washouts	0	Sep	otic N	[ain	tena	nce										
	○ Hospitals	0	Sw	immii	ng P	ools	5										
	O Improper RV Waste Disposal		Ve	hicle	Fuel	ling											
	O Industrial Process Water	•	Ve	hicle 1	Maiı	nt./F	Repa	air S	Sho	ps							
	Other:	0	No	ne													
	O Sewersheds:																

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

	SPDES ID	
Name of MS4/Coalition University at Albany (SUNY U	Uptown Campus) N Y R	2 0 A 2 3 4
3.b. What types of illicit discharges hav	ve been found during this reporting period	1?
Broken Lines From Sanitary Sewer	O Industrial Connections	
O Cross Connections	○ Inflow/Infiltration	
O Failing Septic Systems	O Pump Station Failure	
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows	
O Illegal Dumping	O Straight Pipe Sewer Discharges	
Other:	○ None	
•	ial illegal connections have been detected	during this
reporting period?		
5. How many illicit discharges have be	een confirmed during this reporting perio	od? 1
·		L
6. How many illicit discharges/illegal period?	connections have been eliminated during	this reporting
7 Use the storm sewershed manning	been completed in this reporting period?	• Yes O No
If No, approximately what percent wa	1 01	9
	CICO	
8. Is the above information available in Is this information available on the		● Yes ○ No ○ Yes ● No
If Yes, provide URL(s):		
Please provide specific address of pag	e where map(s) can be accessed - not home	page.
URL		

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

home			2
home	ome p	page	
home	ome p	page	
			—
			\downarrow
			$\overline{}$
++			\pm
\perp			\dashv
			4
			
			\dashv

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

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

		SPL)ES	ID						
Name of MS4/Coalition	University at Albany (SUNY Uptown Campus)	N	Y	R	2	0	A	2	3	4

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Inventory, map and conduct field assessments of the 13 outfalls in the MS4. Sample outfalls for water quality and illicit discharges.

All outfall locations to be incorporated into the web-based Albany Interactive Mapping (AIM). Post stormwater related information and outfall updates on the enterprise GIS. REPORTING

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

All 13 stormwater outfalls have been located by GIS and sampled with no indications of illicit discharges.

Outfall locations and water quality sample results have been posted on the AIM system.

	Harry many	time or vivo	4hia	absormation	magazinad av	ovalvated in	. this	wan auting naviad?
U.	пом шапу	umes was	uns	observation	measured or	evaluateu II	i unis	reporting period?

[ex.: samples/participants/events)

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

• Yes O 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 University is in the process of completing a Master Plan for the storm system and facilities, developing an inventory of all system and treatment facilities and generating a hydraulic model for the system. All treatment facilities and outfalls will be located on the campus GIS.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

	SPL	DES	ID						
Name of MS4/Coalition University at Albany (SUNY Uptown Campus)	N	Y	R	2	0	А	2	3	4

<u>Minimum Control Measures 4 and 5.</u> Construction Site and Post-Construction Control

The	e 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 remechanism that provides equivalent protection to the NYS SPDES General Per Stormwater Discharges from Construction Activities?	_	or	○ No
1b	o. Has each Town, City and/or Village contributing to this report documented that equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney cerfification or using the NYSDE Analysis Workbook?	Erosi C Gaj	on a	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La	aw. 03/2006	6	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	• Ye	S	○ No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) ha	ve bee	en	
	reviewed in this reporting period?			3
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of procomments related to construction SWPPPs? • Yes	ublic	0	• 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 SWPPP process?	the lo		• 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:

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

	SPI	DES	ID						
Name of MS4/Coalition University at Albany (SUNY Uptown Campus)	N	Y	R	2	0	A	2	3	4

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The	e 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 a during this reporting period?	acre or 1	more 2
2.	How many construction projects disturbing at least one acre were active in you	r jurisd	iction
	during this reporting period?		5
3.	What percent of active construction sites were inspected during this reporting p	period?	
4.	What percent of active construction sites were inspected more than once?		\circ NT
		1 0	0 %
5.	Do all inspectors working on behalf of the MS4s contributing to this report use	the NY	S
	Construction Stormwater Inspection Manual? • Yes	○ No	\circ NT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Preven (SWPPPs) of construction projects that are subject to MS4 review and approva	1?	ans
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made ava		
	public review?	• Yes	O No
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	1.	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

																							SPI	DES	ID						
Nam	e of M	S4/0	Coa	litic	on	Unive	ersity	at A	Alban	y (SI	UNY	Upt	own	Cam	pus)								N	Y	R	2	0	А	2	3	4
6	con't																														
	Subm		add	itio	ona	l pa	age	s as	ne	ede	ed.																				
• M	S4/C	oali	itior	ı C	ffic	ce																									
	Dep																														
	С			р	u	s		Р	1	a	n	n	i	n	g																
	Add	ress 4		0		W		_	h		~	~	_		~		7\						В	1	٦	~			2	Е	
	City		0	0		W	a	s	11	i	n	g	t	0	n		Α	V	е	•		Zip	В	1	d	g	•		2	5	
	A		b	a	n	У												N	1 7	7		1	2	2	2	2	_				
	Pho	ne																					I				J				
	(5	1	8)	4	4	2	-	3	4	0	0																		
0 L:	ibrary							-																							
	Add	res	S																												
	City																					Zip									
	Pho																										_				
	/ [ie			١				_																						
	([,																										
\circ o			_																												
	Add	res	S																												
	City																					Zip									
																											_				
	Pho	ne																		_				_			J				
	()				-																						
\circ W	eb Pa	ισe	IJR	LG	:)·	P	leas	se n	rov	ide	sne	cifi	ic a	ddr	225	wh	ere	SW	PP)	Ps (ran	be a	acce	2886	d -	not	hoi	ne i	กลด	e.	
٠,,	URL	.50	011	(.	٠,٠	•	104.	У	101	140	ърс				• 55	****	010	O 11			<i>,</i> , , , , , , , , , , , , , , , , , ,					1100	1101	110	P 46	٠.	
																															_
	IIDI																														
	URL																														

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

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

		SPL)ES	ID						
Name of MS4/Coalition	University at Albany (SUNY Uptown Campus)	N	Y	R	2	0	A	2	3	4

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

Continue procedures for SWPPP reviews and implementation of applicable requirements within the SPDES General Permit by incorporating in standard contact requirements.

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

Projects that have been submitted during this reporting period were reviewed for conformance and NOI's were submitted. All projects that are currently under construction have been followed for conformity to SWPPP requirements and the submitted SWMP. Weekly inspections are performed and reports are submitted.

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

		5	
 7	· /		/

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

• Yes O No

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

● Yes ○ No

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

SWPPP's for proposed projects will continued to be reviewed and evaluated for conformance. Inspection will be performed for erosion and sedimentation control measures and construction work found to be in violation will be documented and directives issued that appropriate corrective actions and remediation is performed. Develop procedures for implementation and enforcement. Prepare written directive for use of updated mechanisms. Distribute and inform parties of University

○ None

Other:

O Watershed Plans

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

				SPDES ID	SPDES ID						
Name of MS4/Coalition	University at Alban	y (SUNY Uptown Cam	pus)	N Y R 2	2 0 A 2 3 4						
<u>Minimum</u>	Control Me	asure 5. Post	-Constructio	on Stormwater M	<u>anagement</u>						
The information in the	nis section is bei	ing reported (che	ck one):								
On behalf of an incomeOn behalf of a coan											
How n	nany MS4s con	tributed to this	report?								
				nnagement practices heporting period?	as your						
		# Inventoried	# Inspections	# Times Maintained							
O Alternative Practic	ces										
O Filter Systems											
• Infiltration Basins		1 4	5	5							
Open Channels		1	1	1							
Ponds		5	5	5							
O Wetlands											
Other		2	2	2							
2. Do you use an BMPs, inspect			abase, spreads	heet) to track post-c	onstruction ● Yes ○ No						
3. What types of Development/H		-		implement Low Impnciples?	pact						
Building Codes	O Municipal (Comprehensive P	lans								
Overlay Districts	Open Space	e Preservation Pro	ogram								
○ Zoning	O Local Law	or Ordinance									

○ Land Use Regulation/Zoning

• Other Comprehensive Plan

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

	SPDES ID		
Name of MS4/Coalition University at Albany (SUNY Uptown Campus)	N Y R 2	0 A	2 3 4
4a. Are the MS4s contributing to this report involved in a regional/waters	shed wide planr	ning effo ● Yes	
4b. Does the MS4 have a banking and credit system for stormwater mana	gement practic	es?	
		O Yes	• No
4c. Do the SWMP Plans for each MS4 contributing to this report include	•	evaluatio	n
and approval of banking and credit of alternative siting of a stormwat	ter managemen	t praction	:e?
and approval of banking and credit of alternative siting of a stormwa	ter managemen	•	ee? ● No
4d. How many stormwater management practices have been implemented	S	O Yes	• No
	S	O Yes	• No
4d. How many stormwater management practices have been implemented	d as part of this	O Yes	• No in this
4d. How many stormwater management practices have been implemented reporting period?	d as part of this n implementati	O Yes system on atten	• No in this

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

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

		SPL)ES	ID						
Name of MS4/Coalition	University at Albany (SUNY Uptown Campus)	N	Y	R	2	0	А	2	3	4

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

Develop checklist for review of SWPPP submissions for treatment practices on campus. Develop record keeping practices for SWPPP submissions and review. Examine post construction stormwater treatment practices.

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

SWPPP review procedures are being written from established procedures to follow new requirements for stormwater management practices.

Procedures have been implemented to review post construction stormwater management practices for compliance with requirements.

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

					თ	
(ex.:	samp	les/	parı	tici	pant	s/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).

Obtain written directive from the person authorized to sign the NOI.

Prepare review procedures for SWPPP post construction practices.

Prepare green initiative practices that can be implemented on the campus.

Prepare inventory map and list of post construction stormwater management practices on the campus.

not done already.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$

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

		SPL	DES	ID						
Name of MS4/Coalition	University at Albany (SUNY Uptown Campus)	N	Y	R	2	0	А	2	3	4

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

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

potentially generated by the permittee's operations and facilities; 2) evaluate the

Self-Assessment
Operation/Activity/Facility

		<u>perform</u>	<u>ed within</u>	the past 3
Operation/Activity/Facility	Addressed in	n SWMP?	<u>years?</u>	•
Street Maintenance	• Yes	○ No	Yes	\bigcirc No
Bridge Maintenance	O Yes	○ No	O Yes	\bigcirc No
Winter Road Maintenance	• Yes	○ No	Yes	\bigcirc No
Salt Storage	• Yes	○ No	Yes	\bigcirc No
Solid Waste Management	• Yes	○ No	Yes	○ No
New Municipal Construction and Land Disturba	nce • Yes	○ No	Yes	\bigcirc No
Right of Way Maintenance	○ Yes	○ No	O Yes	\bigcirc No
Marine Operations	○ Yes	○ No	O Yes	○ No
Hydrologic Habitat Modification		○ No	O Yes	\bigcirc No
Parks and Open Space	• Yes	○ No	Yes	\bigcirc No
Municipal Building		○ No	Yes	\bigcirc No
Stormwater System Maintenance	• Yes	○ No	Yes	○ No
Vehicle and Fleet Maintenance	• Yes	○ No	Yes	\bigcirc No
Other	○ Yes	○ No	O Yes	\bigcirc No

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

	SPDES ID			
Name of MS4/Coalition University at Albany (SUNY Uptown Campus)	N Y R 2	0 A	2 3	3 4
2. Provide the following information about municipal operations goo	od housekee	ping pr	ogra	ıms:
Parking Lots Swept (Number of acres X Number of times swept)	# Acres		2 7	7 0
• Streets Swept (Number of miles X Number of times swept)	# Miles		2 1	1 6
 Catch Basins Inspected and Cleaned Where Necessary 	#			
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#			
Phosphorus Applied In Chemical Fertilizer	# Lbs.		5	5 0
Nitrogen Applied In Chemical Fertilizer	# Lbs.	1	6 5	5 0
• Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres [-	7 2	0
3. How many stormwater management trainings have been provided during this reporting period?	l to municip	al emp	loyee	2 1
4. What was the date of the last training?	2 / 0 2	2 / 2	0 1	1 2
5. How many municipal employees have been trained in this reporting	ng period?		3	3 9
6. What percent of municipal employees in relevant positions and de stormwater management training?	epartments i	eceive	9 0) %

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 2$

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

		SPL)ES	ID						
Name of MS4/Coalition	University at Albany (SUNY Uptown Campus)	N	Y	R	2	0	А	2	3	4

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

Identify high priority catch basins for inspection and maintenance and develop a more detailed inspection and maintenance plan. Identify outfalls for monitoring and dry weather sampling.

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

The maintenance, repair and cleaning of catch basins has continued. Several catch basins were buried and were uncovered and cleaned. Cleaning of catch basins has resulted in reduced discharge of sediments.

All campus outfalls have been identified, mapped and dry weather sampling performed. Results have been placed in data base.

C.	How ma	ny times	was this obse	rvation mea	sured or eva	aluated in th	is reporting	period?
----	--------	----------	---------------	-------------	--------------	---------------	--------------	---------

ζ.:	samp	les/	parı	tici	pant	: :s/events

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

_	_	
(Vec	\bigcirc No

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

• Yes •	No
---------	----

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

Prepare inventory and assessment of fixed facilities and complete facility self audit where vehicle repair occurs. Keep annual log of road and parking lot sweeping and how soils are disposed. Keep record of catch basins cleaned.

Track use of pesticide and herbicide usage and maintain records of application.

Provide training in stormwater basics to staff.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

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

		SPI	DES	ID				
Name of MS4/Coalition	Stormwater Coalition of Albany County	N	Y	R	2	0		

Additional Watershed Improvement Strategy Best Management Practices

The information in this section is being reported (check one):	
 On behalf of an individual MS4 ● On behalf of a coalition 	
How many MS4s contributed to this report?	1 2

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

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

Traditional Non-Land Use		1,2,5,4,/a-d,9,10,11,12		Pati	Pathogens		
Non-Traditional		1,2,3,4,7a-d,9 5,6,8a,8b,10,11,12		Path			
1.	. Does your MS4/Coaliti phosphorus/nitrogen/p			-	O No	• N/A	
2.	. Has 100% of the MS4/9						
	If N/A, go to question 3.			○ Yes	○ No	● N/A	
	If No, estimate what perc	centage of the conveya	nce system has been map	ped so far.		%	
	Estimate what percentag	e was mapped in this r	eporting period.			%	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$

Na	me of MS4/Coalition	Stormwater Coalition	of Albany County			N Y R 2	0	
3.	Does your MS4 and Maintenan			r Conveyance	System (ir	n frastructu ○ Yes	re) Insp ○ No	
4.	Estimate the pe and maintained	0			•		n inspec	ted %
5.	Has your MS4/0 NYSDEC SPDI (GP-0-08-001) t disturb five tho	ES General Per to reduce pollu	mit for Storm tants in storm	water Dischar	ges from (Construction	on Activ	ities
6.	Has your MS4/6 runoff from new equal to one acremit for Stor the New York Standards?	w development re that provide mwater Discha	and redevelops equivalent parges from Co	oment projects rotection to th nstruction Act	s that distu e NYS DE ivities (GP	irb greater C SPDES (P-0-08-001)	than or General , includi	•
7a	. Does your MS4. phosphorus/nit		_	program to r	educe eros	sion or • Yes	○ No	• N/A
7 b	.How many proj	jects have been	sited in this r	eporting perio	od?			
7c.	. What percent o	f the projects i	ncluded in 7b	have been con	npleted in	this report	ing peri	od?
7d	.What percent o	f projects plan	ned in previou	ıs years have b	oeen comp		Durington	% Diament
8a	.Has your MS4/0 procedures poli lands?					ment practi	wned	N/A
8b	.Has your MS4/0 procedures poli municipally ow	cy that addres			O			• N/A

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} 1 \begin{bmatrix} 2 & 1 \end{bmatrix}$

Name of MS4/Coalition Stormwater Coalition of Albany County	N Y R 2	0	
9. Has your MS4/Coalition developed and implemented a program of	_	_	• N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste prohibiting goose feeding?	-		rties and • 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