Stormwater Coalition of Albany County Joint Annual Report

SPDES General Permit for Stormwater Discharges from <u>Municipal Separate Storm Sewer Systems</u> (MS4s) Permit No. GP-0-15-003

<u>Reporting Period</u> March 10, 2015 to March 9, 2016

BACKGROUND

A requirement of all regulated "MS4" municipalities is the submission of an Annual Report to the New York State Department of Environmental Conservation (NYSDEC) due in FINAL form by June 1. As stated in SPDES General Permit No. GP-0-15-003, 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".

Each of the regulated "MS4s" included in this report are co-signatories of the necessary agreements, in particular the Stormwater Coalition of Albany County Inter-municipal Agreement, pursuant to Article 5-G of New York State General Municipal Law for Traditional MS4s and Memorandum Of Understanding for Non-Traditional MS4s.

The submission of a FINAL Joint Annual Report first involves the release of a DRAFT Joint Annual Report, followed by the collection of public comments, if any. These comments are included in the FINAL Joint Annual Report and used to help guide the implementation of program requirements. Comments regarding any aspect of stormwater program implementation, either for the Coalition or individual MS4 Programs are strongly encouraged and welcome throughout the year To understand MS4 Permit requirements and related program activities, go to the NYSDEC website and/or the Coalition website: www.albanycountystormwater.com

HOW TO SUBMIT COMMENTS

1. Electronically using the Stormwater Coalition website "Public Comment" interface, <u>www.stormwateralbanycounty.org</u>.

2. By contacting the Local Stormwater Public Contact listed in the Joint Annual Report for each permit holder (See MCC Form).

3. By contacting the individuals listed as Public Contacts on the Coalition website (see Member pages).

4. By e-mail; swcoalition@albanycounty.com or phone; 447-5645.

OTHER INFORMATION

1. Hard copies of this Joint Annual Report are located at the Stormwater Coalition office, 175 Green Street, Albany, NY 12202 and at local MS4/municipal offices (see Annual Report MCM 2 Page 4 of 6 for address information).

2. If you'd like to learn more or get involved with various stormwater volunteer projects, call 447-5645 or e-mail swcoalition@albanycounty.com.

JOINT ANNUAL REPORT FORMAT

The Annual Report document is a form developed by NYSDEC and as such provides a snapshot of program activities pertaining to individual member and collaborative Coalition activities. This Joint Annual Report includes individual Annual Reports organized by MS4 type, see order below with shared Coalition data inserted at the end of each individual report. The SPDES Permit No. of each MS4 is in parenthesis. Goals for the upcoming year are based on an updated Joint Stormwater Management Program Plan document completed in May, 2016 (SWMPv4 2015-2017). To view the SWMP Plan document, see Coalition website, Plan & Program tab.

Traditional Non Land Use Control MS4 1. Albany County (NYR20A359) Non-Traditional MS4 2. University at Albany-SUNY (NYR20A234)

- Traditional Land Use Control MS4s
- 3. City of Albany (NYR20A464)
- 4. Town of Bethlehem (NYR20A208)
- 5. City of Cohoes (NYR20A243)
- 6. Town of Colonie (NYR20A190)
- 7. Village of Colonie (NYR20A076)
- 8. Village of Green Island (NYR20A377)
- 9. Town of Guilderland (NYR20A211)
- 10. Village of Menands (NYR20A144)
- 11. Town of New Scotland (NYR20A463)
- 12. City of Watervliet (NYR20A087)



Stormwater Coalition of Albany County, 175 Green Street, Health Department Building, Albany, NY 12202 518-447-5645 www.stormwateralbanycounty.org

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 6

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

SPE	DES	ID				
Ν	Y	R	2	0		

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Na	am	ne o	f M	S4													

OR

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

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

Name of Single Entity

|--|

OR

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

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

Name of Coalition

S	t	0	r	m	W	a	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																					

SPL	DES	ID		•		•		
Ν	Y	R	2	0	A	3	5	9
SPI	DES	ID						
Ν	Y	R	2	0	A	2	3	4
SPE	DES	ID						
Ν	Y	R	2	0	A	4	6	4
SPI	DES	ID						
Ν	Y	R	2	0	A	2	0	8
SPI	DES	ID						
Ν	Y	R	2	0	A	2	4	3
SPI	DES	ID						
Ν	Y	R	2	0	A	1	9	0

SPE	DES	ID						
Ν	Y	R	2	0	А	0	7	6
SPE	DES	ID						
Ν	Y	R	2	0	А	3	7	7
SPE	DES	ID						
Ν	Y	R	2	0	А	2	1	1
SPE	DES	ID						
Ν	Y	R	2	0	А	1	4	4
SPE	DES	ID						
Ν	Y	R	2	0	А	4	6	3
SPE	DES	ID						
Ν	Y	R	2	0	А	0	8	7

CDL		Б					
SPE							
Ν	Y	R	2	0	A		
SPE	DES	ID					
Ν	Y	R	2	0	A		
SPE	DES	ID					
Ν	Y	R	2	0	A		
SPE	DES	ID				 	
Ν	Y	R	2	0	A		
SPE	DES	ID					
Ν	Y	R	2	0	A		
SPE	DES	ID					
Ν	Y	R	2	0	A		

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 6

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

	1
SPDES ID	, , , , , , , , , , , , , , , , , , , ,
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	· · · · · · · · · · · · · · · · · · ·
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	· · · · · · · · · · · · · · · · · · ·
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	
SPDES ID	· · · · · · · · · · · · · · · · · · ·
N Y R 2 0 A	
SPDES ID	
N Y R 2 0 A	

							-	
SPE	DES	ID						<u> </u>
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID		·		·	·	
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPE	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID				·		
Ν	Y	R	2	0	A			
SPE	DES	ID		I	1	I		
Ν	Y	R	2	0	A			
		I		I		I	I	

app	TO	ID						
SPD N			2	0	7			
	Y	R	Ъ	0	A			
SPD			0	0	7			
Ν	Y	R	2	0	A			
SPD			~	_	_			
Ν	Y	R	2	0	A			
SPD			•	•				
Ν	Y	R	2	0	A			
SPD			_	_				
Ν	Y	R	2	0	A			
SPD	ES	ID			-		1	
Ν	Y	R	2	0	А			
SPD	ES	ID						
Ν	Y	R	2	0	А			
SPD	ES	ID						
Ν	Y	R	2	0	А			
SPD	ES	ID						
Ν	Y	R	2	0	А			
SPD	ES	ID						
Ν	Y	R	2	0	А			
SPD	ES	ID						
Ν	Y	R	2	0	А			
SPD	ES	ID				I		I
Ν	Y	R	2	0	А			
SPD	ES	ID						L
Ν	Y	R	2	0	А			
SPD	ES	ID	L	L	L	I	I	
N	Y	R	2	0	А			
SPD					L			
N	Y	R	2	0	А			
SPD				Ĺ	<u> </u>			
N	Y	R	2	0	А			
SPD N	Y Y	ID R	2	0	A			
			2	0	А			
SPD N	Y Y	ID R	2	0	A			
TN	Ţ	л	2	0	А			

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

		SPE	ES	ID						
Name of MS4	ALBANY COUNTY	Ν	Y	R	2	0	A	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:

- 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	a	1	i	t	i	0	n	0	f	Α	1	b	a	n	У
С	0	u	n	t	У																					

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 ALBANY COUNTY

NYRZ

SPDES ID

0 A 3 5 9

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each 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).
- 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).
- The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

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

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

For each contact, select all that apply:

Principal Executive Officer/Chief Elected Official

O Duly Authorized Representative

O Local Stormwater Public Contact

O Stormwater Management Program (SWMP) Coordinator

O Report Proparor

First Name	MI Last Name
DANIEL	P M C C O Y
Title	
Address	
1 1 2 S T A T E S T R E E	Ч, RM 900
City	State Zip
ALBANY	NY 12207-
cMuil	
DANIEL.MCCOY@AL	HANYCCUNTY.COM
Phone	County
(518)447-7040	ALBANY
	a which may be a first of the second s

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 ALBANY COUNTY

NYR20A35

SPDES ID

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).
- 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 tilled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

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

For each contact, select all that apply:

O Principal Excoutive Officer/Chief Elected Official

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

First Name	MI Last Name
DARRELL	RDUNCAN
Title	
COMMISSIONER OF	P D B L I C W U R K S
Address	
4 4 9 NEW SALEM RI	
City	State Zip
VOORHERSVILLE	NY 12186-
eMail	
Darrell.Duncan@:	albanycounty.com
Phone	County
(518)765-2055	ALBANY

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 5

Name of MS4 ALBANY COUNTY

8PDES ID N Y R 2 0 A 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:

- Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VLJ).
- 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.Z.c & Part VIII.A.2.c).
- The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

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

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

For each contact, select all that apply:

O Principal Executive Officer/Chief Elected Official

- O Duly Authorized Representative
- · Lucal Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

First NameMI	Lasi Name
LAURA	DEGAETANO
Title	
SENTOR FLAMNER	
Address	
112 STATE STREET,	STE 1210
Citty	State Zip
ALBANY	NYY 12207-
cMail	
1 degaetano@albanyc	zounty.com
Phone	County
(518)447-5670	ALBANY

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 ALBANY COUNTY

SPDES ID N Y R 2 0 A

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.

For each contact, select all that apply:

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

Firs	t Na	Name														MI	_	Las	t Na	ame	_				-	_		-		
D	А	V	Ι	D												Η		Κ	U	В	Е	K								
Titl	e																													
S	Т	0	R	Μ	W	А	Т	Ε	R		Ρ	R	0	G	R	Α	Μ		Т	Е	С	Η	Ν	Ι	С	Ι	A	Ν		
Add	lres	5																												
4	4	9		Ν	Ε	W		S	А	L	Ε	М		R	0	A	D													
City	/																-			S	tate		Zip)						
А	L	В	Α	Ν	Y															1	. I	Y	1	2	1	8	6	-		
eMa	ail																													
D	А	V	Ι	D	•	K	U	В	Ε	K	@	A	L	В	A	Ν	Y	С	0	U	Ν	Т	Y	•	С	0	М			
Pho	ne												,					Cou	inty											
(5	1	8)	6	5	5	-	7	9	2	4						A	L	В	A	Ν	Y							

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 ALBANY COUNTY

SPDES ID

N Y R 2 0 A 3 5 9

Section 3 - Partner Information

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

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.

Par	tner	/Co	aliti	onN	Jam	e																										
S	Т	0	R	М	W	А	Т	Е	R		С	0	A	L	I	Т	I	0	Ν		0	F		А	L	В	А	Ν	Y			
Par	tner	/Co	aliti	ionl	Nam	ne (c	on't	.)																SPI	DES	Pa	tne	r ID	- If	app	lica	ble
С	0	U	Ν	Т	Y																			Ν	Y	R	2	0				
Ad	dress	3																					,									
1	7	5		G	R	Ε	E	Ν		S	Т		-		С	0	U	Ν	Т	Y		Η	Ε	A	L	Т	Η		В	L	D	G
Cit	y			•	•	•	•	•					•	•			•	•		St	ate		Zip			•						
A	L	В	А	Ν	Y															N	1 7	7	1	2	2	0	2	-				
eM	ail																															
Ν	a	n	С	У	•	Η	e	i	n	Ζ	е	n	@	a	1	b	a	n	У	С	0	u	n	t	У	n	У	•	g	0	v	
Pho	one			1				1					-						Ιe	σall	v Ri	indi	nσ	lore	em	ent i	in ac	rcor	dan	٦P		
(5	1	8)	4	4	7	-	5	6	4	5								th G									Ye		0	No
w	hat	tac	ke/1	rest	non	cih	iliti	65	are	she	arec	1 337	ith	thic	a ng	artn	er (e o	ΓN/	1M ⁻	1 5	cho		Pro	σra	me	or	Mu	ıltir	le '	Tac	ks)'
••	nai	ias.	K 5/ 1		5011	510		05	are	5110		1 11			, pe			.c.g	, IV.				01		gra			IVIU	ոսե	ЛС	1 45	
•]	MM	1	Ρ	u	b	1	i	С	a	t	i	0	n	S	-	Р	r	0	g	r	a	m	ន	-	W	е	b	ន	i	t	е	
		2	S	T.7	ъл	П	D	_	a			_	-	+	/	W	7	V	Ţ	/	П		b	1	i	G		I	5	5		+
	MM	Z	Б	W	Μ	Ρ	D	0	С	u	m	е	n	t	/	W	A	V	Ε	/	Ρ	u	Q	1	T	С		1	n	р	u	t
•]	MM	3	A	Ι	М	S	/	0	R	Ι	K	i	t		G	r	a	n	t	:	S	t	0	r	m		Μ	a	р	'	g	
• 1	MM	1	С	0	n	s	t	r	u	С	t	i	0	n	0	v	r	s	i	a	h	t	_	М	S	4	F	0	r	m	s	
	VIIVI	4	C	0	11	מ	L	1	u	C	L	-	0	11	0	V	Ŧ	a	1	g	11	L		1.1	5	4	Т.	0	1		a	
•]	MM	5	S	W	Р	S		G	r	а	n	t	:	М	а	р	-	I	n	S	р	е	С	t	i	0	n	F	0	r	m	S
•]	MM	6	Т	r	a	i	n	g	:	S	t	a	f	f	-	0	f	f	i	С	i	a	1	s		М	S	4	S	v	С	S
	1 11.		1.	1			I	•1 •1	•.•				I	I		I	I	I	I	I						I]

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

	S	PDES	SID						
Name of MS4 ALBANY COUNTY	· []	NY	R	2	0	A	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 D A N I E L	MI P	Last Name M C C 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 David P. Mc Cay		Date 0512612016

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	g submitted for the r	eporting period	l ending March 9,	2	0	1	6	
----------------------	-----------------------	-----------------	-------------------	---	---	---	---	--

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

Name of MS4/Coalition ALBANY CC

Water Quality Trends

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

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

How many MS4s are contributed to this report?

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

If Yes, choose one of the following

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

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

UR	Ĺ																					,
URI																						
URI	Ľ																					
URI	Ľ																					

Yes • No

3

5 9

0 A

SPDES ID

Y R 2

Ν

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition ALBANY COUNTY

Minimum Control Measure 1. Public Education and Outreach

SPDES ID

0 A

3 5 9

N Y R 2

1

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

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

How many MS4s contributed to this report?

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									0	\bigcirc Pesticide and Fertilizer Application													
• General Stormwater	Manag	ement	Inform	nation					0	Pet '	Was	te N	Ian	agen	nent								
○ Household Hazardou	us Wast	e Disp	osal						۲	Recy	clin	ıg											
Illicit Discharge Det	tection a	and Eli	minati	ion					0	Ripa	rian	Co	rrid	or F	Prote	ectio	on/I	Rest	ora	tion			
• Infrastructure Maint	tenance								۲	Tras	h M	ana	gen	nent									
○ Smart Growth	\bigcirc Vehicle Washing																						
• Storm Drain Markin	\bigcirc Water Conservation																						
• Green Infrastructure	e/Better	Site D	esign/l	Low In	npac	t Deve	elop	ment	\bigcirc Wetland Protection														
• Other:									0	Non	e												
W I N T E R	MA	I N	ТЕ	N A	Ν	CE	/	DE	I	C	EF	2 S											
Other 2. Specific audience	es targ	geted d	uring	g this	rep	orting	g pe	riod:															
Public Employees	• Con	tractors	5																				
○ Residential																							
○ Businesses	1																						

 \bigcirc Restaurants \bigcirc Industries

h	er:			01	Agr	icul	tur	al											

Other

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition	ALBANY COUNTY

SPI	DES	ID						
Ν	Y	R	2	0	A	3	5	9

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

	ıstrı	ıcti	on	Site	e Oj	pera	ator	s T	rair	led											# Trained				
○ Dir	ect	Ma	ilin	gs																	#Mailings				
○ Kic	sks	or	Otł	ner	Dis	play	ys														# Locations				
○ Lis	t-Se	rve	s																		# In List				
○ Ma	iling	g L	ist																		# In List				
• Nev	vspa	ape	r A	ds	or A	Arti	cles														# Days Run			2	8
○ Put	olic	Ev	ents	s/Pr	ese	ntat	tion	s													# Attendees				
\bigcirc Sch	lool	Pro	ogra	am																	# Attendees				
○ TV	Spo	ot/F	rog	grar	n																# Days Run				
• Pri																					Total # Distributed	2	5	0	3
	Loca	tion	s (e	e.g. l	ibra	ries,	tow	n of	fices	s, kio	osks)								,					
	В	0	0	K	Μ	А	R	K		D	Ι	S	Т	R	Ι	В	U	Т	Е	D					
	Т	0		А	L	L		А	L	В	A	Ν	Y		С	0	U	Ν	Т	Y					
	Ε	М	Ρ	L	0	Y	Ε	Е	S																
○ Oth	er:							<u> </u>																	

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

h	t	t	р	:	/	/	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	/	S	t	0	r	m	W	a	t	е	r	-	С	0	a	1	i	t	i	0	n	/	m	u	n	i	С
i	р	a	1	i	t	i	е	S	/	a	1	b	a	n	У	-	С	0	u	n	t	У	/								

URL

h	t	t	р	••	/	/	w	w	w	•	а	1	b	a	n	У	С	0	u	n	t	У	•	С	0	m	/	G	0	v	е
r	n	m	е	n	t	/	D	е	р	а	r	t	m	е	n	t	ន	/	D	е	р	a	r	t	m	е	n	t	0	f	Ρ
u	b	1	i	С	W	0	r	k	ß	/	S	t	0	r	m	w	a	t	е	r	Μ	a	n	а	g	е	m	е	n	t	_

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition ALBANY COUNTY

 SPDES ID

 N
 Y
 R
 2
 0
 A
 3
 5
 9

Provide specific web addresses - not home page. 3. Web Page con't.: URL 1 S a р х • URL h t t / 1 b t G v р : / W W W а а n У С ou n У С 0 m / 0 е • • i t D t D t Ε r n m е n / е р а r t m е n s / е р -С 0 n 0 m С 1 С i d Ρ 1 i n D t t е V е 0 m е n 0 n S е r v а 0 n a n а n р URL Ρ d S i С S t 0 r t е r g / r 0 g r а m S а n е r V е S / m W а i Ρ r 0 g r a m С 0 0 r d n а t 0 r а S р х • URL URL URL URL

This report is being submitted for the reporting period ending March

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

Υ Name of MS4/Co

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.

Implement Target Audience outreach activities in Patroon Cr. watershed), complete Target Audience Analysis for Ann Lee Pond pending TMDL outcomes. Quarterly stormwater tips will appear in the County Executive newsletter sent electronically to County employees. One stormwater message will be distributed with paychecks to County employees. DPW website will be maintained up-to-date with current information on stormwater hotline. Storm drain stenciling to continue w/ 3 new stencils

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

Five stormwater education pieces made available to over 2000 County employees, increasing awareness of stormwater pollution issues and best practices both at home and in the workplace. A new storm drain stencil was installed at the County Hockey Facility. Target Audience Analysis process was revised by Stormwater Coalition to align with updated SWMP Plan and implementation strategy has been discussed.

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

(ex.: samples/participants/events)

3

 \bigcirc No

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? • Yes

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

By 3/9/17, complete Target Audience Analysis outreach activities based on revised Target Audience Analysis process recently updated by the Stormwater Coalition. An educational display will be developed for the Albany County Office Building highlighting water quality issue caused by stormwater runoff and ways to address, with brochures for distribution. At least 9 new stormwater catchbasins stencils will be installed on County roads or properties.



9,	2	0	1	6	

alition ALBANY COUNT	
----------------------	--

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

YR

2

0 A

3 5 9

Ν

Name of MS4/Coalition	ALBANY COUNTY	
Name of NIN4/Coalifior		

Minimum Control Measure 2. Public Involvement/Participation

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

• On behalf of an individual MS4

 \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

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

○ Cleanup Events	# Events
\bigcirc Comments on SWMP Received	#Comments
Community Hotlines	Phone # $(5 1 8) 4 2 4 - 4 0 4 8$
Phone # $(5 1 8) 6 5 5 - 7 9 2 4$	Phone # (5 1 8) 4 4 7 - 5 6 7 0
Phone # ()	Phone # ()
Phone # ()	Phone # ()
Phone # ()	Phone # ()
Phone # ()	Phone # ()
○ Community Meetings	# Attendees
○ Plantings	Sq. Ft.
○ Storm Drain Markings	#Drains
○ Stakeholder Meetings	# Attendees
\bigcirc Volunteer Monitoring	# Events
O Other:	

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

Program (SWMP) Plan provided?	• Yes	○ No
○ List-Serve # In List		
O Newspaper Advertising # Days Run		
○ TV/Radio Notices # Days Run		
O Other:		

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

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition ALBANY COUNTY

SPI	DES	ID						
Ν	Y	R	2	0	A	3	5	9

2. URL(s) con't.:

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

URL		· P			° P												,												_		
W	W	w	•	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	/	s
t	0	r	m	w	a	t	е	r	-	С	0	a	1	i	t	i	0	n	/	a	n	n	u	a	1	-	r	е	р	0	r
t	/																														
URL																															
URL	,																														
URL	,																														
URL	,					1							T						T												
URL	,	1		1				1		1			-	1			1		-		1				1		1		1	1	
URL	,					1											1				1										

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition ALBANY COUNTY

SPI	DES	ID						
Ν	Y	R	2	0	А	3	5	9

2. URL(s) con't.:

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

UR	Ļ						 	 									
UR	r			L	L		L										
					·	_						 					
						\vdash											
UR	L																
UR	L				 		 										
						-											
					L												
UR	L																
					<u> </u>												
UR	L	 	 		 		 				 		 		 	 	
UR	r																
					L	\vdash											
				1 1	1												

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition ALBANY COUNTY

 SPDES ID

 N
 Y
 R
 2
 0
 A
 3
 5
 9

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

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

• MS	4/C	oal	itio	n C)ffic	e											A	nnu	al l	Rep	ort) S'	WN	1P]	Plar	1	• (Con	nme	ents
		parti	nen					1				1		1		1	1		1	_			1					1			
	А	L	В	A	N	Y		С	0	U	Ν	Т	Y		D	Ρ	W		Ε	N	G	I	Ν	Е	Ε	R	I	Ν	G		
	Ado	lres	s																												
	4	4	9		N	Е	W		S	А	L	Е	М		R	0	А	D													
	City	/															 1					Zip									
	V	0	0	R	H	Е	E	S	V	I	L	L	Ε					1	N	Y		1	2	1	8	6	-				
	Pho	ne			·	·				·							1													I	
	(5	1	8)	6	5	5	-	7	9	2	4																		
○ Lib	rary Ado	/ lres	s													C	A	nnu	al I	Rep	ort	() S'	WN	1P]	Plar	1	0	Con	nme	nts
	City			L																		Zip									
]	Γ									_				
	Pho]														
	/ rite]																						
	C)				-																						
○ Oth	or															C	Δ	nnu	al 1	Ren	ort	C) S'	ww	1 P 1	Plar	h	\cap	Con	nme	onte
0 Oth	Add	lres	s																			`	- 0				-				
	City	y Y				I											I		I			Zip									
																											-				
	Pho	ne															J	L									l	L			
	()				-																						
									,							_							_								
• Wel	b Pa	age	UR	RL:													A	nnu	al l	Rep	ort		S S	WN	1P]	Plar	1	00	Con	nme	nts
	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	/
	S	t	0	r	m	w	a	t	е	r	-	С	0	а	1	i	t	i	0	n	/	a	n	n	u	a	1	-	r	е	р
	0	r	t	/																											
	Ple	ease	e pr	ovi	de	spe	cif	ic a	.dd1	ess	of	pag	ge v	whe	ere	rep	ort	car	n be	e ac	ces	sec	l - r	not	hor	ne	pag	ge.			
• eMa	ail																											• (Con	nme	ents
	1	d	е	g	a	е	t	a	n	0	@	a	1	b	a	n	У	С	0	u	n	t	У		С	0	m				
	d	a	v	i	d		k	u	b	e	k	@	a	1	b	a	n	У	С	0	u	n	t	У	•	С	0	m			
	L	l		I	L	L	L	L	L	l		L		L		L	L	-	L	I	L	L	l	-		L	L	I			

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

		·····.	SPDES ID		
Name of MS4/Coali	tion ALBANY COUNTY		N Y R 2	0 A 3	59
-	rt was made available on the inter	•	as it posted?		
Leave blank	if this report was not posted on the	internet.	05/06	/ 2 0	16
4.b. For how m	any days was/will this report be p	osted?			15
If submitting	g a report for single MS4, answer 5.	a If submitting a	a joint report, answ	ver 5.b	
	nual Report public meeting held i hat was the date of the meeting?	n this reporting	period?	• Yes	• No
If No, is a	one planned?			⊖ Yes	• No
	nual Report public meeting held f	for all MS4s cont	ributing to this r	eport du	ring
this reporti	ing period?	·		O Yes	• No
If No, is o	one planned for each?			⊖ Yes	O No
If Yes, attach	ents received during this reporting comments, responses and changes sponse to comments to this report.	• •		○ Yes	● No

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition ALBANY COUNTY

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.

A Stormwater Committee has been formed consisting of Operations, General Services, Public Works, Planning, and Law. The Committee will meet a minimum of four times per year (4 meetings by 3/2016). Response will be made to 100% of stormwater hotline complaints by the Stormwater Program Technician and Natural Resource Planner. County will work with other MS4s to consider intermunicipal solutions to problems in Normanskill and Krumkill watersheds.

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

The Stormwater Committee met 4 times during the reporting year. It was determined that the highest priority for the Committee was to review, revise, and formalize its procedures to ensure that third-party agreements were in place for stormwater management program implementation activities, mandate construction permit compliance, and development of a process for review of projects for consistency with the recently adopted green infrastructure policy. These items were all completed.

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

(ex.: samples/participants/events)

1

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

• Yes \bigcirc No

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

• Yes \bigcirc 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 Stormwater Committee will continue to meet (at least quarterly) and will persist with implementation of the green infrastructure policy, identification of new priority initiatives, and evaluation of the success of policy implementation. The Committee will review facility assessments performed in 2015 to identify trends and areas for possible improvement and identify strategies for program betterment.



This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

2

3

8 #

1 0

0 %

6

0 A

3 5 9

N Y R 2

1

Name of MS4/Coalition ALBANY COUNTY

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
- \bigcirc On behalf of a coalition
 - How many MS4s contributed to this report?
- 1. Enter the number and approx. percent of outfalls mapped:
- 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?
- **3.a.** What types of generating sites/sewersheds were targeted for inspection during this reporting period?

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

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

							SPDE	S ID)					
Name of MS4/Coalition ALBANY COUNTY							ΝY	R	2	0	A	3	5	9
3.b.What types of illicit discharges have	been fou	ınd du	rin	g this	rep	ort	ting _l	peri	od?					
\bigcirc Broken Lines From Sanitary Sewer	○ Indust	trial Co	onne	ctions										
○ Cross Connections	\bigcirc Inflow	v/Infiltr	atio	n										
○ Failing Septic Systems	○ Pump	Statior	n Fai	lure										
\bigcirc Floor Drains Connected To Storm Sewers	○ Sanita	ry Sew	er C	Overflo	ws									
○ Illegal Dumping	○ Straig	ht Pipe	Sev	ver Di	scha	rge	s							
• Other:	○ None													
H i g h p H / n u t r i	e n t	s,	u	n k	n	0	w r	ı	S	0	u	r	С	е
4. How many illicit discharges/potentia	l illegal o	connec	tior	ıs hav	ve b	een	dete	ecte	d dı	ırin	ıg t	his		
reporting period?													1	3
											r			
5. How many illicit discharges have bee	en confir	med d	urir	ng thi	s re	por	rting	per	iod	?				1

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

No

 \bigcirc No

• No

108

• Yes

○ Yes

- **7. Has the storm sewershed mapping been completed in this reporting period?** O Yes If No, approximately what percent was completed in this reporting period?
- 8. Is the above information available in GIS? Is this information available on the web? If Yes, provide URL(s):

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

UKL	_		 			 	 	 	 	 	 	-	 	 	
															L
URL															
															L

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition ALBANY COUNTY

SP	DE	S	ID						
Ν]	7	R	2	0	A	3	5	9

8. URL(s) con't.:

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

| 7 | C | C | TAT | 0 | П | П |

 | П | П

 |

 | т
 | Ţ.
 | C | т
 | T. | П
 |

 |
 |
 |
 | | | | | | | | | | |
|---|-----|----------------|---|---|---|---
--
--
--|--
--

--

--
---|---|---
--
---|---
--
--
--
--
--
--
--
--|---
---|--|---|--|---|---|---|---|---|---|
| А | ב | Ъ | W | 0 | ĸ | |

 | | ĸ

 | 0

 | T
 | 凸
 | C | 1
 | 凸 | ע
 |

 |
 |
 |
 | | | | | | | | | | |
| w | W | • | a | i | m | S | g

 | i | S

 | •

 | 0
 | r
 | g | /
 | W | е
 | b

 | m
 | a
 | р
 | / | | | | | | | | | |
| | | | | | | |

 | |

 |

 |
 |
 | |
 | |
 |

 |
 |
 |
 | | | | | | | | | | |
| | | | | | 1 | | I

 | | 1

 |

 |
 |
 | I |
 | |
 |

 |
 |
 | I
 | | | | | | | | | | |
| | | | | | | |

 | |

 |

 |
 |
 | |
 | |
 |

 |
 |
 |
 | | | | | | | | | | |
| | | | | | | |

 | |

 |

 |
 |
 | |
 | |
 |

 |
 |
 |
 | | | | | | | | | | |
| | | | | | | |

 | |

 |

 |
 |
 | |
 | |
 |

 |
 |
 |
 | | | | | | | | | | |
| , | | | | | | |

 | |

 |

 |
 |
 | |
 | |
 |

 |
 |
 |
 | | | | | | | | | | |
| | | | | | | |

 | |

 |

 |
 |
 | |
 | |
 |

 |
 |
 |
 | | | | | | | | | | |
| | | | | | | |

 | |

 |

 |
 |
 | |
 | |
 |

 |
 |
 |
 | | | | | | | | | | |
| | | | | | | |

 | |

 |

 |
 |
 | |
 | |
 |

 |
 |
 |
 | | | | | | | | | | |
| , | | | | | | |

 | |

 |

 |
 |
 | |
 | |
 |

 |
 |
 |
 | | | | | | | | | | |
| | | | | | | |

 | |

 |

 |
 |
 | |
 | |
 |

 |
 |
 |
 | | | | | | | | | | |
| | | | | | | |

 | |

 |

 |
 |
 | |
 | |
 |

 |
 |
 |
 | | | | | | | | | | |
| | | | | | | |

 | |

 |

 |
 |
 | |
 | |
 |

 |
 |
 |
 | | | | | | | | | | |
| , | | | | | | | I

 | |

 |

 |
 |
 | I |
 | |
 |

 |
 |
 |
 | | | | | | | | | | |
| | | | | | | |

 | |

 |

 |
 |
 | |
 | |
 |

 |
 |
 |
 | | | | | | | | | | |
| | | | | | | |

 | |

 |

 |
 |
 | |
 | |
 |

 |
 |
 |
 | | | | | | | | | | |
| | | | | | | |

 | |

 |

 |
 |
 | |
 | |
 |

 |
 |
 |
 | | | | | | | | | | |
| | A w | A S
w w
 | A S S w w . u u . | A S S W w w . a w w . a w w . a w w . a w w . a w w . a w w . a w w . . w w . . w . . . w . . . w . . . w . . . w . . . w w w w w w . | A S W O w w . a i w w . a i w w . a i w w . a i w w . a i w w w w w w w w w w w w | A S S W O R w w . a i m w w . a i m u . a i m u . . a i m u u u . | A S S W O R D w w . a i m s w w . a i m s w w . a i m s w w . a i m s w w . a i m s w w . a a a a w w . a a a a w w . a a a a w w . a a a a w a a a w a a a . a <td>A S S W O R D w w . a i m s g w w . a i m s g w w . a i m s g w w . a i in s g w w . a a i a a w a a w .</td> <td>A S S W O R D P w w . a i m s g i w w . a i m s g i w w . a i m s g i w w . <td< td=""><td>A S S W O R D P R w w . a i m s g i s w w . a i m s g i s w w . a i m s g i s w w . a i i i i i i i w w . a i <td< td=""><td>A S S W O R D P R O w w . a i m s g i s . w w . a i m s g i s . w w . a i m s g i s . w w . a i m s g i s . w w . a i <td< td=""><td>A S S W O R D P R O T w w . a i m s g i s . o w w . a i m s g i s . o w w . a i m s g i s . o w w . a i i w s i</td><td>A S S W O R D P R O T E w w . a i m s g i s . o r w w . a i m s g i s . o r w w . a i m s g i s . o r w w . a i
i i i i</td><td>A S S W O R D P R O T E C w w . a i m s g i s . o r g w w . a i m s g i s . o r g w w . a i m s g i s . o r g w w . a i m s g i s . o r g w w . a i<td>A S S W O R D P R O T E C T w w . a i m s g i s . o r g / w w . a i m s g i s . o r g / w w . a i m s g i s . o r g / w w . a i</td><td>A S S W O R D P R O T E C T E w w . a i m s g i s . o r g / w w w . a i m s g i s . o r g / w w w . a i m s g i s . o r g / w w w . a i<td>A S S W O R D R O T E C T E D w w . a i m s g i s . O T E C T E D w w . a i m s g i s o r g r g / w w w . a i m s g i s o r g r g / w w w . a i i i i i i i i i w u<td>A S S W O R D P R O T E C T E D w w . a i m s g i s . o r g / w e b w w . a i m s g i s . o r g / w e b w w . a i m s g i s . o r g / w e b w w . a i m s g i s a<td>A S S W O R D R O T E C T E D I W w a i m s g i s o r g r g / w e b m W w a i m s g i s o r g / w e b m W w a i m s g i s<td>A S S W O R D R O T E C T E D L L M A W V. A i m s g i s c r g / W e b m a W V. I. i. m s g i. s c r g ////// W e b m a W V. I. I.<td>A S S W O R D R O T E C T E D I I I I I I I R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S W O R D R O T E C T E D I</td><td>A S W O R D R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I I I I I I I W W I A I M S G I S V V G I V V E D I
I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S S W O R D R O T E C T E D I</td><td>A S S W O R D T E C T E D I</td><td>A S S W O R D T E C T E D I</td></td></td></td></td></td></td></td<></td></td<></td></td<></td> | A S S W O R D w w . a i m s g w w . a i m s g w w . a i m s g w w . a i in s g w w . a a i a a w a a w . | A S S W O R D P w w . a i m s g i w w . a i m s g i w w . a i m s g i w w . <td< td=""><td>A S S W O R D P R w w . a i m s g i s w w . a i m s g i s w w . a i m s g i s w w . a i i i i i i i w w . a i <td< td=""><td>A S S W O R D P R O w w . a i m s g i s . w w . a i m s g i s . w w . a i m s g i s . w w . a i m s g i s . w w . a i <td< td=""><td>A S S W O R D P R O T w w . a i m s g i s . o w w . a i m s g i s . o w w . a i m s g i s . o w w . a i i w s i</td><td>A S S W O R D P R O T E w w . a i m s g i s . o r w w . a i m s g i s . o r w w . a i m s g i s . o r w w . a i</td><td>A S S W O R D P R O T E C w w . a i m s g i s . o r g w w . a i m s g i s . o r g w w . a i m s g i s . o r g w w . a i m s g i s . o r g w w . a i
 i i<td>A S S W O R D P R O T E C T w w . a i m s g i s . o r g / w w . a i m s g i s . o r g / w w . a i m s g i s . o r g / w w . a i</td><td>A S S W O R D P R O T E C T E w w . a i m s g i s . o r g / w w w . a i m s g i s . o r g / w w w . a i m s g i s . o r g / w w w . a i<td>A S S W O R D R O T E C T E D w w . a i m s g i s . O T E C T E D w w . a i m s g i s o r g r g / w w w . a i m s g i s o r g r g / w w w . a i i i i i i i i i w u<td>A S S W O R D P R O T E C T E D w w . a i m s g i s . o r g / w e b w w . a i m s g i s . o r g / w e b w w . a i m s g i s . o r g / w e b w w . a i m s g i s a<td>A S S W O R D R O T E C T E D I W w a i m s g i s o r g r g / w e b m W w a i m s g i s o r g / w e b m W w a i m s g i s<td>A S S W O R D R O T E C T E D L L M A W V. A i m s g i s c r g / W e b m a W V. I. i. m s g i. s c r g ////// W e b m a W V. I. I.<td>A S S W O R D R O T E C T E D I I I I I I I R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S W O R D R O T E C T E D I</td><td>A S W O R D R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I I I I I I I W W I A I M S G I S V V G I V V E D I</td><td>A S S W O R D P R O T E C T E D I
 I I</td><td>A S S W O R D R O T E C T E D I</td><td>A S S W O R D T E C T E D I</td><td>A S S W O R D T E C T E D I</td></td></td></td></td></td></td></td<></td></td<></td></td<> | A S S W O R D P R w w . a i m s g i s w w . a i m s g i s w w . a i m s g i s w w . a i i i i i i i w w . a i <td< td=""><td>A S S W O R D P R O w w . a i m s g i s . w w . a i m s g i s . w w . a i m s g i s . w w . a i m s g i s . w w . a i <td< td=""><td>A S S W O R D P R O T w w . a i m s g i s . o w w . a i m s g i s . o w w . a i m s g i s . o w w . a i i w s i</td><td>A S S W O R D P R O T E w w . a i m s g i s . o r w w . a i m s g i s . o r w w . a i m s g i s . o r w w . a i</td><td>A S S W O R D P R O T E C w w . a i m s g i s . o r g w w . a i m s g i s . o r g w w . a i m s g i s . o r g w w . a i m s g i s . o r g w w . a i<td>A S S W O R D P R O T E C T w w . a i m s g i s . o r g / w w . a i m s g i s . o r g / w w . a i m s g i s . o r g / w w . a i</td><td>A S S W O R D P R O T E C T E w w . a i m s g i s . o r g / w w w . a i m s g i s . o r g / w w w . a i m s g i s . o r g / w w w . a i<td>A S S W O R D R O T E C T E D w w . a i m s g i s . O T E C T E D w w . a i m s g i s o r g r g / w w w . a i m s g i s o r g r g / w w w . a i i i i i i i i i w
u u<td>A S S W O R D P R O T E C T E D w w . a i m s g i s . o r g / w e b w w . a i m s g i s . o r g / w e b w w . a i m s g i s . o r g / w e b w w . a i m s g i s a<td>A S S W O R D R O T E C T E D I W w a i m s g i s o r g r g / w e b m W w a i m s g i s o r g / w e b m W w a i m s g i s<td>A S S W O R D R O T E C T E D L L M A W V. A i m s g i s c r g / W e b m a W V. I. i. m s g i. s c r g ////// W e b m a W V. I. I.<td>A S S W O R D R O T E C T E D I I I I I I I R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S W O R D R O T E C T E D I</td><td>A S W O R D R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I I I I I I I W W I A I M S G I S V V G I V V E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S S W O R D R O T E C T E D I</td><td>A S S W O R D T E C T E D I</td><td>A S S W O R D T E C T E D I I I I I I I I I I I
 I I</td></td></td></td></td></td></td></td<></td></td<> | A S S W O R D P R O w w . a i m s g i s . w w . a i m s g i s . w w . a i m s g i s . w w . a i m s g i s . w w . a i <td< td=""><td>A S S W O R D P R O T w w . a i m s g i s . o w w . a i m s g i s . o w w . a i m s g i s . o w w . a i i w s i</td><td>A S S W O R D P R O T E w w . a i m s g i s . o r w w . a i m s g i s . o r w w . a i m s g i s . o r w w . a i</td><td>A S S W O R D P R O T E C w w . a i m s g i s . o r g w w . a i m s g i s . o r g w w . a i m s g i s . o r g w w . a i m s g i s . o r g w w . a i<td>A S S W O R D P R O T E C T w w . a i m s g i s . o r g / w w . a i m s g i s . o r g / w w . a i m s g i s . o r g / w w . a i</td><td>A S S W O R D P R O T E C T E w w . a i m s g i s . o r g / w w w . a i m s g i s . o r g / w w w . a i m s g i s . o r g / w w w . a i<td>A S S W O R D R O T E C T E D w w . a i m s g i s . O T E C T E D w w . a i m s g i s o r g r g / w w w . a i m s g i s o r g r g / w w w . a i i i i i i i i i w u<td>A S S W O R D P R O T E C T E D w w . a i m s g i s . o r g / w e b w w . a i m s g i s . o r g / w e b w w . a i m s g i s . o r g / w e b w w . a i m s g i s a<td>A S S W O R D R O T E C T E D I W w a i m s g i s o r g r g / w e b m W w a i m s g i s o r g / w e b m W w a i m s g i s<td>A S S W O R D R O T E C T E D L L M A W V. A i m s g i s c r g / W e b m a W V. I. i. m s g i. s c r g ////// W e b m a W V. I. I.<td>A S S W O R D R O T E C T E D I I I I I I I R O T E C T E D I</td><td>A S S W O R
 D P R O T E C T E D I</td><td>A S W O R D R O T E C T E D I</td><td>A S W O R D R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I I I I I I I W W I A I M S G I S V V G I V V E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S S W O R D R O T E C T E D I</td><td>A S S W O R D T E C T E D I</td><td>A S S W O R D T E C T E D I</td></td></td></td></td></td></td></td<> | A S S W O R D P R O T w w . a i m s g i s . o w w . a i m s g i s . o w w . a i m s g i s . o w w . a i i w s i | A S S W O R D P R O T E w w . a i m s g i s . o r w w . a i m s g i s . o r w w . a i m s g i s . o r w w . a i | A S S W O R D P R O T E C w w . a i m s g i s . o r g w w . a i m s g i s . o r g w w . a i m s g i s . o r g w w . a i m s g i s . o r g w w . a i
i i i i i i i i i <td>A S S W O R D P R O T E C T w w . a i m s g i s . o r g / w w . a i m s g i s . o r g / w w . a i m s g i s . o r g / w w . a i</td> <td>A S S W O R D P R O T E C T E w w . a i m s g i s . o r g / w w w . a i m s g i s . o r g / w w w . a i m s g i s . o r g / w w w . a i<td>A S S W O R D R O T E C T E D w w . a i m s g i s . O T E C T E D w w . a i m s g i s o r g r g / w w w . a i m s g i s o r g r g / w w w . a i i i i i i i i i w u<td>A S S W O R D P R O T E C T E D w w . a i m s g i s . o r g / w e b w w . a i m s g i s . o r g / w e b w w . a i m s g i s . o r g / w e b w w . a i m s g i s a<td>A S S W O R D R O T E C T E D I W w a i m s g i s o r g r g / w e b m W w a i m s g i s o r g / w e b m W w a i m s g i s<td>A S S W O R D R O T E C T E D L L M A W V. A i m s g i s c r g / W e b m a W V. I. i. m s g i. s c r g ////// W e b m a W V. I. I.<td>A S S W O R D R O T E C T E D I I I I I I I R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S W O R D R O T E C T E D I</td><td>A S W O R D R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I I I I I I I W W I A I M S G I S V V G I V V E D I</td><td>A S S W O R D P R O T E C T E D I
 I I</td><td>A S S W O R D R O T E C T E D I</td><td>A S S W O R D T E C T E D I</td><td>A S S W O R D T E C T E D I</td></td></td></td></td></td> | A S S W O R D P R O T E C T w w . a i m s g i s . o r g / w w . a i m s g i s . o r g / w w . a i m s g i s . o r g / w w . a i | A S S W O R D P R O T E C T E w w . a i m s g i s . o r g / w w w . a i m s g i s . o r g / w w w . a i m s g i s . o r g / w w w . a i <td>A S S W O R D R O T E C T E D w w . a i m s g i s . O T E C T E D w w . a i m s g i s o r g r g / w w w . a i m s g i s o r g r g / w w w . a i i i i i i i i i w u<td>A S S W O R D P R O T E C T E D w w . a i m s g i s . o r g / w e b w w . a i m s g i s . o r g / w e b w w . a i m s g i s . o r g / w e b w w . a i m s g i s a<td>A S S W O R D R O T E C T E D I W w a i m s g i s o r g r g / w e b m W w a i m s g i s o r g / w e b m W w a i m s g i s<td>A S S W O R D R O T E C T E D L L M A W V. A i m s g i s c r g / W e b m a W V. I. i. m s g i. s c r g ////// W e b m a W V. I. I.<td>A S S W O R D R O T E C T E D I I I I I I I R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S W O R D R O T E C T E D I
 I I</td><td>A S W O R D R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I I I I I I I W W I A I M S G I S V V G I V V E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S S W O R D R O T E C T E D I</td><td>A S S W O R D T E C T E D I</td><td>A S S W O R D T E C T E D I</td></td></td></td></td> | A S S W O R D R O T E C T E D w w . a i m s g i s . O T E C T E D w w . a i m s g i s o r g r g / w w w . a i m s g i s o r g r g / w w w . a i i i i i i i i i w u <td>A S S W O R D P R O T E C T E D w w . a i m s g i s . o r g / w e b w w . a i m s g i s . o r g / w e b w w . a i m s g i s . o r g / w e b w w . a i m s g i s a<td>A S S W O R D R O T E C T E D I W w a i m s g i s o r g r g / w e b m W w a i m s g i s o r g / w e b m W w a i m s g i s<td>A S S W O R D R O T E C T E D L L M A W V. A i m s g i s c r g / W e b m a W V. I. i. m s g i. s c r g ////// W e b m a W V. I. I.<td>A S S W O R D R O T E C T E D I I I I I I I R O T E C T E D I</td><td>A S S W O R D P R O T E
 C T E D I</td><td>A S W O R D R O T E C T E D I</td><td>A S W O R D R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I I I I I I I W W I A I M S G I S V V G I V V E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S S W O R D R O T E C T E D I</td><td>A S S W O R D T E C T E D I</td><td>A S S W O R D T E C T E D I</td></td></td></td> | A S S W O R D P R O T E C T E D w w . a i m s g i s . o r g / w e b w w . a i m s g i s . o r g / w e b w w . a i m s g i s . o r g / w e b w w . a i m s g i s a <td>A S S W O R D R O T E C T E D I W w a i m s g i s o r g r g / w e b m W w a i m s g i s o r g / w e b m W w a i m s g i s<td>A S S W O R D R O T E C T E D L L M A W V. A i m s g i s c r g / W e b m a W V. I. i. m s g i. s c r g ////// W e b m a W V. I. I.<td>A S S W O R D R O T E C T E D I I I I I I I R O T E C T E D I
 I I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S W O R D R O T E C T E D I</td><td>A S W O R D R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I I I I I I I W W I A I M S G I S V V G I V V E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S S W O R D R O T E C T E D I</td><td>A S S W O R D T E C T E D I</td><td>A S S W O R D T E C T E D I</td></td></td> | A S S W O R D R O T E C T E D I W w a i m s g i s o r g r g / w e b m W w a i m s g i s o r g / w e b m W w a i m s g i s <td>A S S W O R D R O T E C T E D L L M A W V. A i m s g i s c r g / W e b m a W V. I. i. m s g i. s c r g ////// W e b m a W V. I. I.<td>A S S W O R D R O T E C T E D I I I I I I I R O T E C T E D I
 I I I I I I I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S W O R D R O T E C T E D I</td><td>A S W O R D R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S S W O R D P R O T E C T E D I I I I I I I W W I A I M S G I S V V G I V V E D I</td><td>A S S W O R D P R O T E C T E D I</td><td>A S S W O R D R O T E C T E D I</td><td>A S S W O R D T E C T E D I</td><td>A S S W O R D T E C T E D I</td></td> | A S S W O R D R O T E C T E D L L M A W V. A i m s g i s c r g / W e b m a W V. I. i. m s g i. s c r g ////// W e b m a W V. I. I. <td>A S S W O R D R O T E C T E D I I I I I I I R O T E C T E D I</td> <td>A S S W O R D P R O T E C T E D I</td> <td>A S W O R D R O T E C T E D I
I I</td> <td>A S W O R D R O T E C T E D I</td> <td>A S S W O R D P R O T E C T E D I</td> <td>A S S W O R D P R O T E C T E D I I I I I I I W W I A I M S G I S V V G I V V E D I</td> <td>A S S W O R D P R O T E C T E D I</td> <td>A S S W O R D R O T E C T E D I</td> <td>A S S W O R D T E C T E D I</td> <td>A S S W O R D T E C T E D I</td> | A S S W O R D R O T E C T E D I I I I I I I R O T E C T E D I | A S S W O R D P R O T E C T E D I | A S W O R D R O T E C T E D I | A S W O R D R O T E C T E D I
 I I I I I I I I I I I I I I I I I | A S S W O R D P R O T E C T E D I | A S S W O R D P R O T E C T E D I I I I I I I W W I A I M S G I S V V G I V V E D I | A S S W O R D P R O T E C T E D I | A S S W O R D R O T E C T E D I | A S S W O R D T E C T E D I | A S S W O R D T E C T E D I |

- 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report?
- **10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?** Yes No NT

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

8 0 8

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition ALBANY COUNTY

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.

By 3/2016, all mapped outfalls that have not yet been inventoried through ORI will be inspected. IDDE Procedures will be fully updated and communicated to all relevant staff via the Stormwater Committee. All new outfalls identified through ORI and mapping work will be uploaded to GIS. Method of collecting IDDE complaint info from multiple County departments will be standardized. Storm system mapping of County Routes 153, 157, and 203 will be completed by March 2017.

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

Completed mapping of County Rt. 156 (in Patroon Creek watershed), commenced mapping of CR 253, and corrected mapping errors and discrepancies in other areas. Progress made in catching up on outfall reconnaissance inventory, as of now less than 20 outfalls have not been ever sampled and these are due to access restrictions or recent addition. Formal IDDE procedures have been adopted by County Legislature, relevant department staff have been trained on IDDE.

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

(ex.: samples/participants/events)

1

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

• Yes \bigcirc No

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).

Completion of system mapping will allow for completion of sewershed maps with mapping grant project. System mapping will be completed for New Karner Rd (CR 157) and Cherry/Elm Ave (CR 52). Follow-up will be completed on previously assessed outfalls with potential indicators of illicit discharges or elevated nonpoint source pollutants. Process will be developed to better characterize County Health Dept complaint investigations relative to stormwater infrastructure.

S	PE	DES	ID						
1	V.	Y	R	2	0	А	3	5	9

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition ALBANY COUNTY

SPI	DES	ID						
Ν	Y	R	2	0	A	3	5	9

5

0

Minimum Control Measures 4 and	<u>5.</u>
Construction Site and Post-Construction	Control

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

- On behalf of an individual MS4
- \bigcirc 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 O No

1

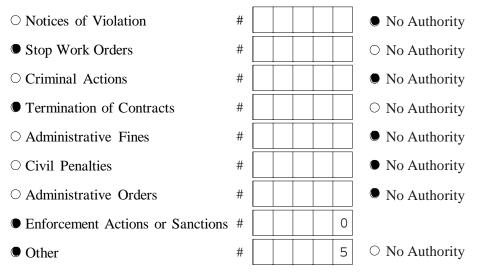
1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. $\bigcirc 09/2004 \ \bigcirc 03/2006 \ \bigcirc NT$

- 2. Does your MS4/Coalition have a SWPPP review procedure in place?
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? Yes No NT

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

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



This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

YR

N

2

0 A 3

1 0 0 %

0 %

0

5

9

Name of MS4/Coalition ALBANY COUNTY

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
- \bigcirc 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? \odot NT
- 4. What percent of active construction sites were inspected more than once? \bigcirc NT
- 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? • 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, 2 0 1 6

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

Name of MS4/Coalition ALBANY COUNTY

SPDES ID



6. con't.:

Submit additional pages as needed.

ce
С

	Dep	artr	nen	t																											
	A	L	В	А	Ν	Y		C	0	U	Ν	Т	Y		D	Ρ	W														
	Add	Ires	5										I		1		I		1							T		I			
	4	4	9		Ν	Е	W		S	А	L	Е	Μ		R	D															
	City	,																		_		Zip					,				
	V	0	0	R	Η	Ε	Ε	S	V	Ι	L	L	Ε					N	1 Y	7		1	2	1	8	6	-				
	Pho	ne																													
	(5	1	8)	6	5	5	-	7	9	2	4																		
⊖ Lib	rary	,																													
	Add		3																												
			5																												
	City	,																				Zip									
																											-				
	Pho	ne																-													
	(-)				-																						
$\bigcirc 04$																															
\bigcirc Oth																															
	Add	Ires	5																											,	
	City	, 																				Zip					1				
																											-				
	Pho	ne																													
	()				-																						
○ We	b Pa	age	UR	RL(s	s):	Р	leas	se p	rov	ide	spe	cifi	c a	ddre	ess	whe	ere	SW	PPI	Ps c	can	be a	acce	esse	d -	not	ho	mej	pag	e.	
	URL																			_						-	-				
	URL																														
																	_														

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition ALBANY COUNTY

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.

By March 2016, a written directive from the NOI signatory will be finalized and issued communicating to all staff the construction permit requirements pertaining to site work for County projects, including ensuring that all construction site operators and inspectors have received required training or are certified accordingly. Program procedure updates will be also be finalized by March 2016. 100% of active County construction projects will be inspected in accordance w/ GP-0-15-002.

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

A written directive, in the form of the approved Stormwater Management Policy adopted by the County Legislature on 2/9/16, was signed by the County Executive. A total of 72 stormwater construction inspections by or on behalf of Albany County, on sites operated by the County (active or in temporary shutdown) were completed in the reporting year.

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

(ex.: samples/participants/events)

2

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?

• 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).

At least four active or temporarily shut down project sites will receive permanent stabilization and permit closure.

SPE	DES	ID			-			
Ν	Y	R	2	0	А	3	5	9

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

ΝY

R 2

Α

0

5

9

3

Name of MS4/Coalition ALBANY COUNTY

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

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

	# Inventoried	# Inspections	# Times Maintained
 Alternative Practices 	6	6	4
\bigcirc Filter Systems			
\bigcirc Infiltration Basins			
• Open Channels	2 5	2 5	9
• Ponds	1	1	1
\bigcirc Wetlands			
\bigcirc Other			

- 2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? • Yes O No
- **3.** What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?
- Building Codes • Municipal Comprehensive Plans

○ Overlay Districts ○ Open Space Preservation Program

- Zoning Local Law or Ordinance
- None Land Use Regulation/Zoning
- \bigcirc Watershed Plans \bigcirc Other Comprehensive Plan
- Other:

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition ALBANY COUNTY	SPDES IDNYR2	0 A 3	59						
4a. Are the MS4s contributing to this report involved in a regional/watersh	ed wide plann	0							
4b. Does the MS4 have a banking and credit system for stormwater manage	ement practice	○ Yes	U NO						
The Does the Fils I have a summing and create system for storm water manag		○ Yes	• No						
4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?									
		○ Yes	• No						

- 4d. How many stormwater management practices have been implemented as part of this system in this reporting period?
- 5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

%

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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 9

Name of MS4/Coalition ALBANY COUNTY

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.

By 3/2016, update inventory of all built post-construction stormwater management practices within urbanized area, and complete inspection of 50% of those practices. Develop a process to incorporate the new Green Infrastructure Policy into its routine operations. A written directive from the NOI signatory will be issued communicating to all staff the construction permit requirements pertaining to PCSWM practices. Green Infrastructure training presentation will be given at ACPB meeting.

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

A written directive, in the form of the approved Stormwater Management Policy adopted by the County Legislature on 2/9/16, was signed by the County Executive. Stormwater management practices in need of maintenance were prioritized, and maintenance and/or repair (aside from routine activities such as mowing) was performed on eight permanent post-construction practices.

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

(ex.: samples/participants/events)

2

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?

• 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).

Albany County plans to perform maintenance on 9 additional high-priority post-construction stormwater management practices by March 9, 2017. Maintenance frequencies and procedures for existing practices will be re-evaluated to develop a more effective plan ensuring that practices receive regular maintenance on a needs-based rotating schedule.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition ALBANY COUNTY



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

 \bigcirc 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.

			<u>Self-Assessment</u>				
			Operation/Activi	<u>ty/Facility</u>			
			performed within	the past 3			
Operation/Activity/Facility	Addressed i	n SWMP?	<u>years?</u>	•			
Street Maintenance	• Yes	○ No	• Yes	\bigcirc No			
Bridge Maintenance	• Yes	○ No	O Yes	• No			
Winter Road Maintenance	• Yes	○ No	O Yes	• No			
Salt Storage	• Yes	○ No	• Yes	\bigcirc No			
Solid Waste Management	• Yes	○ No	• Yes	\bigcirc No			
New Municipal Construction and Land Disturbar	nce • Yes	○ No	• Yes	\bigcirc No			
Right of Way Maintenance	• Yes	○ No	• Yes	\bigcirc No			
Marine Operations	O Yes	• No	····· O Yes	• No			
Hydrologic Habitat Modification	• Yes	○ No	O Yes	• No			
Parks and Open Space	• Yes	○ No	• Yes	\bigcirc No			
Municipal Building	• Yes	○ No	• Yes	\bigcirc No			
Stormwater System Maintenance		○ No	• Yes	\bigcirc No			
Vehicle and Fleet Maintenance		○ No	• Yes	\bigcirc No			
Other	• Yes	○ No	○ Yes	\bigcirc No			

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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	ALBANY COUNTY	Ν	Y	R	2	0	А	3	5	9

2. Provide the following information about good housekeeping programs:

• Parking Lots Swept (Number of acres X Number of times swept)	# Acres				3
• Streets Swept (Number of miles X Number of times swept)	# Miles			5	1
Catch Basins Inspected and Cleaned Where Necessary	#		1	1	4
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#				8
\bigcirc Phosphorus Applied In Chemical Fertilizer	# Lbs.				
\bigcirc Nitrogen Applied In Chemical Fertilizer	# Lbs.				
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 	# Acres].	

- 3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 6
- 4. What was the date of the last training?
- 5. How many municipal employees have been trained in this reporting period?
- 6. What percent of municipal employees in relevant positions and departments received stormwater management training?



0 1



e			
	9	0	%

t municipal operation	5	
-----------------------	---	--

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition ALBANY COUNTY

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.

By 3/2016, the County will update its facility inventory and complete self-audits of facilities that have not been assessed but discharge stormwater, with immediate focus on downtown properties, and complete 9 high priority audits. The County will sweep 50 road miles and 10 acres of parking lots, and prioritize catch basin cleanouts and begin implementation of cleanout schedule. County will develop standardized procedures related to 3rd party certification statements for future contracts.

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

Nine facility assessments were completed, and best management practices were developed for each facility and distributed to designated responsible personnel. These facilities have begun implementation of BMPs as resources allow. Also, two facilities assessed in previous self-audits were revisited to evaluate progress and operational changes. Pollution prevention procedures for County DPW operations are under revision and a draft has been completed.

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

(ex.: samples/participants/events)

2

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?

• 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).

Facility self-audits will be completed for any remaining County properties in the urbanized area of Albany County that have not been assessed within the preceding three years. County DPW is updating its pollution prevention procedures for all aspects of its operations and will finalize and institute the revised procedures by March 2017. Responsibility for County parking lot sweeping will be assessed and a plan to improve sweeping frequency will be developed.

SPDES ID								
Ν	Y	R	2	0	А	3	5	9

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

R 2 0

NY

1 2

Name of MS4/Coalition

Stormwater Coalition of Albany County

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?

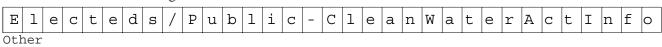
1.	Targeted F	Public Educat	ion and Outre	each Best Mai	nagement Practices

Check all topics that were included in Education and Outreach during this reporting period:

• Construction Sites			• Pesticide and Fertilizer Application
• General Stormwater	Management Information		Pet Waste Management
○ Household Hazardou	us Waste Disposal		○ Recycling
○ Illicit Discharge Det	tection and Elimination		Riparian Corridor Protection/Restoration
• Infrastructure Maint	tenance		○ Trash Management
• Smart Growth			• Vehicle Washing
○ Storm Drain Markin	ng		\bigcirc Water Conservation
○ Green Infrastructure	e/Better Site Design/Low Impact Developme	nt	\bigcirc Wetland Protection
• Other:			\bigcirc None
C o a l i t i Other	on Website-Wh	a	t You CanDo
	es targeted during this reporting perio	.d.	
2. Specific addience	tes targeted during this reporting period	<i>J</i> u .	
• Public Employees	• Contractors		
• Residential	○ Developers		
• Businesses	• General Public		

○ Restaurants ○ Industries

• Other: O Agricultural



This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition Stormwater Coalition of Albany County

SPI	DES	ID				
Ν	Y	R	2	0		

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

• Coi	nstr	ucti	on	Site	e Oj	per	ator	s T	rair	ned											# Trained			6	4
○ Dir	ect	Mε	ilin	gs																	# Mailings				
• Kic	sks	or	Oth	ner 1	Dis	pla	ys														# Locations				8
• Lis	t-Se	erve	s																		# In List		4	8	0
○ Ma	iling	g L	ist																		# In List				
○ Nev	vsp	ape	r A	ds (or A	Arti	icles	5													# Days Run				
Put	olic	Ev	ents	s/Pr	ese	nta	tion	S													# Attendees		1	5	0
\bigcirc Sch	lool	Pr	ogra	ım																	# Attendees				
⊖ TV	Sp	ot/I	Prog	ran	n																# Days Run				
• Pri																					Total # Distributed		2	2	8
	Loca	tior	ns (e	.g. l	ibra	ries	, tow	n of	fice	s, kie	osks)									1				
	Т	а	b	1	i	n	g	-	М	Η	L	С	S	0	1	s	t	i	С	е					
	G	0	v	е	r	n	i	n	g		В	0	a	r	d		М	t	g	s					

• Other:

T|r|a|i

i n

gs-

n

H o s t 3 C W P W e b c a s t s

Ρ

u b

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

c P r

o g

1 |i

w	w	W	•	ន	t	0	r	m	w	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У	•	0	r	g	

URL

UKI	-															

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

SPE	DES	ID				
N	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.

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). Some MCM1 Coalition goals by BMPs...BMP 1-1 Target Audience Analysis Worksheet (TAAW): add sub-watershed delineations to Map Set; clarify directions. BMP 1-3 Website: check/correct Member To/From links, post reg docs, promote public comment portal, post new edu info. BMP 1-7 List Serve: update municipal contacts. BMP 1-4 Publications: maintain inventory, create 1 new doc (plant care).

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

BMP 1-1 Target Audience Analysis Worksheet (TAAW): add sub-watershed delineations to Map Set; clarify directions-COMPLETED. BMP 1-3 Website: check/correct Member To/From links, post reg docs, promote public comment portal, post new edu info-COMPLETED. BMP 1-7 List Serve: update municipal contacts-NOT COMPLETED (No time/grant writing). BMP 1-4 Publications: maintain inventory-COMPLETED; create 1 new doc (plant care)-NOT COMPLETED (too hard).

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

4

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

• Yes \bigcirc No

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

From SWMPv4 document (May, 2016): BMP 1-1 Target Audience Analysis Wksheet - support MS4 efforts to update their TAAW; id target audience, draft & implement goals; BMP 1-3 Website-post routine Coalition events, update text of Home Page. BMP 1-7 List Serve - update contacts (newly elected, Plan'g Bd, MS4 staff, consultants, webcast audience). BMP 1-6 Public Program-Guest Spker-present Clean Water Act Basics & Green Infrastructure Program to MS4 Electeds/Plan'g Bd.



This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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

Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?

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

○ Cleanup Events	# Events			
• Comments on SWMP Received	# Comments			0
• Community Hotlines	Phone # $\left(\begin{array}{c c} 5 & 1 & 8 \end{array} \right) \left[\begin{array}{c c} 4 & 4 & 7 \end{array} \right]$	- 5	6	4 5
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
○ Community Meetings	# Attendees			
○ Plantings	Sq. Ft.			
○ Storm Drain Markings	#Drains			
\bigcirc Stakeholder Meetings	# Attendees			
• Volunteer Monitoring	# Events			4
• Other: C o o r d i n a t e w / D	ECWAVEPro	g r	a	m

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

Program (SWMP) Plan provided?	Ye	S	0	No
List-Serve # In List		4	8	0
○ Newspaper Advertising # Days Run				
○ TV/Radio Notices # Days Run				
O Other:				

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

MCM 2 Page 1 of 6

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

	Stormwater Coalition of Albany County
Name of MS4/Coalition	



2. URL(s) con't.:

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

URL		-																													
w	w	W	•	ន	t	0	r	m	w	a	t	е	r	a	1	b	а	n	У	С	0	u	n	t	У	•	0	r	g		
URL	,											I		I		I							I								
URL		<u> </u>		II		I	I	ļ	I	ļ	I	ļ	I	ļ	[ļ	I	I	ļ	I	I		<u> </u>	I	I		I		I		
																														L	
URL																															
																						-									
URL	,																													· · · ·	
URL	,																														
URL	,																														

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

SPI	DES	ID				
Ν	Y	R	2	0		

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

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

• MS	4/C	oali	tio	n O	offic	e											A	nnu	al l	Rep	ort		S	WN	1 P	Plaı	1		Cor	nme	ents
	Dep	artr	nen	t																											,
	S	t	0	r	m	w	a	t	e	r		С	0	а	1	i	t	li	0	n	-	A	1	b	а	n	У	С	n	t	У
	Add	lres	8					I								I															
	1	7	5		G	r	е	е	n		S	t	r	е	е	t	-	С	n	t	У	H	е	a	1	t	h	В	1	d	g
	City		-															Г				Zip					1			1	
	A	1	b	a	n	У													N	Y		1	2	2	0	2	-				
	Pho								1																						
	(5	1	8)	4	4	7	-	5	6	4	5																		
⊖ Lib	rary Ado	lres	5													C) A	nnu	al l	Rep	ort	() S	WN	1P	Plaı	1	0	Cor	nme	ents
	City	/																	I		I	Zip			I	-			L	L	
																		Γ									-				
	Pho	ne																									J				
	()				-																						
)																										
○ Oth	er Ado	lres	8													C	A	nnu	al 1	Rep	ort	() S	WN	/IP]	Plaı	1	0	Cor	nme	ents
			-																												
	City	/																				Zip				-					
																											-				
	Pho	ne																									1				
	()				-																						
_														I		_				-						51		_	~		
• We	b Pa	age	UR	L:														nnu	al I	Rep	ort			W N	4Ρ.	Plai	1		Cor	nme	ents
	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	
	Ple	2256	nr	ovi	de	sne	cif	ic a	.ddr	· • • • •	of	na		vhe	re	ren	ort	Car	he be	2 20		sec	1 _ 1		hoi	me	nac				
• eM		asc	, bi	011	uc	spe		ic a	uui	000	01	pu	50 1	/v 11C		rep	on	cui	1 00	- ac			* 1	101	noi		pag	-	Cor	nme	ents
	S	w	С	0	a	1	i	t	i	0	n	@	a	1	b	a	n	У	С	0	11	n	t	У		С	0	m			
		~~			u	-	-			<u> </u>		3	u	-				<u>x</u>						<u>x</u>	•				Ļ		

This report is being submitted for the reporting period ending March 9,	2 0 1 6	5	
If submitting this form as part of a joint report on behalf of a coalition leave SPDE	S ID blan	k.	
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 date was it posted?			
Leave blank if this report was not posted on the internet. $05/06$	/ 2 0	1	6
4.b. For how many days was/will this report be posted?		1	4
If submitting a report for single MS4, answer 5.a If submitting a joint report, ans	wer 5.b.		
5.a. Was an Annual Report public meeting held in this reporting period? If Yes, what was the date of the meeting? /	○ Yes] /	0	No
If No, is one planned?	\bigcirc Yes	0	No
5.b. Was an Annual Report public meeting held for all MS4s contributing to this this reporting period?	report d O Yes		ng No
If No, is one planned for each?	○ Yes	۲	No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to	○ Yes	۲	No

SWMP in response to comments to this report.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

	DES		-	-	 	-	
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.

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). Some MCM 2 Coalition goals by BMPs... BMP 2-2 Annual Report & Public Comments: promote and monitor public comment portal on Coalition website. BMP 2-11 WAVE: Monitor 4 sites w/ volunteers.

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

BMP 2-2 Annual Report & Public Comments: promote and monitor public comment portal on Coalition website - PARTIALLY COMPLETED, circulated flyer at public program promoting website, did not highlight public comment portal, did highlight maps posted on website. Increasingly website is used by Coalition members to access internal forms and documents. BMP 2-11 WAVE: Monitor 4 sites w/ volunteers-COMPLETED, time consuming to locate sites, but worth the effort.

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 O No

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).

From SWMPv4 document (May, 2016): BMP 2-2 Annual Report-combine Joint SWMP document update (BMPs/Goals) with prep of Annual Report, meet w/all members, post AR & SWMP on website. BMP 2-8 Student Water Quality Projects-coordinate with U Albany mapping projects named in WQIP Rnd 12 grant workplan, secure professor/student support, start projects, \$/credits. BMP 2-11 WAVE-monitor 4 sites w/volunteers.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

Y R 2 0

#

%

Ν

Name of MS4/Coalition

Stormwater Coalition of Albany County

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

1 2

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

- On behalf of an individual MS4
- On behalf of a coalition
 - How many MS4s contributed to this report?
- 1. Enter the number and approx. percent of outfalls mapped:
- 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?
- **3.a.**What types of generating sites/sewersheds were targeted for inspection during this reporting period?

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

This report is being submitted for the reporting period ending March 9, 2 0 1 6 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 Stormwater Coalition of Albany	County N Y R 2 0													
3.b.What types of illicit discharges have	e been found during this reporting period?													
\bigcirc Broken Lines From Sanitary Sewer	\bigcirc Industrial Connections													
○ Cross Connections	\bigcirc Inflow/Infiltration													
○ Failing Septic Systems	○ Pump Station Failure													
○ Floor Drains Connected To Storm Sewers	\odot Sanitary Sewer Overflows													
○ Illegal Dumping	○ Straight Pipe Sewer Discharges													
Other:	○ None													
4. How many illicit discharges/potentia reporting period?	al illegal connections have been detected during this													
5. How many illicit discharges have been	en confirmed during this reporting period?													
6. How many illicit discharges/illegal coperiod?	onnections have been eliminated during this reporting													
7. Has the storm sewershed mapping b If No, approximately what percent was														
8. Is the above information available in Is this information available on the v If Yes, provide URL(s):														
Please provide specific address of page	where map(s) can be accessed - not home page.													

URL

Ρ	а	ន	S	w	0	r	d		Ρ	r	0	t	е	С	t	е	d										
W	W	w	•	a	i	m	S	g	i	ន	•	0	r	g	/	W	е	b	m	a	р	/					
*	*	R	е	S	t	r	i	С	t	е	d		А	С	С	е	ទ	ទ	*	*							
URL	,																									 	

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Stormwater Coalition of Albany County	
---------------------------------------	--

SPL	DES	ID			 	
Ν	Y	R	2	0		

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). Some MCM 3 Coalition goals by BMPs... BMP 3-2 AIMS: Coalition decides what to do about AIMS (replace, decommission, enhance); Coalition works with AIMS vendor to update new layers and maintain web application for as long as possible given budget constraints. BMP 3-8 IDDE Procedures: Coalition assists MS4s with IDDE Procedures.

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

BMP 3-2 AIMS: Coalition decides what to do about AIMS-COMPLETED, Board agreed to fund update of mapper, consultant services secured, members responded to survey/attended meetings to id problems with AIMS and design needs, research of current web mapper technology incorporated into grant application and workplan. BMP 3-8 IDDE Procedures: Coalition assists MS4s with IDDE Procedures-COMPLETED, Coalition staff will continue to assist if asked.

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

2

(ex.: samples/participants/events)

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

• Yes O No

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).

From SWMPv4 document (May, 2016): BMP 3-2 Coalition Stormwater Program Mapper - support mapper redesign as guided by consultant, organize 2 to 3 design wkshops for members, integrate mapper redesign with other MS4 program needs (grant funded mobile app field inspection forms for ORI, MS4 construction site inspections, post construction sw practices inspections, facility self audits), prep mapper layers, launch mapper. BMP 3-5 Dry Weather (ORI)-manage ORI kits, restock.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPI	DES	ID	-			-	
Ν	Y	R	2	0			

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.

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). No Coalition goals for MCM 4. Instead, Coalition "Procedures" goals are located in MCM 7 Stormwater Program Management. BMP 7-7 Procedures and Forms Compendium: Coalition will assist MS4s in consolidating existing/ new documents into compendium of procedures/forms named in multiple MCMs of MS4 Permit.

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

BMP 7-7 Procedures & Forms Compendium: Coalition will assist MS4s in consolidating existing/ new documents into compendium of procedures/forms named in multiple MCMs of MS4 Permit-PARTIALLY COMPLETED. Coalition services provided to one MS4 led to overhaul by Forms Committee of existing, outdated SWPPP Review Ck List. Replaced with comprehensive Oversight of Construction Activity Permit, Guidance Doc for MS4s, released 3/23/2016. Coalition facilitated.

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

1

(ex.: samples/participants/events)

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

• Yes \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).

From SWMPv4 document (May, 2016): BMP 4-5 Construction Site Enf & Inspection Proceduresreview paper MS4 Construction Inspection Form for conversion to mobile device. BMP 7-7 Procedures & Forms Compendium-develop Coalition wide strategy for using MS4 Oversight/ Construction Permit Guidance Document, discuss training in purpose/use for MS4s/consultants, incorporate into existing/future procedures (3 MS4s); note edits for future updates.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPI	DES	ID	-		 	
Ν	Y	R	2	0		

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.

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). No Coalition goals for MCM 5. Instead, Coalition "Procedures" goals are located in MCM 7 Stormwater Program Management. BMP 7-7 Procedures and Forms Compendium: Coalition will assist MS4s in consolidating existing/ new documents into compendium of procedures/forms named in multiple MCMs of MS4 Permit.

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

BMP 7-7 Procedures & Forms Compendium: Coalition will assist MS4s in consolidating existing/ new documents into compendium of procedures/forms named in multiple MCMs of MS4 Permit-PARTIALLY COMPLETED. Coalition services provided to one MS4 led to overhaul by Forms Committee of existing, outdated SWPPP Review Ck List. Replaced with comprehensive Oversight of Construction Activity Permit, Guidance Doc for MS4s, released 3/23/2016. Coalition facilitated.

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

1

(ex.: samples/participants/events)

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

• Yes \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).

From SWMPv4 document (May, 2016): BMP 3-2 Coalition Stormwater Program Mapper - load map layers named in Construction Activity Permit/Design Manual (also named in MS4 Guidance Doc - future BMP 4-2/5-5 SWPPP Review Procedures). BMP 5-8 Inventory Post Construction Practices - w/grant fund'g implement work plan to map MS4 post construction practices. BMP 5-9 Post Construction Practices-Maintenance - w/ grant fund'g develop inspection forms for mobile devices.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPI	DES	ID				
Ν	Y	R	2	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. 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.

		<u>S</u>	elf-Assess	ment
		Opera	tion/Activi	ity/Facility
		<u>perfor</u>	ned withiı	<u>1 the past 3</u>
Operation/Activity/Facility	Addressed in	<u>n SWMP?</u>	<u>years</u> ?	
Street Maintenance	O Yes	○ No	O Yes	○ No
Bridge Maintenance	O Yes	○ No	O Yes	○ No
Winter Road Maintenance		○ No	O Yes	○ No
Salt Storage	O Yes	○ No	O Yes	○ No
Solid Waste Management	O Yes	○ No	O Yes	○ No
New Municipal Construction and Land Disturba	ance \bigcirc Yes	○ No	O Yes	○ No
Right of Way Maintenance	• Yes	○ No	O Yes	\bigcirc No
Marine Operations	• Yes	○ No	O Yes	\bigcirc No
Hydrologic Habitat Modification	O Yes	○ No	O Yes	○ No
Parks and Open Space	····· O Yes	○ No	O Yes	\bigcirc No
Municipal Building		○ No	O Yes	\bigcirc No
Stormwater System Maintenance		○ No	O Yes	○ No
Vehicle and Fleet Maintenance	• Yes	○ No	O Yes	\bigcirc No
Other	○ Yes	○ No	O Yes	\bigcirc No

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

coalition of Albany County	
----------------------------	--

SPDES ID N Y R 2

Г

-

2 0 1

5

2

%

1 0

2 2

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

\bigcirc Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
○ Streets Swept (Number of miles X Number of times swept)	# Miles	
\odot Catch Basins Inspected and Cleaned Where Necessary	#	
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#	
O Phosphorus Applied In Chemical Fertilizer	# Lbs.	
\bigcirc Nitrogen Applied In Chemical Fertilizer	# Lbs.	
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 	# Acres	•
3. How many stormwater management trainings have been provided to	o municipa	al employees

- during this reporting period?
- 4. What was the date of the last training?
- 5. How many municipal employees have been trained in this reporting period?
- 6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SP	DES	5 ID				
N	Y	R	2	0		

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 Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). No specific Coalition goals for MCM 6; instead Coalition staff as requested by individual members, directly assist MS4s in implementing MCM 6 goals. Coalition goals related to training are described in SWMPv3 MCM 8 Training. There various BMPs describe training topics and method of delivery.

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

No clear goal statement for Coalition. See individual MS4 goals, for which Coalition staff provided services (Albany County, City of Albany, Village of Menands, Town of New Scotland, City of Watervliet).

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

0

(ex.: samples/participants/events)

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

○ Yes ● No

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

○ Yes ○ No

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

From SWMPv4 document (May, 2016): MCM 8 Train'g BMP 8-1 Clean Water Act Basics-Coalition program to 2 MS4 govern'g boards; 8-2 Green Infrastructure, BSD, LID, Site Design Elements for Muni/Plan'g/Zon'g Boards-1 MS4 Plan'g Board; BMP 8-4/8-5/8-6 replace as needed EXCAL visual DVDs (Spills & Skills, Rain Check, IDDE-A Grate Concern)/circulate to MS4s; BMP 8-17 On-line Training-assist Albany County SW Prog Tech.

MS4 Municipal Compliance Certification(M		') F	For	m					
MCC form for period ending March 9, 2 0	1	5							
	SPI	DES	ID						
Name of MS4 University at Albany (SUNY) Uptown Campus	Ν	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:

- \bigcirc 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	a	1	i	t	i	0	n	0	f	A	1	b	a	n	У
С	0	u	n	t	У																					

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 University at Albany (SUNY) Uptown Campus

 SPDES ID

 N
 Y
 R
 2
 0
 A
 2
 3
 4

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	t Na	ime	_					_				_		_	MI	1	Las	t Na	me	_				_	_	_					
R	0	b	е	r	t										J		J	0	n	e	S										
Titl	e										-																	_			
Ρ	r	е	s	i	d	е	n	t																							
Add	Ires	s														_															_
1	4	0	0		W	a	s	h	i	n	g	t	0	n	A	v	e														
City	1																		S	tate		Zip						_			
A	1	b	a	n	У														1	J	Y	1	2	2	2	2	-				
eMa	ail																		-								1				
p	r	e	s	m	a	i	1	0	a	1	b	a	n	У	e	d	u														
Pho	ne				_										-		Cou	inty											-	1	
(5	1	8)	9	5	6	-	8	0	1	0					A	1	b	a	n	Y									
		-		1	-	-	-	1	-											-	1	13						-	1	-	1

MS4 Municipal Compliance Certification(MCC) Form

SPDES ID

NYR20A234

MCC form for period ending March 9, 2 0 1 6

Name of MS4 University at Albany (SUNY Uptown Campus)

Section 2 - Contact Information

Important Instructions - Please Read

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

- Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part V1.J).
- 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).
- The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

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

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

For each contact, select all that apply:

O Principal Executive Officer/Chief Elected Official

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

Fir	st N	ame		-				-	-	_						MI		Las	st Na	am	e		_		-			_					
K	a	r	1															K	i	1	t	s											
Tit	le																																
D	i	r	e	C	t	0	r		C	0	d	е		A	đ	m	i	n	i	S	t	r	a	t	i	0	n				1		
Ad	dres	s			-	-		-				-		-							-	-	-			-	-		1		-		
1	4	۵	0		W	a	S	h	ì	n	g	t	0	n		A	v	e															
Cit	y																			5	state		Zip	,									
A	1	b	a	n	У																N	Y	1	2	2	2	2	-	1				
eM	ail																			-			-		1								
k	k	i	1	t	s	0	a	1	b	а	n	Y		е	d	u																	
Pho	ne							-										Cou	inty								-			-	1	-	1
(5	1	8)	4	4	2		3	4	0	0						А	1	b	a	n	У										
															MC	CI	Pag	e 2															

MS4 Municipal Compliance Certification(MCC) Form

SPDES ID

N

Y R 2

0 A

2 3

MCC form for period ending March 9, 2 0 1 6

Name of MS4 University at Albany (SUNY Uptown Campus)

Section 2 - Contact Information

Important Instructions - Please Read

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

- Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VLJ).
- 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).
- The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

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

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

For each contact, select all that apply:

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

Firs	tN	ame					_				_	_		_	11	MI		Las	t Na	ame	-		-			_	_	 		_	_	
F	r	а	n	k					. [S		F	a	z	i	0			(Ť			1				
Title	e			_	_								-										_									
S	t	0	r	m	W	a	t	е	r		М	g	m	t			С	à	0	r	d	i	n	a	t	0	r					
Add	Ires	s																	_			_					_	 _		_	_	
1	4	0	0		W	a	5	h	i	n	g	t	0	n	1	A	v	е														
City	,							_												S	tate		Zip)								
А	1	b	a	n	Y												111			1	1	Y	1	2	2	2	2					
eMa	il						-				-														-			_				
f	f	a	Z	i	0	0	a	1	b	a	n	У	4	e	d	u											1					
Pho	ne															-		Cot	inty		-								1		1-	
(5	1	8)	4	4	2	-	3	4	0	0						А	1	b	а	n	Y								1K	
	-			1	_		-		-	-									-			1	1			1	-		1	1	1	

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 6

SPDES ID

NYR

2

0 A 2 3

4

Name of MS4 University at Albany (SUNY Uptown Campus)

Section 3 - Partner Information

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

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.

Par	tner	/Co	aliti	onN	Jam	e														_												
S	t	0	r	m	w	а	t	е	r		С	0	a	1	i	t	li	0	n		0	f										
Par	tner	/Co	aliti	on l	Nam	ne (c	on't	.)															_	SPI	DES	Pa	rtne	r ID) - If	app	olica	ıble
A	1	b	a	n	У		C	0	u	n	t	У												Ν	Y	R	2	0				
Ad	lress	3																														
1	7	5		G	r	е	е	n		S	t	r	e	е	t	-	C	0	u	n	t	У	Η	e	а	1	t	h	В	1	d	g
Cit	y .																			S	tate	_	Zip					_				
A	1	b	a	n	У															1	Y V		1	2	2	0	2	-				
eM	ail																					_										
Ν	a	n	С	У	•	Η	е	i	n	Z	е	n	@	a	1	b	a	n	У	С	0	u	n	t	У	n	У		g	0	v	
Pho	one		1	1				1											Ie		v R	indi	nσ	4 ore	em	ent	in a	ccoi	dan	Ce		
(5	1	8)	4	4	7	-	5	6	4	5								-	GP-0		-	-					Ye		0	No
W/	hat	tacl	20/1	PORT	non	aih	iliti	A C (ora	che	rac	1	ith	thia	n	ortn	or		- N /	ſЛ/	1 5	chc		Dro	ara	ma	or	М	11 tii	ala	Та	sks)?
**.	iat	lasi	K9/1	Col		510.				5110		1 11			s pe			.e.e	, IV.		15				gra			1010			1 as	<u> </u>
	MM	1	Ρ	u	b	1	i	С	а	t	i	0	n	s	-	P	r	0	g	r	a	m	s	-	W	e	b	s	i	t	e	
•			a	T.7	ъл	П	D		~			_		L		T.7	~				- -		10	1	i	_	т				L	
	MM	2	S	W	Μ	Ρ	D	0	С	u	m	е	n	t	-	W	A	V	Ε	-	Ρ	u	b	1	1	С	Ι	n	р	u	t	
• 1	MM	3	A	Ι	М	S	Ι	Ι	_	0	R	I	K	i	t		G	r	a	n	t	:	S	t	0	r	m	М	a	р	ı	g
()	ΜМ	и I	С	0	n	s	t	r	u	С	t	i	0	n	0	v	r	s	i	g	h	t	_	М	S	4	F	0	r	m	s	
	VIIVI	+	C	0	11	D	L	-	u	C	L	-				v	<u> </u>		-	9	11			1.1	5	-	Ľ		<u> </u>			
•]	MM	5	S	W	Ρ	S		G	r	а	n	t	:	Μ	а	p	-	I	n	s	р	e	С	t	i	0	n	F	0	r	m	s
•	ΜМ	6	Т	r	a	i	n	g	:	S	t	a	f	f	_	0	f	f	i	С	i	a	1	s		М	S	4	S	v	С	s
	1.1.4		1.	1									I			I	I	I							I			1			L]

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form	
MCC form for period ending March 9, 2 0 1 6	
SPDES ID	

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

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.

Firs K	t Na a	ime r	1											1		MI		Las K	i Na		t	ទ				tes Fechanitik (M			[
Titl	e (Cle	arly	pri	nt ti	tle d	of in	divi	idua	l sig	znin	g re	port	i)																	
D	i	r	е	С	t	0	r		С	0	d	е		Α	d	m	i	n	i	s	t	r	a	t	i.	0	n				
Sig	natu 1	ire A		1 ⁴ 1 ⁴ 111111 ⁴ 1 1 ⁴ 111																											

Weel Clin

Date 0512312016

3 4

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, 2 0 1 6

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

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

NYR20A23	514		1	-	-	-	-	-	-
	N	Y	R	2	0	А	2	3	4

Water Quality Trends

12

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

On behalf of an individual MS4

○ On behalf of a coalition

How many MS4s are contributed to this report?

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

O Yes No

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.

URL	 	
URL		
URL	TITI	
URI.	 1 1 1 1 1 1 1	

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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

		ID	-					
N	Y	R	2	0	A	2	3	4

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. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

• Construction Sites		O Pesticide and Fertilizer Application
General Stormwater	r Management Information	O Pet Waste Management
O Household Hazardo	us Waste Disposal	○ Recycling
Illicit Discharge De	stection and Elimination	O Riparian Corridor Protection/Restoration
Infrastructure Main	itenance	O Trash Management
O Smart Growth		• Vehicle Washing
O Storm Drain Markin	ng	O Water Conservation
• Green Infrastructure	e/Better Site Design/Low Impact Development	O Wetland Protection
O Other:		○ None
Other		
2. Specific audient	ces targeted during this reporting period:	
Public Employees	○ Contractors	
O Residential	○ Developers	
O Businesses	O General Public	
O Restaurants	○ Industries	
O Other:	○ Agricultural	
Other		

MCM 1 Page 1 of 4

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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

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

○ Construction Site Operators Trained	# Trained	
O Direct Mailings	# Mailings	
Kiosks or Other Displays	# Locations	1
O List-Serves	# In List	
O Mailing List	# In List	
O Newspaper Ads or Articles	# Days Run	
O Public Events/Presentations	# Attendees	
C School Program	# Attendees	
O TV Spot/Program	# Days Run	
 Printed Materials: Locations (e.g. libraries, town offices, kiosks) 	Total # Distributed	

F	a	С	ì	1	i	t	i	е	S		М	g	m	t		_		
в	u	i	1	đ	i	n	g	-	S	t	0	r	m	w	a	t	e	1
I	n	f	0	r	m	a	t	i	0	n								
ier:																		

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

w	W	W		a	1	b	а	n	У	e	d	u	1	f	a	C	i	1	i	t	i	е	s	1		
s	t	0	r	m	W	a	t	e	r																	

1																													
							-					-							1		1								
-	-			-	-	-		-	-		-	-	-	-		-	-	-	-		-	-	-		-	-	-	-	-
1.11	1							1.11				1.1																	
-	-	-	-	_	-		-	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-	-		 -		-
	1111		100								100														-				
1000	1.0				-				1.1.1																				

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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

SPI	DES	ID			_		_	_	
N	Y	R	2	0	A	2	3	4	

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

URL		-		- T	-	-	-	_	_	-	_	_	-		_	-		-	-		_	-		-	_		-
												-															
		-	-	-	-	-	-	-	-	-	-	-	_			-	-	-	-	-	-	-	_	-		-	-
																						1.1				5	
		-		-	-	-		-	-	-	-	-			-	-		-	-	-	-	-		-		-	-
		-	-		-		-			-		-		-		-	ī	-	-	-		-		-	-	-	_
URL		_			-				_	_	_		_			_			_		_	_					_
				_	-	-			_		-		_		-	_	-	_	-	-	-					_	_
		1		+	-	-	-		-	-	-	-	-			-		-	-	-	-					-	-
																11											
		_		-		-	1		-	-	-	-	-		-	-	-	-	-		-		-	-			-
URL									_			_					_							_			_
					_																						-
		_		_	_	-				_		_			-		-	-			-						-
												1															
		-			_	-		-	-	-	-	-	_		-		-	-									-
URL																											
						T	1																				
		-																									
					1	T	1																				
																				-							
URL																											
		1			-	1														-							
	_																										
			1																								
					_	-				_								-									
			1 1																								
URL																											
UNL		1	1 1		-	1	1		-	-				1		-		-	-	-					-		
		-			-	1							-	1						1							
										1					_												
		1	İİ	1	1	T															-						
										_									-					-			
1																	-									-	
URL	1	1		-		-			-	-	-			_		-	-	-	_	-	-	_	_	-	_	_	_
		-		-	-	-			-			-			-	-	-	-	-		-	-		-			_
	-	-		-		-				-			-		-	-	-	-	-		-						-
		_	-	_	-	1	-				-	1				-							-	-	L	-	-

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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

261	JES	ID	_		-	_	_	-
N	Y	R	2	0	A	2	3	4

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) Continue to update the website and stormwater information brochure rack.

2) Complete Target Audience Analysis Worksheet to identify Campus geographic concerns, sources

of pollution, and target audience associated within the Campus community.

3) Install drain markers and examine possible sign standards for stormwater GI facilities.

4) Continued review of application procedures for pesticides and herbicides.

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

- 1) Website was updated when required
- 2) Target Audience Analysis Worksheet not completed.
- 3) Standards for GI facilities have been examined and incorporated into projects
- 4) No changes in procedures for application of pesticides and herbicides

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

/es,: samples/per/.cipants/events/

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

Yes ONO

Yes QNo

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

- F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
- 1) Complete Target Audience Analysis Worksheet.

2) Monitor website and update when required.

3) Install more drain markers on the campus.

MCM 1 Page 4 of 4

1461	Ammend	Domont	1 a manage
IVI.54	Annual	Renard	Harm
TAPLE	T PUBLIC CO CO P	TTCDATE	T OF THE

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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

Minimum Control Measure 2. Public Involvement/Participation

SPDES ID

NYR

2

3 4

2 0 A

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

Cleanup Events		# Events		1
O Comments on SWMP Received		# Comments		
O Community Hotlines	Phone #	()	-	
Phone # () -	Phone #	()	-	
Phone # () -	Phone #	(-	
Phone # () -	Phone #	()	-	
Phone # () -	Phone #	()	-	
Phone # () -	Phone #	(-	
O Community Meetings		# Attendees		
O Plantings		Sq. Ft.		
○ Storm Drain Markings		# Drains		
O Stakeholder Meetings		# Attendees		
O Volunteer Monitoring		# Events		
O Other:				

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

- Brand (a state) - and Provide a state of the state of	1 24	
O List-Serve # In List		
O Newspaper Advertising # Days Run		
O TV/Radio Notices # Days Run		
O Other:		
• Web Page URL: Enter URL(s) on the following two pages.		

MCM 2 Page 1 of 6

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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

SPI	DES	ID	-			_	_	_	
N	Y	R	2	0	А	2	3	4	

2. URL(s) con't.:

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

URL									_							_		_	_							_					
w	w	W		a	1	b	a	n	У		е	d	u	1	f	a	С	i	1	i	t	i	e	s	1						
s	t	0	r	m	w	a	t	e	r																						
									-				-									1						1			
	-	_	-	-	-	-	-	-	-	-		-	-	-	-	_	-	-		-	-	-		_	-	-	-	-		_	-
URL						-		-		-									-		1	1		1		-	Ē				Ê
-					_	-		_				_	-		_	_			_		_		_			-	_				
																															_
JRL																												_			2
																					-										
-	-		-			-		-		-	_		-		-					-	-	-			-	-		-		_	-
JRL											-				-				-	-						-					-
_	_		_		_					-	_	_		_	-	_	-	_	_	_	-	_	-	-	_	-		-	-		_
_			_		_							_			_					_			_	_	_	_		_	_	_	_
JRL.				_		_									_														_	_	
						17																									
1																														1	
IDI	-	-	-			-		-		-	-	-	-	-	-		-	-			-	-	-	-				-	-	-	-
RL																					F					T					1
-	-	-	-	-		_	-		-	-	-				-			-	_	-	-								-		7
-	_		-	_				_		_		-	_				-	_		-			_		_				_	_	
											_																				_
IRL	-		-	1	-		-	_	-	_	-	-		-		-	_	-	1	- 1	-			-	1	-		-	-	- 1	

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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

		ID				_	_		
N	Y	R	2	0	A	2	3	4	

2. URL(s) con't.:

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

URI.	 	-			-	-	-		-	_		-	-	-			_	-		_			-	 	
	-	1		-	-	-	-						-	-					-	-		-	-		-
																			-		-				
	-	-			1	-	-	-	-		-		-				-	-		-	-	-	-	-	_
URL	 _	-		_					-	_		-		-		-	-	-	_			_	_	 _	_
																					4				
		1			1	1	-		1	-			1						-		-	-	-	1	_
																				-		1-1		-	
		1		-	-	-			-	-		-	-	-	-		-	_	-			-		-	-
URL	 							_	_		_							_			_				
	-	1			-	1	-	-	-	-	-	-	-	-		-		-	-	-		-	-	-	-
		-		-																					
						1																			
		-			_	1	-		1			-			-	-									_
URI.																									
	_	-		-	-	-	-		-	_		-	-	_				_	-	-	_	_		_	_
		1			1	1																			-
																					-	_	_		
URL																									
	-	-		-		-	-	-	-			-		-			_		-					-	-
		1				Ť	1																	1	
				_															-				-	-	-
URL																									
_	 -	-		-		-	-		-	_		-		-	_	-		-	-	-	-	-	_	-	-
		1				İ																		1	-
			_	_										_		_		_		-	_				
URL																									
						1												1						T	
	_	-		-		-		-				-					-		_			-	_		_
	1	-		-		-	-	-		-	-		-	-	-				-	-	-		-	-	-
		-																							

												1.00				-	100	-	F	1.0	-									1	
	3			10.0				~											eric							14	-		1 E	1	
			su	om	11111	ig u	ins	ION	na	s pa	nu	n a	Jon	11 14	spor	110	n De	ena.	11 0	a	:0a	intic			S IE		291	DU	Tan		
ame	of N	154	Co	aliti	on	Univ	ersity	y at /	lba	ıy (S	UNI	n u	ntow	n Ca	mpu	5							N	Y	R	2	. 0	A	2	3	4
																	al r	epo	ort,	St	orn	nw	ate	r N	Ian	ag	em	ent			
P	rog	ra	m S	sw	MI	P) I	Plan	n ai	nd	sul	m	it c	om	me	nts	on	th	ose	e do	ocu	me	nts	?								
																													e ar	d	
							nay	7 be	su	bm	itte	ed a	t th	nat	loca				bm						- C C.						
MS			mer		m	ce											C A	\nn	ual	Rej	port	1	• :	W	MP	Pla	in		Cor	nm	ent
	C	0	d	е		A	d	m	i	n	i	s	t	r	a	t	i	0	n		S	e	r	v		в	11	d	g		A
	Add		s	-	-	1	-	-		1	-	-	T	-	-		1	1	-	-	_	-	-	T	-	-	1	-	-	_	_
	1 Cit		0	0		W	a	s	h	i	n	g	t	0	n		A	V	e	n	u	1								_	
	A	1	b	a	n	y	1	Γ	1	T		F	1		1	T	1	T	N	Y		Zij 1		2	2	2	1.	5	T	-	
	Pho			1	100	12	-		-	-	-	-	-	1	-	-	1	1		- 1		E	1-	1.5	1-	1-	1	-	-	-	-
	(5	1	8)	4	4	2	-	3	4	7	2																		
Lib	rary	/				-			4					-		(m	ual	Rer	ort		0.5	w	MP	Pla	n	0	Con	ıme	ent
	Ade	Ires	S	1	1	1	1	-	1	-	1	-	-	T-	1	1	1	1		1	1	T	1	1	1	1	1	-	T		
	City	,		_			Ļ	L.,				_			-		L	_	1	_		Zij			1		-			-	_
	City	c			1	1	1				1	1		1			1	1		-		211		1	1	T	1.	-	T		-
	Pho	ne		-	-	-		-		-	-	-		-	-	-	1	4	-1	-		-	-	-	-	-	1	-	-	-	-
	()				-																						
Oth																1	~ .		ial	Dor	unet		0.0	13/1	ID	Die		0	Con		t.
	Add	Ires	s		_	_	-		_			-	_	-	_	_	A	THE	lai	Ket	on	-		WV I	vir	r la		-	CON	inte	int
			_																												
	City	1		1	1			1	-	-	1	1	1	-		-	1	T		-		Zip		1		T	1.	F		-	-
	Pho	ne	-	_		-	-		_	_	-	_	_	-	-	-	1	1	_	-		-	-	-	-	-	-	-	-	_	_
	()				-	-				1																	
					-	-				-													~ ~								
Wel	o Pa	-		1		-				-	-		1.4	I.		-	T	-	al	-	-		-	-	ИΡ	Pla	n	0	Con	ime	nts
	W	W	W	•	a	1	b	a	n	У	•	е	d	u	1	f	a	C	i	1	i	t	i	e	S	1					
	s	t	0	r	m	W	а	t	е	r																					
		ase	pr	ovi	de	spe	cifi	ic a	ddı	ess	of	pa	ge '	whe	ere	rep	ort	ca	n be	e ac	ces	ssea	d - 1	not	hor	me	pa	ge.		-	
eMa	il	_	_	_	_	_				_	_	_		_		_					_	_		_		_	_	0	Con	me	nts
	£	f	а	z	i	0	0	a	1	b	a	n	Y		e	d	u														
	5	w	C	0	a	1	i	t	i	0	n	@	a	1	b	a	n	y	C	0	u	n	t	y		C	0	m			

This report is being submitted for the reporting period ending March 9, 2 0 1 6 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID University at Albany (SUNY) Uptown Campus N Y R 2 0 A 2 3 4 Name of MS4/Coalition 4.a. If this report was made available on the internet, what date was it posted? Leave blank if this report was not posted on the internet. 0 5 0 6 2 0 1 6 4.b. For how many days was/will this report be posted? 4 1 If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b.. 5.a. Was an Annual Report public meeting held in this reporting period? ○ Yes \bigcirc No If Yes, what was the date of the meeting? If No, is one planned? ○ Yes \bigcirc No 5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? ○ Yes No If No, is one planned for each? • No ○ Yes 6. Were comments received during this reporting period? ○ Yes • No

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

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

NYR2

0 A

234

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

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) Review stormwater complaint/queries procedures and modify if necessary.

2) Mention benefits to volunteers for campus cleanup to stormwater system and receiving waters.

 Explore integration of University students for research interest in the Coalition community or the University.

4) Review public contact information and modify as required.

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

1) Complaint procedures were reviewed and no changes were made.

2) Protection of storm facilities message was provided to volunteers for campus cleanup.

3) Currently in the process of utilizing students through the coalition for a mapping grant.

4) No changes needed for public contact information.

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

lex:: samples/participants/events/

1

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

Yes ONO

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

• Yes ONo

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

1) Continue engagement of students for research within the coalition community.

2) Review public contact information and modify as required.

 Continue notification to volunteers of benefits of campus cleanup on storm system and receiving waters.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

1

3 #

R 2

0 A 2

1 0

3

0 %

0

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

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?

- 1. Enter the number and approx. percent of outfalls mapped:
- 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?
- 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	Landscaping (Irrigation)													
O Building Maintenance	○ Marinas													
○ Churches	O Metal Plateing Operations													
O Commercial Carwashes	O 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	O Restaurants													
O Food Processing Facilities	Schools and Universities													
O Garbage Truck Washouts	O Septic Maintenance													
O Hospitals	○ Swimming Pools													
O Improper RV Waste Disposal	○ Vehicle Fueling													
O Industrial Process Water	O Vehicle Maint./Repair Shops													
O Other:	O None													
O Sewersheds:														

This report is being submitted for the reporting period ending March 9, 2 0 1 6If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SP	SPDES ID													
Name of MS4/Coalition University at Albany (SUNY) Up	ntown Cumpus N	Y	R	2	AC	2	3	4							
3.b.What types of illicit discharges have	been found during this reportin	g p	erio	od?											
O Broken Lines From Sanitary Sewer	O Industrial Connections														
O Cross Connections	O 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: Discharge of	O None m a t e r i a l i n	t	0	(В										
4. How many illicit discharges/potentia reporting period?	I illegal connections have been d	etec	ted	dur	ing	this		C							

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

1

8

Yes ONO

- 7. Has the storm sewershed mapping been completed in this reporting period? If No, approximately what percent was completed in this reporting period?
- 8. Is the above information available in GIS?

 Yes
 No
 S this information available on the web?
 Yes
 Yes
 No
 If Yes, provide URL(s):

 Yes
 No
 Yes
 No

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

51	- 11	1 1 1	1 1 - 1	1			I I I	1 1 1	1 1
				-1-1-					
			1 1 1						
T		1 1 1	TII	T T		1 1 1	D I I	TTT	1 T
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
								1	 _
L				- 1 - 1	T. T. T.				 _
	1	1 1 1	7 7 7	1 1			1 1 1	1 1 1	
			111						

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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

SPL	DES	ID	_	_	_	_	_	
N	Y	R	2	0	A	2	3	4

508

8. URL(s) con't.:

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

URL		-	-	_						-							_				_					
								1										1								
							_							_			-	-	_	_	-	-	-	_	-	
										1											1.11					
		1.1																				_				
		1	1		1				-		1		-	-			-		-	-			-			
			-					-	- +	- 1	1				-	-		-	-			l			-	-
URL																										
			1							1				-											T	
		-							- 1																	
		1	1		1			1	-	-	1	-			-	1			-	-			-			
		-	-		-	-	-	+	-	+	-		-	-	_	-	-		-	-			-	-		
		_	-		-	-		-	-	-	-	-	-	_	-	-	-	-	-	-		-	_	_	-	-
URL																										
		-	T		T			T	1	-1					-						-					-
										- 1	1															
		-	1		-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	_	-	-
																							1.15			
		-	-		-	-		-	-	-	-	-	-	_			-	-	-	-	-					_
		_	-		-		-	_	_		-	-	-	_		-	-				-				-	
URL																										
URL		1	1		1			T	-	-	1	-	-	-		-	-	-	-	-	-	-	-	-	-	1-
																					1.11					
		-	-		-	-		-	-1	-	-	-	-	-		-		_	-	-	-		-			-
																	1011		11							
		_	-		-			_	_	-	_	_	_		-		-	_	_	_	-		-			_
												-							-1		-				-	
		_			-							_							1.1					_	_	_
URL																										
URL		1	1		-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-			
		-	-		-	-		-	-	_	_	-	-	_	-						_					-
					-	-	-	-	-	_		_	_		-	_	-	_	_					_		_
	-																									_
	1										-				-			-							-	

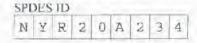
- 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? O Yes No
- 10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? O Yes O No O NT

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

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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



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.

1) Review IDDE Policy and modify as required, and continue record keeping procedures.

2) Continue IDDE training to staff

3) Update GIS with locations of illicit discharges, connections, and update outfall inventory.

4) Be diligent to investigate or detect illicit connections during renovation or rehabilitation projet

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

1) Staff at noticed dumping of material into storm sewer, and followed procedures for notification.

2) Several new outfalls installed at CNSE and inventoried.

3) Staff at CNSE currently receiving training on IDDE.

4) Design staff has been notified to investigation possible illicit connections.

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

1

(ex.: sauples/participants/events)

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

Yes ONo

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).

 Continue IDDE training and convey to staff the importance of observation and quickly reporting incidents.

2) Revise and up-date IDDE Policy as needed

3) Update GIS mapping with new outfalls.

4) Perform dry weather flow monitoring of outfalls to detect for illicit discharge. (ORI)

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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

N Y R 2 0 A 2 3

ONT

1

SPDES ID

<u>Minimum Control Measures 4 and 5.</u> <u>Construction Site and Post-Construction Control</u>

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

• On behalf of an individual MS4

O 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?

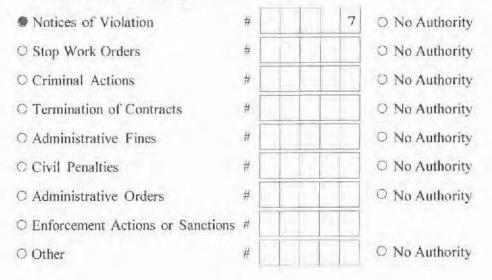
 Image: Stormwater Discharges from Construction Activities
- 1b.Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? O Yes O NO

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. 0 09/2004 0 03/2006

- 2. Does your MS4/Coalition have a SWPPP review procedure in place?
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? O Yes O 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 the local SWPPP process? ••• Ves •• 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:



This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

0 A

100%

100%

2 3 4

NYR2

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

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

• On behalf of an individual MS4

○ On behalf of a coalition

How many MS4s contributed to this report?

- 1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?
- 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
- 3. What percent of active construction sites were inspected during this reporting period? ONT

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

- 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 ONO ONT

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

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 6

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

SPDES ID

NYR 2

0 A

2 3 4

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

6. con't.:

Submit additional pages as needed.

O MS4/Coalition Office

C	oartn		e		A	d	m	i	n	í	c	t	r	a	t	i	0	n			1	1					
	Iress	-		-		14		-		+	5		-	~		*	0	**			-		-	-	-	-	_
1	4	0	0		W	a	S	h	i	n	g	t	0	n	1	A	v	e	-	1	1	1	1	1			1
City	1000		-			-	1-		-		3	-	-		-		-	-	-	Zij		-	-	-	-	-	-
A	1	b	a	n	У												ľ	J Y		1		2	2	2	-		
Pho	ne	_					_		_		_																
(5	1	8)	4	4	2	-	3	4	0	0															
rary																											
	Iress																	_					_				
City					-	-	-		-	ł										Zij	,	1	-				-
																									-		
Pho	ne		-												_		-			-						-	-
()				2																			
11	-	-	-	1						-	- 1	-															
er																											
Ada	ress	-	_	-		-	-	-	-	-		-	-	-	-	-	-		-		-	-	-	-	-	- 1	-
City	-	1	-	-	-			-	_	-	-	-	-	-	_		-	-	1	Zip)	-	-	-		- 1	-
																	_								-		
Pho	ne	-	_	. 1	_	-	-		_	-	- 1	-															
()				-																			
p.	ige	UR	1.18	1-	p	leas	e n	rov	ide	sne	cifu	e ar	Idre	199	whe	re	sw	PPP	e ca	n be	acce	ese	d -	not	hor	ner	age
URL	Be		210		-	- Cur	e h			ope													-				
	1		1																								
-	-	-	-	1			-	-			-	-	-	-	-					+	-	-	-		-	-	-
								11.					_	_													
_																											
	-				-	-				-	-								-	-	-					-	
			-	-	-	1					1	-						T	T							T	T
JRL	-													1000		122		1000			-						
JRL				1	-	_	_	-	-		-	-	-		-	-	-		-	-		-		_		_	
JRL																											T

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

NYR20A234

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

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.

 Review and modify as needed the Stormwater Policy for SWPPP procedures and construction administration, including record keeping, SWPPP review, compliance, complaints, and construction procedures.

2) Present SWPPP procedures, process and requirements at pre-construction meeting to contractors.

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

1) Revisions we made to the Policy including the addition of procedures.

2) SWPPP procedures were presented at all pre-construction meetings.

3) Stormwater Management Policy is included in contract documents.

4) Developed new SWPPP review checklists for project review.

5) Developed SWPPP project summary sheets.

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

1

(ex.: camples/participants/events)

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

Yes ONO

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

Yes ONo

- F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
- 1) Adopt use of new SWPPP review checklist for project review.

2) Review compliance and complaint procedures.

3) Continue insertion of Stormwater Policy in construction documents.

4) Maintain SWPPP Project Summary Sheets.

MCM 4 Page 3 of 3

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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

T.T.	V	D	2	0	7	2	2	1

Minimum Control Measure 5. Post-Construction Stormwater Management

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

On behalf of an individual MS4

O n behalf of a coalition

How many MS4s contributed to this report?

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

	# Inventoried	# Inspections	# Times Maintained
Alternative Practices	1 6	0	Ó
O Filter Systems			
Infiltration Basins	6	Ũ	0
O Open Channels			
Ponds	8	0	0
O Wetlands			
Other	3	0	0

- Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance?
- 3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?
- O Building Codes O Municipal Comprehensive Plans

O Overlay Districts O Open Space Preservation Program

- O Zoning O Local Law or Ordinance
- O None O Land Use Regulation/Zoning
- O Watershed Plans O Other Comprehensive Plan
- Other:

U	n	i	v	е	r	s	i	t	У	S	t	0	r	m	Ŵ	a	t	е	r		Ρ	0	1	i	C	У		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--

MS4	Annual	Report	Form

and the second se	A AL				-	0 1	10	1
This report is being submitted f		0				0 1	6	
If submitting this form as part of a	joint report on behalf o	f a coalition	leave	e SPD	ES 1	D bla	ınk.	
		_	SPDI	ES ID				
Name of MS4/Coalition University at Albany (SUNY) U	Uptown Campus		N	YR	2	0 A	2	3
4a. Are the MS4s contributing to this repo	ort involved in a region	al/watershe	ed wi	de pl	anni	ing ef	fort	?
						• Y	es	0
4b. Does the MS4 have a banking and cred	lit system for stormwa	ter manage	men	t pra	ctice	s?		
						OY	es	0
4c. Do the SWMP Plans for each MS4 con	tributing to this repor	t include a	nrate	neol f		valua	tion	
and approval of banking and credit of								
and approval of samining and treate of	and a stand of a					OY		
States of the second second second second		Solo and						
4d. How many stormwater management p	ractices have been imp	plemented a	is pai	rtof	this s	syster	n in	thi
reporting period?								3
						-	-	
5. What percent of municipal officials/M training on Low Impace Development	-						end	ed
Infrastructure principles in this report		-					7	5
							1.1	-

MCM 5	Page	2	of 3

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

NYR20A234

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

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.

1) Update post-construction practice inventory as needed

2) Inspect post-construction practices, maintain when needed and integrate into GIS.

3) Review and modify if necessary post-construction controls and compliance mechanism.

4) Review and revise when necessary green infrastructure policies.

5) Review and modify post-construction practices maintenance requirements and schedule.

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

1) Post-construction practice inventory updated.

2) Post-construction practices not inspected. 2014 inspection had few maintenance requirements

3) No modifications needed for post-construction controls and compliance.

4) No changes made to green infrastructure policies.

5) Post-construction maintenance practices did not change.

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

1

 $(m,t) = \min\{exc_I \text{ articly}(a(ts)events)$

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

Yes ONO

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

Ves ONO

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

 Review Stormwater Management Policy procedures for post- construction practices, revise if necessary.

2) Review Green Infrastructure design guidelines, modify if needed.

3) Inventory new post-construction practices.

Inspect all post-construction practices.

MCM 5 Page 3 of 3

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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

NT	v	D	2	0	A	2	2	1
----	---	---	---	---	---	---	---	---

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
- O 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.

		0	Self-Assess peration/Activi	
			rformed within	
Operation/Activity/Facility	Addressed i	n SWMP?	years?	
Street Maintenance	• Yes	O No	O Yes	No
Bridge Maintenance	O Yes	O No	O Yes	O No
Winter Road Maintenance		O No	O Yes	• No
Salt Storage	• Yes	O No	🖲 Yes	O No
Solid Waste Management	• Yes	O No	• Yes	O No
New Municipal Construction and Land Disturba	nce O Yes	0 No	O Yes	O No
Right of Way Maintenance	• Yes	O No	O Yes	O No
Marine Operations		0 No	O Yes	O No
Hydrologic Habitat Modification		O No	O Yes	O No
Parks and Open Space		0 No	O Yes	O No
Municipal Building	the second second second second second second second second second second second second second second second se	0 No	O Yes	O No
Stormwater System Maintenance		O No	• Yes	O No
Vehicle and Fleet Maintenance		O No	• Yes	O No
Other	O Yes	0 No	······ O Yes	O No

This report is being submitted for the reporting period ending March 9, 2 0 1 6

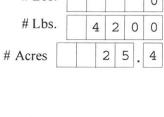
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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

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

C	Parking Lots Swept (Number of acres X Number of times swept)	# Acres			6	6
C	Streets Swept (Number of miles X Number of times swept)	# Miles		2	0	0
0	Catch Basins Inspected and Cleaned Where Necessary	# [8	3
0	Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	# [2
0	Phosphorus Applied In Chemical Fertilizer	# Lbs.				0
0	Nitrogen Applied In Chemical Fertilizer	# Lbs.	4	2	0	0
0	Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres		2 5	5].[4

- 3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 4
- 4. What was the date of the last training?
- 5. How many municipal employees have been trained in this reporting period?
- 6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 2 9 %



2 0

0 1

0 3 6

1

1 2 8

SPDES ID

NYR

2

0 A

2 3

4

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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

PL	JE2	ID	_						
N	Y	R	2	0	Α	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.

1) Review facility operations inventory for requirements/responsibilities and develop BMP's

2) Conduct facility self-audit.

3) Implement catch basin maintenance schedule, sweeping, and integrate with AiMS record keeping.

4) Examine integrating GIS into road and parking lot sweeping schedule and record keeping.

5) Use Policy to encourage upgrades to green infrastructure and include in GIS.

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

1) There was no change in facility operations inventory and current practices were adequate.

2) Self-audit was not completed and is scheduled for 2016.

3) The use of AiMS for tracking and GIS were implemented and found to be an improvement.

4) GIS has been utilized for maintenance and AiMS record keeping needs to be implemented.

5) Increased use of GI above requirements for projects has been implemented.

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?

OYes ONo

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

OYes ONo

- F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
- 1) Conduct facility self-audit.
- 2) Continue use of AiMS for facility maintenance including sweeping and CB cleaning.
- 3) Continue use of utilizing GIS for improvements and new facilities.
- 4) Develop summary records for use in preparation of Annual report.

MCM 6 Page 3 of 3

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

R 2 0

NY

1 2

Name of MS4/Coalition

Stormwater Coalition of Albany County

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?

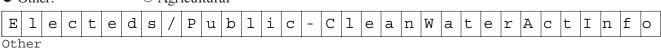
1. Tai	rgeted Public	Education and	Outreach Best	Management	Practices

Check all topics that were included in Education and Outreach during this reporting period:

• Construction Sites		• Pesticide and Fertilizer Application
• General Stormwater	Management Information	• Pet Waste Management
○ Household Hazardou	us Waste Disposal	○ Recycling
○ Illicit Discharge Det	tection and Elimination	Riparian Corridor Protection/Restoration
• Infrastructure Maint	tenance	○ Trash Management
• Smart Growth		• Vehicle Washing
○ Storm Drain Markin	g	\bigcirc Water Conservation
○ Green Infrastructure	/Better Site Design/Low Impact Development	\bigcirc Wetland Protection
● Other: C o a l i t i Other	on Website-Wha	O NonetYOuCanDO
2. Specific audience	es targeted during this reporting period:	
• Public Employees	Contractors	
• Residential	○ Developers	
 Businesses 	• General Public	

\bigcirc Restaurants	\bigcirc Industries

• Other: O Agricultural



This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition Stormwater Coalition of Albany County

SP	DES	5 ID					
Ν	Y	R	2	0			

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

Construction Site Operators Trained # Tra	ined		6	4
O Direct Mailings #Mail	ings			
• Kiosks or Other Displays # Locat	tions			8
• List-Serves # In	List	4	8	0
○ Mailing List # In	List			
○ Newspaper Ads or Articles # Days	Run			
Public Events/Presentations # Atten	dees	1	5	0
○ School Program # Atten	dees			
O TV Spot/Program # Days	Run			
Printed Materials: Total # Distrib	outed	2	2	8
Locations (e.g. libraries, town offices, kiosks)				
T a b l i n g - M H L C S o l s t i c e				
Governing Board Mtgs				

• Other:

Т

r a

i

i

n g s

n

H o s t 3 C W P W e b c a s t s

Ρ

u b l i c

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

Ρ

r o g

w	w	W	•	ន	t	0	r	m	w	a	t	е	r	а	1	b	а	n	У	С	0	u	n	t	У	•	0	r	g	

URL

UKI	-															

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

SPI	DES	ID	-			
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.

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). Some MCM1 Coalition goals by BMPs...BMP 1-1 Target Audience Analysis Worksheet (TAAW): add sub-watershed delineations to Map Set; clarify directions. BMP 1-3 Website: check/correct Member To/From links, post reg docs, promote public comment portal, post new edu info. BMP 1-7 List Serve: update municipal contacts. BMP 1-4 Publications: maintain inventory, create 1 new doc (plant care).

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

BMP 1-1 Target Audience Analysis Worksheet (TAAW): add sub-watershed delineations to Map Set; clarify directions-COMPLETED. BMP 1-3 Website: check/correct Member To/From links, post reg docs, promote public comment portal, post new edu info-COMPLETED. BMP 1-7 List Serve: update municipal contacts-NOT COMPLETED (No time/grant writing). BMP 1-4 Publications: maintain inventory-COMPLETED; create 1 new doc (plant care)-NOT COMPLETED (too hard).

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

4

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

• Yes \bigcirc No

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

From SWMPv4 document (May, 2016): BMP 1-1 Target Audience Analysis Wksheet - support MS4 efforts to update their TAAW; id target audience, draft & implement goals; BMP 1-3 Website-post routine Coalition events, update text of Home Page. BMP 1-7 List Serve - update contacts (newly elected, Plan'g Bd, MS4 staff, consultants, webcast audience). BMP 1-6 Public Program-Guest Spker-present Clean Water Act Basics & Green Infrastructure Program to MS4 Electeds/Plan'g Bd.



This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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

Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report? $|1|^2$

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

○ Cleanup Events	# Events					
• Comments on SWMP Received	# Comments					0
• Community Hotlines	Phone # (5 1 8) 4 4 7	-	5	6	4	5
Phone # ()	Phone # ()	-				
Phone # ()	Phone # ()	-				
Phone # ()	Phone # ()	-				
Phone # ()	Phone # ()	-				
Phone # ()	Phone # ()	-				
○ Community Meetings	# Attendees					
○ Plantings	Sq. Ft.					
○ Storm Drain Markings	#Drains					
\bigcirc Stakeholder Meetings	# Attendees					
• Volunteer Monitoring	# Events				4	4
Other: C o o r d i n a t e w / D	ECWAVEPro	g	r	a r	n	

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

rogram (Svivir) ram provideu.	10	5	~	110
List-Serve # In List		4	8	0
O Newspaper Advertising # Days Run				
○ TV/Radio Notices # Days Run				
O Other:				

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

MCM 2 Page 1 of 6

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

	Stormwater Coalition of Albany County
Name of MS4/Coalition	



2. URL(s) con't.:

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

URL		-																													
w	w	W	•	ន	t	0	r	m	w	a	t	е	r	a	1	b	а	n	У	С	0	u	n	t	У	•	0	r	g		
URL	,											I		I		I							I								
URL		<u> </u>		II		I	I	ļ	I	I	I	ļ	I	ļ	[ļ	I	I	ļ	I	I		<u> </u>	I	I		I		I		
																														L	
URL																															
																						-									
URL	,																													· · · ·	
URL	,																														
URL	,																														

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

SPI	DES	ID				
Ν	Y	R	2	0		

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

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

• MS	4/C	oali	itio	n O	offic	e											A	nnu	al 1	Rep	ort		S	WN	1P	Plai	1		Cor	nme	ents
	Dep	artr	nen	t																								1			
	S	t	0	r	m	w	a	t	e	r		C	0	а	1	i	t	i	0	n	-	A	1	b	а	n	У	C	n	t	У
	Add	lres	5																				I								
	1	7	5		G	r	e	е	n		S	t	r	е	е	t	-	C	n	t	У	H	е	a	1	t	h	В	1	d	g
	City																	Г				Zip					1		1	1	
	Α	1	b	a	n	У													N	Y		1	2	2	0	2	-				
	Pho								1					I																	
	(5	1	8)	4	4	7	-	5	6	4	5																		
○ Lib	rary Ado	lress	5													C) A	nnu	al 1	Rep	ort	() S	WN	1 P]	Plaı	1	0	Cor	nme	ents
	City	,																				Zip							L		
]_				
	Pho	ne																									J				
	1)				_																						
)																										
\bigcirc Oth	er Add	lress	5													C) A	nnu	al 1	Rep	ort	() S	WN	1 P]	Plaı	1	0	Cor	nme	ents
	City	7																				Zip					L		L		
																											-				
	Pho	ne																L]			I	
	()				-																						
_	•															_			1 1							DI		•	~		
• We	b Pa	ige	UR	L:			-											nnu		Rep	ort	1	5	W N	1P .	Plai	1			nme	ents
	W	W	W	•	s	t	0	r	m	W	а	t	е	r	а	1	b	a	n	У	С	0	u	n	t	У	•	0	r	g	
																													<u> </u>	+	
					_									_																	
		ase	e pr	ovi	de	spe	cifi	ic a	ddr	ess	of	pag	ge v	whe	ere	rep	ort	car	n be	e ac	ces	ssec	l - 1	ıot	hoi	me	pag	-			
• eMa	ail																								-				Cor	nme	ents
	ន	w	С	0	a	1	i	t	i	0	n	@	a	1	b	a	n	У	С	0	u	n	t	У	•	С	0	m			
																													\square		

This report is being submitted for the reporting period ending March 9, 2	0 1 6	5	
If submitting this form as part of a joint report on behalf of a coalition leave SPDES	S ID blan	k.	
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 date was it posted?			
Leave blank if this report was not posted on the internet. $05/06$	/ 2 0	1	6
4.b. For how many days was/will this report be posted?		1	4
If submitting a report for single MS4, answer 5.a If submitting a joint report, answer	wer 5.b		
5.a. Was an Annual Report public meeting held in this reporting period? If Yes, what was the date of the meeting?	○ Yes /	0	No
If No, is one planned?	○ Yes	0	No
5.b. Was an Annual Report public meeting held for all MS4s contributing to this this reporting period?	report d ○ Yes		ig No
If No, is one planned for each?	○ Yes	۲	No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to	○ Yes	۲	No

SWMP in response to comments to this report.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Coalition of Albany County

SPI	DES	ID	-		 	
Ν	Y	R	2	0		

7. Evaluating Progress Toward Measurable Goals MCM 2

Stormwater

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.

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). Some MCM 2 Coalition goals by BMPs... BMP 2-2 Annual Report & Public Comments: promote and monitor public comment portal on Coalition website. BMP 2-11 WAVE: Monitor 4 sites w/ volunteers.

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

BMP 2-2 Annual Report & Public Comments: promote and monitor public comment portal on Coalition website - PARTIALLY COMPLETED, circulated flyer at public program promoting website, did not highlight public comment portal, did highlight maps posted on website. Increasingly website is used by Coalition members to access internal forms and documents. BMP 2-11 WAVE: Monitor 4 sites w/ volunteers-COMPLETED, time consuming to locate sites, but worth the effort.

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

2

(ex.: samples/participants/events)

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

• Yes O No

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).

From SWMPv4 document (May, 2016): BMP 2-2 Annual Report-combine Joint SWMP document update (BMPs/Goals) with prep of Annual Report, meet w/all members, post AR & SWMP on website. BMP 2-8 Student Water Quality Projects-coordinate with U Albany mapping projects named in WQIP Rnd 12 grant workplan, secure professor/student support, start projects, \$/credits. BMP 2-11 WAVE-monitor 4 sites w/volunteers.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

Y R 2 0

#

%

Ν

Name of MS4/Coalition

Stormwater Coalition of Albany County

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

1 2

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

- On behalf of an individual MS4
- On behalf of a coalition
 - How many MS4s contributed to this report?
- 1. Enter the number and approx. percent of outfalls mapped:
- 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?
- **3.a.**What types of generating sites/sewersheds were targeted for inspection during this reporting period?

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

This report is being submitted for the reporting period ending March 9, 2 0 1 6 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 Stormwater Coalition of Albany G	
3.b.What types of illicit discharges have	e been found during this reporting period?
\bigcirc Broken Lines From Sanitary Sewer	\bigcirc Industrial Connections
○ Cross Connections	\bigcirc Inflow/Infiltration
○ Failing Septic Systems	\bigcirc Pump Station Failure
○ Floor Drains Connected To Storm Sewers	\bigcirc Sanitary Sewer Overflows
○ Illegal Dumping	\bigcirc Straight Pipe Sewer Discharges
Other:	○ None
4. How many illicit discharges/potentia reporting period?	al illegal connections have been detected during this
5. How many illicit discharges have been	en confirmed during this reporting period?
6. How many illicit discharges/illegal coperiod?	onnections have been eliminated during this reporting
7. Has the storm sewershed mapping b If No, approximately what percent was	
8. Is the above information available in Is this information available on the v If Yes, provide URL(s):	
Please provide specific address of page	where map(s) can be accessed - not home page.

URL

Ρ	a	S	ន	W	0	r	d		Ρ	r	0	t	е	С	t	е	d										
W	W	W	•	a	i	m	S	g	i	S	•	0	r	g	/	w	е	b	m	a	р	/					
*	*	R	е	ន	t	r	i	С	t	е	d		А	С	С	е	ប	S	*	*							
URL	,																									 	

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

SPL	DES	ID	-			
Ν	Y	R	2	0		

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). Some MCM 3 Coalition goals by BMPs... BMP 3-2 AIMS: Coalition decides what to do about AIMS (replace, decommission, enhance); Coalition works with AIMS vendor to update new layers and maintain web application for as long as possible given budget constraints. BMP 3-8 IDDE Procedures: Coalition assists MS4s with IDDE Procedures.

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

BMP 3-2 AIMS: Coalition decides what to do about AIMS-COMPLETED, Board agreed to fund update of mapper, consultant services secured, members responded to survey/attended meetings to id problems with AIMS and design needs, research of current web mapper technology incorporated into grant application and workplan. BMP 3-8 IDDE Procedures: Coalition assists MS4s with IDDE Procedures-COMPLETED, Coalition staff will continue to assist if asked.

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

2

(ex.: samples/participants/events)

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

• Yes O No

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

• Yes \bigcirc No

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

From SWMPv4 document (May, 2016): BMP 3-2 Coalition Stormwater Program Mapper - support mapper redesign as guided by consultant, organize 2 to 3 design wkshops for members, integrate mapper redesign with other MS4 program needs (grant funded mobile app field inspection forms for ORI, MS4 construction site inspections, post construction sw practices inspections, facility self audits), prep mapper layers, launch mapper. BMP 3-5 Dry Weather (ORI)-manage ORI kits, restock.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

ter	Coalition	of	Albany	County	

SPI	DES	ID	-			
Ν	Y	R	2	0		

7. Evaluating Progress Toward Measurable Goals MCM 4

Stormwa

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.

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). No Coalition goals for MCM 4. Instead, Coalition "Procedures" goals are located in MCM 7 Stormwater Program Management. BMP 7-7 Procedures and Forms Compendium: Coalition will assist MS4s in consolidating existing/ new documents into compendium of procedures/forms named in multiple MCMs of MS4 Permit.

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

BMP 7-7 Procedures & Forms Compendium: Coalition will assist MS4s in consolidating existing/ new documents into compendium of procedures/forms named in multiple MCMs of MS4 Permit-PARTIALLY COMPLETED. Coalition services provided to one MS4 led to overhaul by Forms Committee of existing, outdated SWPPP Review Ck List. Replaced with comprehensive Oversight of Construction Activity Permit, Guidance Doc for MS4s, released 3/23/2016. Coalition facilitated.

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

1

(ex.: samples/participants/events)

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

• Yes \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).

From SWMPv4 document (May, 2016): BMP 4-5 Construction Site Enf & Inspection Proceduresreview paper MS4 Construction Inspection Form for conversion to mobile device. BMP 7-7 Procedures & Forms Compendium-develop Coalition wide strategy for using MS4 Oversight/ Construction Permit Guidance Document, discuss training in purpose/use for MS4s/consultants, incorporate into existing/future procedures (3 MS4s); note edits for future updates.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

SPI	DES	ID	-			-	-
N	Y	R	2	0			

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.

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). No Coalition goals for MCM 5. Instead, Coalition "Procedures" goals are located in MCM 7 Stormwater Program Management. BMP 7-7 Procedures and Forms Compendium: Coalition will assist MS4s in consolidating existing/ new documents into compendium of procedures/forms named in multiple MCMs of MS4 Permit.

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

BMP 7-7 Procedures & Forms Compendium: Coalition will assist MS4s in consolidating existing/ new documents into compendium of procedures/forms named in multiple MCMs of MS4 Permit-PARTIALLY COMPLETED. Coalition services provided to one MS4 led to overhaul by Forms Committee of existing, outdated SWPPP Review Ck List. Replaced with comprehensive Oversight of Construction Activity Permit, Guidance Doc for MS4s, released 3/23/2016. Coalition facilitated.

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

1

(ex.: samples/participants/events)

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

• Yes \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).

From SWMPv4 document (May, 2016): BMP 3-2 Coalition Stormwater Program Mapper - load map layers named in Construction Activity Permit/Design Manual (also named in MS4 Guidance Doc - future BMP 4-2/5-5 SWPPP Review Procedures). BMP 5-8 Inventory Post Construction Practices - w/grant fund'g implement work plan to map MS4 post construction practices. BMP 5-9 Post Construction Practices-Maintenance - w/ grant fund'g develop inspection forms for mobile devices.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SP	DES	ID				
Ν	Y	R	2	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. 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.

		<u>S</u>	elf-Assess	ment
		Operat	tion/Activi	ity/Facility
		<u>perforr</u>	ned withiı	<u>n the past 3</u>
Operation/Activity/Facility	Addressed in	<u>n SWMP?</u>	<u>years</u> ?	
Street Maintenance	O Yes	○ No	O Yes	\bigcirc No
Bridge Maintenance	O Yes	○ No	O Yes	\bigcirc No
Winter Road Maintenance	O Yes	○ No	O Yes	\bigcirc No
Salt Storage	O Yes	○ No	O Yes	\bigcirc No
Solid Waste Management	O Yes	○ No	O Yes	\bigcirc No
New Municipal Construction and Land Disturba	nce \bigcirc Yes	○ No	O Yes	\bigcirc No
Right of Way Maintenance	O Yes	○ No	O Yes	\bigcirc No
Marine Operations	····· O Yes	○ No	$ \circ$ Yes	\bigcirc No
Hydrologic Habitat Modification	O Yes	○ No	O Yes	○ No
Parks and Open Space	○ Yes	○ No	O Yes	\bigcirc No
Municipal Building	O Yes	○ No		\bigcirc No
Stormwater System Maintenance	• Yes	○ No	O Yes	○ No
Vehicle and Fleet Maintenance	• Yes	○ No	O Yes	\bigcirc No
Other	• Yes	○ No	$ \circ$ Yes	\bigcirc No

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Stormwater Co Name of MS4/Coalition

palition of Albany County	palition of Albany County	
---------------------------	---------------------------	--

SPI	DES	ID	-			
Ν	Y	R	2	0		

2 0 1 5

2

%

1 0 2 2

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres			
○ Streets Swept (Number of miles X Number of times swept)	# Miles			
\bigcirc Catch Basins Inspected and Cleaned Where Necessary	#			
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#			
O Phosphorus Applied In Chemical Fertilizer	# Lbs.			
\bigcirc Nitrogen Applied In Chemical Fertilizer	# Lbs.			
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 	# Acres			
3. How many stormwater management trainings have been provided to) municipa	al emp	loye	ees
during this reporting period?				1 3

- 4. What was the date of the last training?
- 5. How many municipal employees have been trained in this reporting period?
- 6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SP	SPDES ID														
Ν	Y	R	2	0											

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 Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). No specific Coalition goals for MCM 6; instead Coalition staff as requested by individual members, directly assist MS4s in implementing MCM 6 goals. Coalition goals related to training are described in SWMPv3 MCM 8 Training. There various BMPs describe training topics and method of delivery.

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

No clear goal statement for Coalition. See individual MS4 goals, for which Coalition staff provided services (Albany County, City of Albany, Village of Menands, Town of New Scotland, City of Watervliet).

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).

From SWMPv4 document (May, 2016): MCM 8 Train'g BMP 8-1 Clean Water Act Basics-Coalition program to 2 MS4 govern'g boards; 8-2 Green Infrastructure, BSD, LID, Site Design Elements for Muni/Plan'g/Zon'g Boards-1 MS4 Plan'g Board; BMP 8-4/8-5/8-6 replace as needed EXCAL visual DVDs (Spills & Skills, Rain Check, IDDE-A Grate Concern)/circulate to MS4s; BMP 8-17 On-line Training-assist Albany County SW Prog Tech.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

_		SPE	DES	ID							
Name of MS4	City of Albany	Ν	Y	R	2	0	A	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:

- 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	a	1	i	t	i	0	n	0	f	A	1	b	a	n	У
С	0	u	n	t	У																					

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 City of Albany

SPDES ID N Y R 2 0 A 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.

For each contact, select all that apply:

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

Joseph Image: Second state											MI	_	Las	t Na	ime		-			_	-			_	_						
J	0	ន	е	р	h											Е		С	0	f	f	е	У								
Titl	e																														
С	0	m	m	i	S	S	i	0	n	е	r																				
Add	lres	s																													
1	0		Ν		Ε	n	t	е	r	р	r	i	S	е		D	r	i	v	е											
City	y																			St	tate		Zip								
А	1	b	a	n	У															ľ	1	Y	1	2	2	0	4	-			
eMa	ail																														
j	С	0	f	f	е	У	@	a	1	b	a	n	У	n	У		g	0	v												
Pho	ne													-				Cot	inty												
(5	1	8)	4	3	4	-	5	3	0	0						A	1	b	a	n	У								

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 City of Albany

SPDES ID N Y R 2 0 A 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.

For each contact, select all that apply:

O Principal Executive Officer/Chief Elected Official

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

Fire	t Na	ame			-		-		-							MI	_	Las	t Na	ame	_	-	-		_				-	_	
С	0	r	n	е	1	i	u	ន								J		0	С	0	n	n	0	r							
Titl	e																													 	
Ε	n	g	i	n	е	е	r																								
Ad	lres	s																													
1	0		Ν			Ε	n	t	е	r	р	r	i	ន	е		D	r	i	v	е										
Cit	y		-																	S	tate		Zip								
А	1	b	a	n	У															1	1	Y	1	2	2	0	4	-			
eM	ail																														
n	0	С	0	n	n	0	r	@	а	1	b	а	n	У	n	У	•	g	0	V											
Pho	ne			_														Cou	inty												
(5	1	8)	4	3	4	-	5	3	0	0						Α	1	b	a	n	У								

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 City of Albany

 SPDES ID

 N
 Y
 R
 2
 0
 A
 4
 6
 4

Section 3 - Partner Information

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

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.

Par	tner	/Co	aliti	onN	Jam	e					_	_			_													_				
S	t	0	r	m	W	a	t	е	r		С	0	a	1	i	t	i	0	n		0	f										
Par	tner	/Co	aliti	ionl	Nam	ne (c	on't	.)																SPI	DES	S Pa	rtne	r ID) - It	fap	olica	able
A	1	b	a	n	У		C	0	u	n	t	У												Ν	Y	R	2	0				
Ad	dress	3																														
1	7	5		G	r	е	е	n		S	t	r	е	е	t	-	С	0	u	n	t	У	Η	е	a	1	t	h	В	1	d	g
Cit	y			•			•					•	•		•					S	tate		Zip			•	•	•	•	•		
A	1	b	a	n	У															1	N Y	<u>,</u>	1	2	2	0	2	-				
eМ	ail																															
Ν	a	n	С	У	•	Η	е	i	n	z	е	n	@	a	1	b	a	n	У	С	0	u	n	t	У	n	У	•	g	0	v	
Pho	one												_						La	- 	y B	indi	na	1 ar		ont	in o		don			
(5	1	8)	4	4	7	-	5	6	4	5									у Б 3Р-0								\mathbf{Y}		0	No
W	hat	tas	ks/1	resp	on	sibi	iliti	es	are	sha	arec	l w	ith	this	s pa	artn	er	(e.g	g. N	IM	1 S	cho	ool	Pro	gra	ams	or	Mı	ılti	ple	Ta	sks)?
•]	MM	1	Ρ	u	b	1	i	С	a	t	i	0	n	s	-	Ρ	r	0	g	r	a	m	s	-	W	е	b	s	i	t	е	
•]	MM	2	S	W	М	Ρ	D	0	С	u	m	е	n	t	-	W	A	V	Е	-	Ρ	u	b	1	i	С	I	n	р	u	t	
•]	MM	3	A	I	М	S	I	Ι	-	0	R	Ι	K	i	t		G	r	a	n	t	:	S	t	0	r	m	М	a	р	ı	g
•]	MM	4	С	0	n	ន	t	r	u	С	t	i	0	n	0	v	r	s	i	g	h	t	-	М	S	4	F	0	r	m	s	
•]	MM	5	S	W	Ρ	ន		G	r	a	n	t	:	М	a	р	-	I	n	s	р	е	С	t	i	0	n	F	0	r	m	S
•]	MM	6	Т	r	a	i	n	g	:	S	t	a	f	f	-	0	f	f	i	С	i	a	1	s		М	S	4	S	v	С	S
A	ldit	ion	al t	ask	s/re	esp	ons	ibil	litie	es																						

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

	MS4 Municipal Compliance Certification(MCC	<u>)</u>]	For	m					
	MCC form for period ending March 9, 2	0 1	6							
		SPI	DES	ID						
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	е							
Joseph	Ε	Cof	fe	У	,	Р	. E	•		
Title (Clearly print title of individual signing report)										
C o m m i s s i o n e r										
Signature										
Joseph 2. Coppy r.				D (
				Date	5 /	2	3 /	2	0	16

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,	2	0	1	6	
This report is being submitted for the reporting period change march >,		Ŭ	- 1	, U	1

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

Name of MS4/Coalition City of Albany

Water Quality Trends

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

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

How many MS4s are contributed to this report?

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

If Yes, choose one of the following

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

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

URL				 											 	
URL	_	_			_	_										
URL	_					 										
URL	_															

Yes • No

SPDES ID

Y R 2

0 A

4 6 4

Ν

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition City of Albany

 SPDES ID

 N
 Y
 R
 2
 0
 A
 4
 6
 4

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

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		\bigcirc Pesticide and Fertilizer Application
• General Stormwater	Management Information	• Pet Waste Management
• Household Hazardo	us Waste Disposal	• Recycling
Illicit Discharge De	tection and Elimination	O Riparian Corridor Protection/Restoration
• Infrastructure Main	tenance	○ Trash Management
\bigcirc Smart Growth		• Vehicle Washing
Storm Drain Markin	ng	\bigcirc Water Conservation
• Green Infrastructure	e/Better Site Design/Low Impact Development	\bigcirc Wetland Protection
O Other:		○ None
2. Specific audience	ces targeted during this reporting period:	
• Public Employees	Contractors	
• Residential	• Developers	
○ Businesses	• General Public	
○ Restaurants	\bigcirc Industries	
○ Other:	○ Agricultural	

Other

Name of MS4/Coalition

City of Albany

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

	SPI	DES	ID						
	Ν	Y	R	2	0	A	4	6	4

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

• Co	A strengthered and a strength														ed																
○ Dir	irect Mailings # Mailings iosks or Other Displays # Locations ist-Serves # In List ailing List # In List ailing List # In List ewspaper Ads or Articles # Days Run iblic Events/Presentations # Attendees chool Program # Attendees V Spot/Program # Days Run inted Materials: Total # Distributed Locations (e.g. libraries, town offices, kiosks) Total # Distributed														gs																
• Kio	osks	eet Mailings # Mailing sks or Other Displays # Location -Serves # In L ling List # In L vspaper Ads or Articles # Days R lic Events/Presentations # Attended ool Program # Attended Spot/Program # Days R ted Materials: Total # Distribut Locations (e.g. libraries, town offices, kiosks) Total # Distribut														atio	ns					2									
• Lis	t-Se	rve	s																					# I:	n Li	st				4	3
○ Ma	iling	ng List spaper Ads or Articles # c Events/Presentations # ol Program # pot/Program # ed Materials: Total # D															# I:	n Li	st												
○ Ne	wspa	ape	r A	ds o	or A	Arti	cles																# I	Day	s Ru	ın					
• Pul	blic	Ev	ents	s/Pr	ese	ntat	ion	s															# A	Atte	nde	es					1
• Scl	ΓV Spot/Program # Days Run															es			3	3	4										
⊖ TV	TV Spot/Program # Days Run Printed Materials: Total # Distributed																														
	TV Spot/Program # Days Run Trinted Materials: Total # Distributed Locations (e.g. libraries, town offices, kiosks) Total # Distributed																		1	4											
	Loca	tion	is (e	e.g. l	ibra	ries,		n off	ices	, kio	osks))																			
	C	i	t	У		0	f		A	1	b	а	n	У		-															
								-	-																						
	С	1	t	У		Η	а	T	T																						
	A	1	b	a	n	У		W	a	t	е	r		D	е	р	t	•													
○ Otl	her:										-																				
○We	h P	а п е		Dro	ovi	ام د	nec	ific	We	h a	ddr		×c _	not	ho	me	naa		Con	tin	10.0	n né	vt 1	naa	e if	ado	litiz	na	len	200	ic
\circ in	.010	uge	•		ede		pee	me	we	U a	uuiv	2000	- 67	not	no	me	pag	U. 1	COI	luiii		11 110		pag	C II	aut	1111	ma	sp	ace	15
UR	L				1		_				_				_		_	_													
							T																								
		1		_		_			I	1		-	-1	_	_	_	_		1	1	1										
UR]	
	+			<u> </u>		-	_	<u> </u>			_	-				-	<u> </u>			-			_								

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition City of Albany

SPL	DES	ID						
Ν	Y	R	2	0	А	4	6	4

	10 1/	Cou																					Ļ	I	I	L	L	I
Wel	o Pa	ge c	con	't.:		Pre	ovi	de s	spe	cifi	c w	veb	ado	lres	ses	- 1	not	hor	ne	pag	ge.							
JRL	_	-	-	-		-							-		1		1	-	-		1	-						
ID I																												
JRL																												
	-																							-				
	_																						L	<u> </u>	L			
JRL				-	1	-			1																			_
													-										L	L	L			
JRL																												
	_																											
	_																							<u> </u>	L			
JRL																		1				1						
	1																							-				
																								L				L
JRL																										[]		Γ
	-							-		-		-		-									<u> </u>	_	-			F
	_																						L	<u> </u>	<u> </u>			
JRL	_	_																										
\rightarrow	+																							<u> </u>		\square		

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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 4 6 4

Name of MS4/Coalition City of Albany

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. Stormwater coordinator (SWC)/staff to continue stenciling of catch basins in Patroon Creek, Normanskill, Hudson. 2. SWC/staff to maintain 2 brochure racks at AWD and research placement of brochure rack at City Hall. 3. SWC research inclusion of water quality message in existing City publications. 4. SWC participates in 1 tabling event with Coalition in 2015. SWC & Coalition to present educational materials to Radix Center for inclusion in Radix School Programs.

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

1. Staff stenciled 114 catch basins in Patroon Creek, Hungerkill, and Krumkill. 2. SWC/staff maintained 2 brochure racks at AWD and set up new brochure rack at City Hall. 3. Large staff turnover;goal not completed; consider dropping. 4. SWC participated in 1 tabling event the Rail & Trail Summer Solstice with Coalition 6/20/2015& SWC paticipated at Montessori Elementary School Program to 325 students. Coalition to presented educational materials to Radix Center.

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

1 0

(ex.: samples/participants/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? • 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. Stormwater coordinator (SWC)/staff to continue stenciling of catch basins in Hungerkill and Normanskill Watersheds. 2. SWC/staff will maintain 2 brochure racks at AWD and 1 new brochure rack at City Hall. 3. Drop Goal # 3 and focus time & resources to Radix Center with signage and brochure development work with graphic designer. 4. SWC will participate in school program and tabling events



This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition	City of Albany
iname of wis4/Coantion	

SPDES ID N Y R 2 0 A 4 6 4

Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?

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

○ Cleanup Events		# Events					
\bigcirc Comments on SWMP Received		# Comments					
• Community Hotlines	Phone #	(5 1 8) 4 4 7	-	5	6	4	5
Phone # ()	Phone #		- [5	3	0	0
Phone # ()	Phone #		-				
Phone # ()	Phone #		-				
Phone # ()	Phone #		- [
Phone # ()	Phone #		- [
O Community Meetings		# Attendees					
\bigcirc Plantings		Sq. Ft.					
Storm Drain Markings		# Drains			1	1	4
\bigcirc Stakeholder Meetings		# Attendees					
○ Volunteer Monitoring		# Events					
O Other:							

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

Program (SWMP) Plan provided?	• Yes	○ No
○ List-Serve # In List		
O Newspaper Advertising # Days Run		
○ TV/Radio Notices # Days Run		
Other:		

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

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition City of Albany

SPE	DES	ID						
Ν	Y	R	2	0	А	4	6	4

2. URL(s) con't.:

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

URL																															
W	w	W	•	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		
URL		•				•			•	•	•	•	•		•	•	•		•	•		•				•		•	•	•	
h	t	t	р	:	/	/	w	w	w	•	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	S	/	W	a	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	e	r	М	a	n	a	g	е	m	е	n	t	•	a	ន	р	x				
URL	_					_		_	_	_	_	_		_		_				_		_				_			_		
URL																															
URL	,	1				1		1		1		1	1	1	1	1	1		1									1	1	1	
URL	í					1		1					1	1			1		1												
URL	í																														
1																															

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition City of Albany

SPI	DES	ID						
Ν	Y	R	2	0	А	4	6	4

2. URL(s) con't.:

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

UR	L	 	 		 			 	 	 	 						
UR	ſ																
UR																	
UR	L																
UR																	
UR																	
UR	L	 		 		1	 				 	 		 	 	 	

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

of Albany	
•	of Albany

SP	DES	ID			_			-
Ν	Y	R	2	0	A	4	6	4

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

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

• MS	4/C	oali	itio	n C	offic	e											A	nnu	al l	Rep	ort		S	WN	1P 1	Plar	1	• (Con	nme	ents
	Dep	artr	nen	t																											
	D	е	р	a	r	t	m	е	n	t		0	f		W	а	t	е	r		&		W	а	t	е	r		S	u	р
	Add		s																										,,	<u> </u>	
	1	0		Ν	0	r	t	h		Ε	n	t	е	r	р	r	i	S	е		D	r	i	v	е						
	City																	Г		_		Zip					1		,	<u>г</u>	
	Α	1	b	a	n	У]	N	Y		1	2	2	0	4	-				
	Pho				1.				1					1																	
	(5	1	8)	4	3	4	-	5	3	0	0																		
○ Lib	rary	Ires	c													C) A	nnu	al l	Rep	ort	C) S'	WN	1P]	Plar	1	00	Con	nme	ents
	Mut	1105	3																												
	City	7																				Zip									
		/																Г													
	DL																										-				
	Pho	ne]																	
	()				-]																	
• Oth	er Ado	Ires	s														A	nnu	al l	Rep	ort		S S	WN	1P 1	Plar	1	• (Con	nme	ents
	1	7	5		G	r	е	е	n		S	t	r	е	е	t		R	0	0	m		В	0	4	2					
	 City		5		0	-		0	11		0	C	-	C	0	C		10	0	0		Zip		0	-	2					
	A	1	b	a	n	У]	N	Y		1	2	2	0	2	-				
	Pho	ne																									1				
	(5	1	8)	4	4	7	-	5	6	4	6																		
\sim W/			T ID													C			.1.1	Dam	ont	C		WN		Dlar		\sim	~ ~~	nme	mta
○ Wel	o Pa	age	UK															nnu		kep			S C	VV IV			1				
	DI				1.		.:		1.1.					- 1-			4		1.						1						
⊖ eMa		ease	e pr	OV1	ae	spe	C111	ic a	.aar	ess	OI	pag	ge v	wne	ere	rep	ort	car	1 D6	e ac	ces	sed	l - I	10t	noi	ne	pag		Con	nme	ents
																												- 1			
																														\square	

This report is being submitted for the reporting period	d ending March 9, 2 0 1 6
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	N Y R 2 0 A 4 6 4
4.a. If this report was made available on the internet, what da	ate was it posted?
Leave blank if this report was not posted on the internet.	05/06/2016
4.b. For how many days was/will this report be posted?	
If submitting a report for single MS4, answer 5.a If submitt	ting a joint report, answer 5.b
5.a. Was an Annual Report public meeting held in this report If Yes, what was the date of the meeting?	ting period? • Yes • No
If No, is one planned?	\bigcirc Yes \bigcirc No
5.b. Was an Annual Report public meeting held for all MS4s this reporting period?	contributing to this report during \bigcirc Yes \bigcirc No
If No, is one planned for each?	○ Yes ● No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to	○ Yes ● No

SWMP in response to comments to this report.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

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. City of Albany (COA) will update public contact annually. 2. COA will post Final Joint Report on website (stormwater page). 3.SWC will develop procedures which clarify how queries & complaints are handled. 4. City will continue to lend support in the way of education and operational guidance information to community groups involved in green infrastructure maintenance. 5. COA SWC will participate in any inter municipal approach to address issues in the Krumkill sub-watershed.

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

1. SWC updated public contact. 2. COA posted 2015 Final Joint Report on website (stormwater page). 3. SWC reviewed with Commissioner how queries & complaints are handled. 4. AWD provided Operations & Maintenance guidance and maintenance checklist for the Hackett & Pinewood Green Infrastructure. 5. No inter municipal approach work for the Krumkill sub-watershed was proposed this reporting year..

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

(ex.: samples/participants/events)

4

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?

• Yes \bigcirc 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. City of Albany (COA) will update public contact annually. 2. COA will post Final Joint Report on website (stormwater page). 3.SWC will develop procedures which clarify how queries & complaints are routed and monitored across all relevant Departments and new procedures will be developed as necessary.



City of Albany

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID Y R 2

0 5 #

1

Ν

0 A

4 6 4

0 %

1 0

Name of MS4/Coalition	City of Albany
-----------------------	----------------

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
- \bigcirc On behalf of a coalition
 - How many MS4s contributed to this report?
- 1. Enter the number and approx. percent of outfalls mapped:
- 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 3 6
- 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

\bigcirc Auto Recyclers	\bigcirc Landscaping (Irrigation)
○ Building Maintenance	○ Marinas
\bigcirc Churches	\bigcirc Metal Plateing Operations
\bigcirc Commercial Carwashes	\bigcirc Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	○ Parking Lot Maintenance
\bigcirc Construction Vehicle Washouts	○ Printing
Cross-Connections	○ Residential Carwashing
\bigcirc Distribution Centers	○ Restaurants
\bigcirc Food Processing Facilities	\bigcirc Schools and Universities
\bigcirc Garbage Truck Washouts	○ Septic Maintenance
\bigcirc Hospitals	\bigcirc Swimming Pools
\bigcirc Improper RV Waste Disposal	\bigcirc Vehicle Fueling
\bigcirc Industrial Process Water	○ Vehicle Maint./Repair Shops
• Other: G o l f C o u r s e ,	O None C a r p e t C l e a n e r s
• Sewersheds:	

This report is being submitted for the reporting period ending March 9, 2 0 1 6 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
3.b.What types of illicit discharges have	e been found during this reporting period?	
\bigcirc Broken Lines From Sanitary Sewer	\bigcirc Industrial Connections	
\bigcirc Cross Connections	\bigcirc Inflow/Infiltration	
○ Failing Septic Systems	\bigcirc Pump Station Failure	
\bigcirc Floor Drains Connected To Storm Sewers	○ Sanitary Sewer Overflows	
• Illegal Dumping	\bigcirc Straight Pipe Sewer Discharges	
O Other:	O None	
4. How many illicit discharges/potentia reporting period?	al illegal connections have been detected du	uring this
5. How many illicit discharges have be	en confirmed during this reporting period	? 2
6. How many illicit discharges/illegal c period?	onnections have been eliminated during th	is reporting
7. Has the storm sewershed mapping b If No, approximately what percent was		● Yes ○ No
8. Is the above information available in	n GIS?	• Yes O No
Is this information available on the	web?	○ Yes ● No

If Yes, provide URL(s):

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

UKI					-		 				 	 	-	 	 -	
URI			 													

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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 Albany	N	Y	R	2	0	A	4	6	4

8. URL(s) con't.:

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

UR	Ĺ																				
UR	L I					1		1													
UR	Ľ																				
UR	Ļ																				
		 I	I		I	I	I	I	I	 !	I	I	I	!			l	I	I	<u> </u>	

- 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report?
- **10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?** Yes No NT

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

7 0 %

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition City of Albany

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.

1. Stormwater staff will review completed construction projects for potential outfalls and map using GIS. 2. Stormwater staff following the ORI Inspection Schedule Map will complete ORI on approximately 20 percent of the mapped Outfalls. 3. Stormwater staff will review and update as needed existing procedures for the IDDE program. 4. Stormwater staff will collect data and map any illicit discharges in the GIS system.

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

1. Stormwater staff reviewed 3 completed construction projects for potential outfalls and map using GIS 3 projects not complete. 2. Stormwater staff followed the ORI Inspection Schedule Map and completed ORI on 36 outfalls; approximately 34 percent of the mapped Outfalls. 3. Stormwater staff reviewed existing procedures for the IDDE program, no updated were performed. 4. Stormwater staff collected data and mapped 2 illegal dumping illicit discharges in the GIS system.

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

(ex.: samples/participants/events)

4

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?

• Yes \bigcirc 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. Stormwater staff will review completed construction projects for potential outfalls and map using GIS. 2. Stormwater staff following the ORI Inspection Schedule Map will complete ORI on approximately 20 percent of the mapped Outfalls. 3. Stormwater staff will review and update as needed existing procedures for the IDDE program. 4. Stormwater staff will collect data and map any illicit discharges in the GIS system.

SPE	PDES	ID						
Ν	1 Y	R	2	0	А	4	6	4

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition City of Albany

SPI	DES	ID						
Ν	Y	R	2	0	A	4	6	4

3

0

<u>Minimum Control Measures 4 and 5.</u> <u>Construction Site and Post-Construction Control</u>

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

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

How many MS4s contributed to this report?

- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? • Yes • No
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?

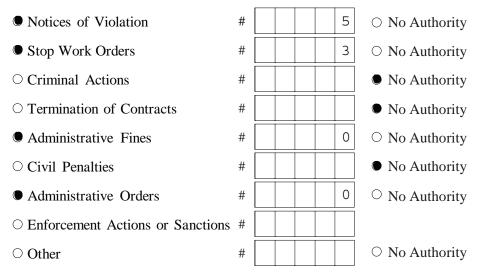
 If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

09/2004	• 03/2006	\circ NT

- **2. Does your MS4/Coalition have a SWPPP review procedure in place?** Yes No
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?
 Yes No NT

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

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



This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition City of Albany

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

SPDES ID

YR

N

2

0 A 4 6 4

1 0 0 %

0 %

0

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

- On behalf of an individual MS4
- \bigcirc 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? \odot NT
- 4. What percent of active construction sites were inspected more than once? \bigcirc NT
- 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?

If your MS4 is Non-Traditional, are SWPPPs 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, 2 0 1 6

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

Name of MS4/Coalition	City of Albany
-----------------------	----------------

SPI	DES	ID						
Ν	Y	R	2	0	А	4	6	4

6. con't.:

Submit additional pages as needed.

• MS4/Coalition Office

	Dep	artı	nen	t																											
	D	е	р	t	•		0	f		W	a	t	е	r		&		W	a	t	e	r		S	u	р	р	1	У		
	Add	lres	S	1																										r	
	1	0		Ν	0	r	t	h		Е	n	t	е	r	р	r	i	S	е		D	r	i	v	е						
	City	7																		_		Zip									
	Α	1	b	a	n	У												N	IY	<i>r</i>		1	2	2	0	4	-				
	Pho	ne																													
	()				-																						
⊖ Lib	rary	,																													
	Add		s																												
	City	7														·				_		Zip									
																											-				
	Pho	ne																		_											
	()				-																						
○ Oth	er																														
	Add	lres	s				-								•											•					
	City	7														·				_		Zip									
																											-				
	Pho	ne																													
	()				-																						
○ We	b Pa	age	UR	RL(s	s):	Р	leas	se p	rov	ide	spe	cifi	c a	ddre	ess	whe	ere S	SW	PPI	Ps c	can	be a	icce	sse	d -	not	hor	ne p	page	e.	
	URL																														
		_																												1	٦
	URL								I																						
		_											_																=	+	╡
		_											_			_													=	=	

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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 4 6 4

Name of MS4/Coalition City of Albany

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.

1. City of Albany Stormwater staff as they become available will e-mail contractors about the availability of 4-hr E-SC Training Courses.

2. Develop and organize "manual" of procedures, forms, and activities.

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

1. City of Albany Stormwater staff e-mail 43 Contractors about the availability of 4-hr E-SC Training Courses on March 30, 2016.

2. A Forms Committee was created by the Coalition to develop permit compliant, effective, and efficient forms for many MS4 procedures, forms, and activities. A new extensive SWPPP Review and Guidance Document was developed.

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

12

(ex.: samples/participants/events)

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

• Yes \bigcirc No

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).

1. City of Albany Stormwater staff will continue to e-mail contractors about the availability of 4-hr E-SC Training Courses.

2. The SWC will take the forms created by the Albany County Stormwater Coalition Forms Committee and modify them for best and implementation in the City of Albany

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition City of Albany

Minimum Control Measure 5. Post-Construction Stormwater Management

SPDES ID

ΝY

R 2

Α

4 6 4

0

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

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

How many MS4s contributed to this report?

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

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

- 2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? • Yes O No
- 3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

Building Codes
 Municipal Comprehensive Plans

○ Overlay Districts ○ Open Space Preservation Program

- Zoning Local Law or Ordinance
- None Land Use Regulation/Zoning
- \bigcirc Watershed Plans \bigcirc Other Comprehensive Plan
- Other:

															. 1	
															. 1	
L																

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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	City of Albany	Ν	Y	R	2	0	A	4	6	4
·										

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

\bigcirc	Yes	No

• No

• No

%

○ Yes

 \bigcirc Yes

4b. Does the MS4 have a banking and credit system for stormwater management practices?

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

4d. How many stormwater management practices have been implemented as part of this sy	sten	ı in	thi	S
reporting period?			0	

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

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.

Name of MS4/Coalition

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.

1. Stormwater staff will monitor and participate as needed in the City Re-Zone Albany Initiative, so that code language consider the model local law language developed as part of the "GILLAC" grant. 2. Stormwater staff will continue to update the inventory of post-construction practices built since 2003 and record in the annual report. 3. Stormwater staff will GPS 50 percent of existing and 100 percent of new post construction practices in the Departments GIS.

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

1. Several Albany Water Department staff have been involved in the code review and City Re-Zone Initiative so the code language will consider the model local law language developed in the GILLAC grant work. 2. The SWC researched old developments and projects to update the inventory of practices, stormwater practices were GPS and inspection & O&M letters were sent, inventory changes are reflected in the annual report. SWC GPS 100 % all newly discovered/built practices.

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

1 5 (ex.: samples/participants/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?

• Yes \bigcirc 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. Stormwater staff will monitor and participate as needed in the City Re-Zone Albany Initiative, so that code language consider the model local law language developed as part of the "GILLAC" grant. 2. SWC will continue to update inventory of built stormwater practices since 2003 and record in annual report. Stormwater staff will GPS existing practices as discovered and 100 percent of new post construction practices in the Departments GIS.

SPE	DES	ID			-				
Ν	Y	R	2	0	А	4	6	4	

6



This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition City of Albany



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

Name

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

		SPI	DES	ID						
of MS4/Coalition	City of Albany	Ν	Y	R	2	0	А	4	6	4

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

• Parking Lots Swept (Number of acres X Number of times swept)	# Acres				1	8
• Streets Swept (Number of miles X Number of times swept)	# Miles	2	3	4	4	5
Catch Basins Inspected and Cleaned Where Necessary	#				3	7
Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#					3
Phosphorus Applied In Chemical Fertilizer	# Lbs.					0
• Nitrogen Applied In Chemical Fertilizer	# Lbs.		4	4	5	6
Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres		3 4	1 ().	3

- 3. How many stormwater management trainings have been provided to m during this reporting period?
- 4. What was the date of the last training?
- 5. How many municipal employees have been trained in this reporting period?
- 6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 6

u	nic	ipa	l e	mp	loy	ees	
							1
/	1	0	/	2	0	1	5



0 %

0 5

MCM	6	Page	2	of 3
IVICIVI	U	1 ugo	4	015

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition City of Albany

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

1. Stormwater staff will reassess one third of the revised facility audit inventory based on the three-year plan map. 2. Staff will review catch basin inspection and cleaning schedule itemized in the CSO Annual Report, inspection, clean-outs and repairs will be documented. 2. Stormwater staff will collect and maintain data on miles and acres swept, fertilizer, pesticide, herbicide, and other chemicals use, road salt applied,household hazardous waste collected

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

1. SWC reassessed 11 facilities identified in Year 1 based on the three-year plan map, approximately one third of the revised facility audit inventory. 2. Staff reviewed catch basin inspection and cleaning schedule and records : 170 repairs, 217 cleaned in the SS and 37 cleaned in the MS4 areas with 441.7 tons debris removed 2. Stormwater staff collect and reported data on miles and acres swept, fertilizer, pesticide, herbicide, and other chemicals use, road salt applied, and household hazardous

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

(ex.: samples/participants/events)

4

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

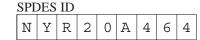
• Yes \bigcirc No

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

• Yes \bigcirc 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. Stormwater staff will reassess one third of the revised facility audit inventory based on the three-year plan map. 2. Staff will review catch basin inspection and cleaning schedule and inspections, clean-outs and repairs will be documented. 2. Stormwater staff will collect and maintain data on miles and acres swept, fertilizer, pesticide, herbicide, and other chemicals use, road salt applied, and household hazardous waste collected.



This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

R 2 0

NY

1 2

Name of MS4/Coalition

Stormwater Coalition of Albany County

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?

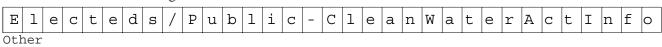
1.	Targeted F	Public Educat	ion and Outre	each Best Mai	nagement Practices

Check all topics that were included in Education and Outreach during this reporting period:

• Construction Sites			• Pesticide and Fertilizer Application
• General Stormwater	Management Information		Pet Waste Management
○ Household Hazardou	us Waste Disposal		○ Recycling
○ Illicit Discharge Det	tection and Elimination		Riparian Corridor Protection/Restoration
• Infrastructure Maint	tenance		○ Trash Management
• Smart Growth			• Vehicle Washing
○ Storm Drain Markin	ng		\bigcirc Water Conservation
○ Green Infrastructure	e/Better Site Design/Low Impact Developme	nt	\bigcirc Wetland Protection
• Other:			\bigcirc None
C o a l i t i Other	on Website-Wh	a	t You CanDo
	es targeted during this reporting perio	.d.	
2. Specific addience	tes targeted during this reporting period	Ju.	
• Public Employees	• Contractors		
• Residential	○ Developers		
• Businesses	• General Public		

○ Restaurants ○ Industries

• Other: O Agricultural



This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition Stormwater Coalition of Albany County

SPI	DES	ID				
Ν	Y	R	2	0		

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

• Coi	nstr	ucti	on	Site	e Oj	per	ator	s T	rair	ned											# Trained			6	4
○ Dir	ect	Mε	ilin	gs																	#Mailings				
• Kic	sks	or	Oth	ner 1	Dis	pla	ys														# Locations				8
• Lis	t-Se	erve	s																		# In List		4	8	0
○ Ma	iling	g L	ist																		# In List				
○ Nev	vsp	ape	r A	ds (or A	Arti	icles	5													# Days Run				
Put	olic	Ev	ents	s/Pr	ese	nta	tion	S													# Attendees		1	5	0
\bigcirc Sch	lool	Pr	ogra	ım																	# Attendees				
⊖ TV	Sp	ot/I	Prog	ran	n																# Days Run				
• Pri																					Total # Distributed		2	2	8
	Loca	tior	ns (e	.g. l	ibra	ries	, tow	n of	fice	s, kie	osks)									1				
	Т	а	b	1	i	n	g	-	М	Η	L	С	S	0	1	s	t	i	С	е					
	G	0	v	е	r	n	i	n	g		В	0	а	r	d		М	t	g	s					

• Other:

T|r|a|i

i n

gs-

n

H o s t 3 C W P W e b c a s t s

Ρ

u b

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

c P r

o g

1 |i

w	w	W	•	ន	t	0	r	m	w	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У	•	0	r	g	

URL

UKI	-															

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

SPE	DES	ID				
N	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.

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). Some MCM1 Coalition goals by BMPs...BMP 1-1 Target Audience Analysis Worksheet (TAAW): add sub-watershed delineations to Map Set; clarify directions. BMP 1-3 Website: check/correct Member To/From links, post reg docs, promote public comment portal, post new edu info. BMP 1-7 List Serve: update municipal contacts. BMP 1-4 Publications: maintain inventory, create 1 new doc (plant care).

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

BMP 1-1 Target Audience Analysis Worksheet (TAAW): add sub-watershed delineations to Map Set; clarify directions-COMPLETED. BMP 1-3 Website: check/correct Member To/From links, post reg docs, promote public comment portal, post new edu info-COMPLETED. BMP 1-7 List Serve: update municipal contacts-NOT COMPLETED (No time/grant writing). BMP 1-4 Publications: maintain inventory-COMPLETED; create 1 new doc (plant care)-NOT COMPLETED (too hard).

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

4

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

• Yes \bigcirc No

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

From SWMPv4 document (May, 2016): BMP 1-1 Target Audience Analysis Wksheet - support MS4 efforts to update their TAAW; id target audience, draft & implement goals; BMP 1-3 Website-post routine Coalition events, update text of Home Page. BMP 1-7 List Serve - update contacts (newly elected, Plan'g Bd, MS4 staff, consultants, webcast audience). BMP 1-6 Public Program-Guest Spker-present Clean Water Act Basics & Green Infrastructure Program to MS4 Electeds/Plan'g Bd.



This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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

Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?

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

○ Cleanup Events	# Events			
• Comments on SWMP Received	# Comments			0
• Community Hotlines	Phone # (5 1 8) 4 4 7	- 5	6	4 5
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
○ Community Meetings	# Attendees			
○ Plantings	Sq. Ft.			
○ Storm Drain Markings	#Drains			
\bigcirc Stakeholder Meetings	# Attendees			
• Volunteer Monitoring	# Events			4
• Other: C o o r d i n a t e w / D	ECWAVEPro	g r	a	m

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

Program (SWMP) Plan provided?	Ye	S	0	No
List-Serve # In List		4	8	0
○ Newspaper Advertising # Days Run				
○ TV/Radio Notices # Days Run				
O Other:				

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

MCM 2 Page 1 of 6

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

	Stormwater Coalition of Albany County
Name of MS4/Coalition	



2. URL(s) con't.:

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

URL		-																													
w	w	W	•	ន	t	0	r	m	w	a	t	е	r	a	1	b	а	n	У	С	0	u	n	t	У	•	0	r	g		
URL	,											I		I		I							I								
URL		<u> </u>		II		I	I	ļ	I	ļ	I	ļ	I	ļ	[ļ	I	I	ļ	I	I		<u> </u>	I	I		I		I		
																														L	
URL																															
																						-									
URL	,																													· · · ·	
URL	,																														
URL	,																														

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

SPI	DES	ID				
Ν	Y	R	2	0		

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

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

• MS	4/C	oali	tio	n O	offic	e											A	nnu	al l	Rep	ort		S	WN	1 P	Plaı	1		Cor	nme	ents
	Dep	artr	nen	t																											,
	S	t	0	r	m	w	a	t	e	r		С	0	а	1	i	t	li	0	n	-	A	1	b	а	n	У	С	n	t	У
	Add	lres	8					I								I															
	1	7	5		G	r	е	е	n		S	t	r	е	е	t	-	С	n	t	У	H	е	a	1	t	h	В	1	d	g
	City		-															Г				Zip			-		1			1	
	A	1	b	a	n	У													N	Y		1	2	2	0	2	-				
	Pho								1																						
	(5	1	8)	4	4	7	-	5	6	4	5																		
⊖ Lib	rary Ado	lres	5													C) A	nnu	al l	Rep	ort	() S	WN	1P	Plaı	1	0	Cor	nme	ents
	City	/																	I		I	Zip			I	-			L	L	
																		Γ									-				
	Pho	ne																									J				
	()				-																						
)																										
○ Oth	er Ado	lres	8													C	A	nnu	al 1	Rep	ort	() S	WN	/IP]	Plaı	1	0	Cor	nme	ents
			-																												
	City	/																				Zip				-					
																											-				
	Pho	ne																									1				
	()				-																						
_														I		_				-						51		_	~		
• We	b Pa	age	UR	L:														nnu	al I	Rep	ort			W N	4Ρ.	Plai	1		Cor	nme	ents
	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	
	Ple	2256	nr	ovi	de	sne	cif	ic a	.ddr	· • • • •	of	na		vhe	re	ren	ort	Car	he be	2 20		sec	1 _ 1		hoi	me	nac	70	L		
• eM		asc	, bi	011	uc	spe		ic u	uui	000	01	pu	50 1	/v 11C		rep	on	cui	1 00	- ac			* 1	101	noi		pag	-	Cor	nme	ents
	s	w	С	0	a	1	i	t	i	0	n	@	a	1	b	a	n	У	С	0	11	n	t	У		С	0	m			
		~~			u	-	-			<u> </u>		3	u	-				<u>x</u>						<u>x</u>	•				Ļ		

This report is being submitted for the reporting period ending March 9,	2 0 1 6	5	
If submitting this form as part of a joint report on behalf of a coalition leave SPDE	S ID blan	k.	
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 date was it posted?			
Leave blank if this report was not posted on the internet. $05/06$	/ 2 0	1	6
4.b. For how many days was/will this report be posted?		1	4
If submitting a report for single MS4, answer 5.a If submitting a joint report, ans	wer 5.b.		
5.a. Was an Annual Report public meeting held in this reporting period? If Yes, what was the date of the meeting? /	○ Yes] /	0	No
If No, is one planned?	\bigcirc Yes	0	No
5.b. Was an Annual Report public meeting held for all MS4s contributing to this this reporting period?	report d O Yes		ng No
If No, is one planned for each?	○ Yes	۲	No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to	○ Yes	۲	No

SWMP in response to comments to this report.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

	DES		-	-	 	-	
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.

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). Some MCM 2 Coalition goals by BMPs... BMP 2-2 Annual Report & Public Comments: promote and monitor public comment portal on Coalition website. BMP 2-11 WAVE: Monitor 4 sites w/ volunteers.

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

BMP 2-2 Annual Report & Public Comments: promote and monitor public comment portal on Coalition website - PARTIALLY COMPLETED, circulated flyer at public program promoting website, did not highlight public comment portal, did highlight maps posted on website. Increasingly website is used by Coalition members to access internal forms and documents. BMP 2-11 WAVE: Monitor 4 sites w/ volunteers-COMPLETED, time consuming to locate sites, but worth the effort.

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 O No

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).

From SWMPv4 document (May, 2016): BMP 2-2 Annual Report-combine Joint SWMP document update (BMPs/Goals) with prep of Annual Report, meet w/all members, post AR & SWMP on website. BMP 2-8 Student Water Quality Projects-coordinate with U Albany mapping projects named in WQIP Rnd 12 grant workplan, secure professor/student support, start projects, \$/credits. BMP 2-11 WAVE-monitor 4 sites w/volunteers.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

Y R 2 0

#

%

Ν

Name of MS4/Coalition

Stormwater Coalition of Albany County

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

1 2

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

- On behalf of an individual MS4
- On behalf of a coalition
 - How many MS4s contributed to this report?
- 1. Enter the number and approx. percent of outfalls mapped:
- 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?
- **3.a.**What types of generating sites/sewersheds were targeted for inspection during this reporting period?

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

This report is being submitted for the reporting period ending March 9, 2 0 1 6 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 Stormwater Coalition of Albany	County N Y R 2 0													
3.b.What types of illicit discharges have	e been found during this reporting period?													
\bigcirc Broken Lines From Sanitary Sewer	\bigcirc Industrial Connections													
○ Cross Connections	\bigcirc Inflow/Infiltration													
○ Failing Septic Systems	○ Pump Station Failure													
○ Floor Drains Connected To Storm Sewers	\odot Sanitary Sewer Overflows													
○ Illegal Dumping	○ Straight Pipe Sewer Discharges													
Other:	○ None													
4. How many illicit discharges/potentia reporting period?	al illegal connections have been detected during this													
5. How many illicit discharges have been	en confirmed during this reporting period?													
6. How many illicit discharges/illegal coperiod?	onnections have been eliminated during this reporting													
7. Has the storm sewershed mapping b If No, approximately what percent was														
8. Is the above information available in Is this information available on the v If Yes, provide URL(s):														
Please provide specific address of page	where map(s) can be accessed - not home page.													

URL

Ρ	а	ន	S	w	0	r	d		Ρ	r	0	t	е	С	t	е	d										
W	W	w	•	a	i	m	S	g	i	ន	•	0	r	g	/	W	е	b	m	a	р	/					
*	*	R	е	S	t	r	i	С	t	е	d		А	С	С	е	ទ	ទ	*	*							
URL	,																									 	

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Stormwater Coalition of Albany County	
---------------------------------------	--

SPL	DES	ID			 	
Ν	Y	R	2	0		

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). Some MCM 3 Coalition goals by BMPs... BMP 3-2 AIMS: Coalition decides what to do about AIMS (replace, decommission, enhance); Coalition works with AIMS vendor to update new layers and maintain web application for as long as possible given budget constraints. BMP 3-8 IDDE Procedures: Coalition assists MS4s with IDDE Procedures.

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

BMP 3-2 AIMS: Coalition decides what to do about AIMS-COMPLETED, Board agreed to fund update of mapper, consultant services secured, members responded to survey/attended meetings to id problems with AIMS and design needs, research of current web mapper technology incorporated into grant application and workplan. BMP 3-8 IDDE Procedures: Coalition assists MS4s with IDDE Procedures-COMPLETED, Coalition staff will continue to assist if asked.

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

2

(ex.: samples/participants/events)

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

• Yes O No

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).

From SWMPv4 document (May, 2016): BMP 3-2 Coalition Stormwater Program Mapper - support mapper redesign as guided by consultant, organize 2 to 3 design wkshops for members, integrate mapper redesign with other MS4 program needs (grant funded mobile app field inspection forms for ORI, MS4 construction site inspections, post construction sw practices inspections, facility self audits), prep mapper layers, launch mapper. BMP 3-5 Dry Weather (ORI)-manage ORI kits, restock.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPI	SPDES ID										
Ν	Y	R	2	0							

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.

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). No Coalition goals for MCM 4. Instead, Coalition "Procedures" goals are located in MCM 7 Stormwater Program Management. BMP 7-7 Procedures and Forms Compendium: Coalition will assist MS4s in consolidating existing/ new documents into compendium of procedures/forms named in multiple MCMs of MS4 Permit.

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

BMP 7-7 Procedures & Forms Compendium: Coalition will assist MS4s in consolidating existing/ new documents into compendium of procedures/forms named in multiple MCMs of MS4 Permit-PARTIALLY COMPLETED. Coalition services provided to one MS4 led to overhaul by Forms Committee of existing, outdated SWPPP Review Ck List. Replaced with comprehensive Oversight of Construction Activity Permit, Guidance Doc for MS4s, released 3/23/2016. Coalition facilitated.

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

1

(ex.: samples/participants/events)

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

• Yes \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).

From SWMPv4 document (May, 2016): BMP 4-5 Construction Site Enf & Inspection Proceduresreview paper MS4 Construction Inspection Form for conversion to mobile device. BMP 7-7 Procedures & Forms Compendium-develop Coalition wide strategy for using MS4 Oversight/ Construction Permit Guidance Document, discuss training in purpose/use for MS4s/consultants, incorporate into existing/future procedures (3 MS4s); note edits for future updates.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID									
Ν	Y	R	2	0					

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.

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). No Coalition goals for MCM 5. Instead, Coalition "Procedures" goals are located in MCM 7 Stormwater Program Management. BMP 7-7 Procedures and Forms Compendium: Coalition will assist MS4s in consolidating existing/ new documents into compendium of procedures/forms named in multiple MCMs of MS4 Permit.

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

BMP 7-7 Procedures & Forms Compendium: Coalition will assist MS4s in consolidating existing/ new documents into compendium of procedures/forms named in multiple MCMs of MS4 Permit-PARTIALLY COMPLETED. Coalition services provided to one MS4 led to overhaul by Forms Committee of existing, outdated SWPPP Review Ck List. Replaced with comprehensive Oversight of Construction Activity Permit, Guidance Doc for MS4s, released 3/23/2016. Coalition facilitated.

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

1

(ex.: samples/participants/events)

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

• Yes \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).

From SWMPv4 document (May, 2016): BMP 3-2 Coalition Stormwater Program Mapper - load map layers named in Construction Activity Permit/Design Manual (also named in MS4 Guidance Doc - future BMP 4-2/5-5 SWPPP Review Procedures). BMP 5-8 Inventory Post Construction Practices - w/grant fund'g implement work plan to map MS4 post construction practices. BMP 5-9 Post Construction Practices-Maintenance - w/ grant fund'g develop inspection forms for mobile devices.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPI	DES	ID				
Ν	Y	R	2	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. 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.

		<u>S</u>	elf-Assess	ment
		Opera	tion/Activi	ity/Facility
		<u>perfor</u>	ned withiı	<u>1 the past 3</u>
Operation/Activity/Facility	Addressed in	<u>n SWMP?</u>	<u>years</u> ?	
Street Maintenance	O Yes	○ No	O Yes	○ No
Bridge Maintenance	O Yes	○ No	O Yes	○ No
Winter Road Maintenance		○ No	O Yes	○ No
Salt Storage	O Yes	○ No	O Yes	○ No
Solid Waste Management	O Yes	○ No	O Yes	○ No
New Municipal Construction and Land Disturba	ance \bigcirc Yes	○ No	O Yes	○ No
Right of Way Maintenance	• Yes	○ No	O Yes	\bigcirc No
Marine Operations	• Yes	○ No	O Yes	\bigcirc No
Hydrologic Habitat Modification	O Yes	○ No	O Yes	○ No
Parks and Open Space	····· O Yes	○ No	O Yes	\bigcirc No
Municipal Building		○ No	O Yes	\bigcirc No
Stormwater System Maintenance		○ No	O Yes	○ No
Vehicle and Fleet Maintenance	• Yes	○ No	O Yes	\bigcirc No
Other	○ Yes	○ No	O Yes	\bigcirc No

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

coalition of Albany County	
----------------------------	--

SPDES ID N Y R 2

Г

-

2 0 1

5

2

%

1 0

2 2

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

\bigcirc Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
○ Streets Swept (Number of miles X Number of times swept)	# Miles	
\odot Catch Basins Inspected and Cleaned Where Necessary	#	
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#	
O Phosphorus Applied In Chemical Fertilizer	# Lbs.	
\bigcirc Nitrogen Applied In Chemical Fertilizer	# Lbs.	
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 	# Acres	•
3. How many stormwater management trainings have been provided to	o municipa	al employees

- during this reporting period?
- 4. What was the date of the last training?
- 5. How many municipal employees have been trained in this reporting period?
- 6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SP	DES	5 ID				
N	Y	R	2	0		

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 Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). No specific Coalition goals for MCM 6; instead Coalition staff as requested by individual members, directly assist MS4s in implementing MCM 6 goals. Coalition goals related to training are described in SWMPv3 MCM 8 Training. There various BMPs describe training topics and method of delivery.

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

No clear goal statement for Coalition. See individual MS4 goals, for which Coalition staff provided services (Albany County, City of Albany, Village of Menands, Town of New Scotland, City of Watervliet).

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

0

(ex.: samples/participants/events)

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

○ Yes ● No

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

○ Yes ○ No

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

From SWMPv4 document (May, 2016): MCM 8 Train'g BMP 8-1 Clean Water Act Basics-Coalition program to 2 MS4 govern'g boards; 8-2 Green Infrastructure, BSD, LID, Site Design Elements for Muni/Plan'g/Zon'g Boards-1 MS4 Plan'g Board; BMP 8-4/8-5/8-6 replace as needed EXCAL visual DVDs (Spills & Skills, Rain Check, IDDE-A Grate Concern)/circulate to MS4s; BMP 8-17 On-line Training-assist Albany County SW Prog Tech.

MCC form for period ending March 9, 2 0 1 6

ince torm for period ending inter									
	SPI	DES	ID						_
Name of MS4 TOWN OF BETHLEHEM	N	Y	R	2	0	A	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:

- 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	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 6

SPDES ID

NYR

2

0

 $A \mid 2$

0 8

Name of MS4 TOWN OF BETHLEHEM

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.

For each contact, select all that apply:

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			1		····	1										MI]	-	at Na				~		1	1				 	
J	0	Η	N														J	C	L	A	R	K	S	0	N						
Title	5																														
Т	0	W	N		S	υ	Þ	Е	R	v	Ι	S	0	R																	
Add	Ires	s			1																										
4	4	5		D	E	L	A	W	А	R	Ε		Α	v	Ε	Ñ	υ	Е													
City	,																			~			771								
\underline{C}	·																			S	itate	>	Zi)							
D	E	L	М	A	R															Г		Y	21] 1	2	0	5	4	7-	. [
D	Е	L	M	A	R											<u> </u>				Г			-	1	0	5	4] -			
	Е	L	M A	A R	R K	s	0	N	@	Т	0	W	N	0	म्	В	E	T	H	Г			-	1	0	5	4 R] - G			
D eMa	E iil C		[! 	I	s	0	N	@	T	0	W	N	0	F	В	E	T Cou	L			Y	1	2	 	1		_]			

MCC form for period ending March 9, 2 0 1 6

	1	J								
	 SPE)ES	ID							
Name of MS4 TOWN OF BETHLEHEM	 Ν		R	2	0	Α	2	0	8	

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

○ Report Preparer

Firs	t N	ame	;													MI		Las	st Na	ame	;											
Р	Ą	U	Ŀ													M]	P	Е	N	M	A	N									
Titl	e																															
Т	0	W	Ν		Е	N	G	Ι	N	Е	Е	R	7	D	Е	Ρ	U	Т	Y		С	0	М	М	Ι	S	S	Ι	0	N	Е	R
Ado	ires	S																					•									
4	.4	5		D	E	L	Α	W	A	R	Ε		A	V	Е	N	U	E														
City	7																			S	tate		Ziţ)								
D	E	L	Μ	Α	R																N	2	1	2	0	5	4	_				
eMa	ail		•																													
Þ	Ρ	E	N	М	A	N	9	Т	0	W	N	0	F	В	Е	Т	Н	L	Е	Н	Е	М	•	0	R	G						
Pho	ne																	Coi	inty	r								-			-	
(5	1	8)	4	3	9	-	4	9	5	5						A	L	В	A	N	Y									
]	MC	C	Pag	ge 2														



1 6 SPDES ID

YR

2 0 A 2 0 8

Ν

MCC form for period ending March 9, 2 0 1

Name of MS4 TOWN OF BETHLEHEM

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.

For each contact, select all that apply:

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

○ Report Preparer

Firs	t Na	ime														MI	La	st N	ame										
М	0	N	Ι	к	A	-										Α	K	I	Ν	G									
Titl	е			_																									
ន	Ε	N	Ι	0	R		Ε	Ν	G	Ι	N	Ε	E	R															
Add	lres	S		.	,																								
4	4	5		D	E	L	Α	W	A	R	E		A	v	Е	N	UΕ												
City	,																		St	ate		Zip	`						
																				au		~	/						
D	Е	L	М	A	R															1	ŗ	1	2	0	5	4	-	-	
	Е	Ŀ	М	A	R															1	ŗ			0	5	4	-		
D	Е	L	M	A G	R @	T	0	W	N	0	F	В	E	T	H	, L	E H	E		1	r 0	-		0	5	4] -		
D eMa	E iil K			I I		T	0	W	N	0	F	В	E	T	Η	, L		E	л М	1 1 7		1	2	0	5	4	_		

1 6 SPDES ID

NYR

2

0 A

2 0 8

MCC form for period ending March 9, 2 0 1

Name of MS4 TOWN OF BETHLEHEM

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

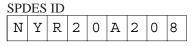
For each contact, select all that apply:

- 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											
ĸ	E	I	т	н												J]	М	Е	N	I	A									
Titl	e																														
G	ľ	S		С	0	0	R	D	Ι	Ν	A	т	0	R																	
Add	ires	s																												1	
4	4	5		D	Ε	L	À	W	A	R	Е		А	v	Ε	N	U	Е													
City	y																			S	tate		Zir)							,
D	Ε	L	М	A	R																	Y	1	2	0	5	4] -			
	E	L	Μ	A	R																	1		1	0	5	4] -			
D	E	L E	M N	A	R A	@	T	0	W	N	0	F	В	Е	Т	H	L	E	H			1		1	0 G	5	4] -			
D	E ail M			I	I	@	T	0	W	N	0	F	В	E	Т	Н		E] E	1	Y	1	2	}	5	4] -		,	

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Bethlehem



Section 3 - Partner Information

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

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.

Par	tner	Coa	aliti	onN	Jam	e																						,				
S	t	0	r	m	W	а	t	е	r		С	0	a	1	i	t	li	0	n		0	f										
Par	tner	/Co	aliti	on l	Nam	ne (c	on't	.)															_	SPI	DES	S Pa	rtne	r ID	- If	app	olica	ble
A	1	b	a	n	У		С	0	u	n	t	У												Ν	Y	R	2	0				
Ado	dress	5																			1											
1	7	5		G	r	е	е	n		S	t	r	е	е	t	-	C	0	u	n	t	У	Η	е	а	1	t	h	В	1	d	g
Cit	у																			S	tate		Zip					_				
A	1	b	a	n	У															1	Y V		1	2	2	0	2	-				
eM	ail																					_										
Ν	a	n	С	У	•	Η	е	i	n	z	е	n	@	a	1	b	a	n	У	С	0	u	n	t	У	n	У		g	0	v	
Pho (one 5	1	8)	4	4	7	-	5	6	4	5]							-	y B 3P-0		-	-					dan Ye		0	No
W	hat	tasl	ks/1	resp	on	sibi	iliti	es a	are	sha	arec	ł w	ith	this	s pa	artn	er	(e.g	g. N	IM	1 S	cho	ol	Pro	gra	ams	or	Μι	ıltij	ple	Tas	sks)?
• 1	MM	1	Ρ	u	b	1	i	С	a	t	i	0	n	s	-	Ρ	r	0	g	r	a	m	s	-	W	е	b	s	i	t	е	
• 1	MМ	2	S	W	М	Ρ	D	0	С	u	m	е	n	t	-	W	A	V	Е	-	Ρ	u	b	1	i	С	I	n	р	u	t	
• 1	MM	3	Α	Ι	М	S	Ι	Ι	-	0	R	Ι	K	i	t		G	r	a	n	t	:	S	t	0	r	m	М	a	р	1	g
• 1	ΜМ	4	С	0	n	ន	t	r	u	С	t	i	0	n	0	v	r	s	i	g	h	t	-	М	S	4	F	0	r	m	S	
	MM	5	S	W	Ρ	S		G	r	a	n	t	:	М	a	р	-	I	n	s	р	е	С	t	i	0	n	F	0	r	m	s
• 1	MМ	6	Т	r	a	i	n	g	:	S	t	a	f	f	-	0	f	f	i	С	i	a	1	s		М	S	4	S	v	С	S
	1 1		1.	1	,			•1 •1	• . •																							

Additional tasks/responsibilities

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

MCC form for period ending March 9, 2 0 1 6

				SPE	DES	ID						
Name of MS4	TOWN OF BETHLEHEM			Ń	Y	R	2	0	A	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 J O H N	MI	Last Nam C L A	1	SC	N	and the second data is a second data in the second data is a second data in the second data is a second data in						
Title(Clearly print title of individual signing report)TOWNSUPERVISOR												
Signature				Date	5 /	2	6	1	2	0	1	6

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, 2 0 1 6

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

Name of MS4/Coalition TOWN OF BETHLEHEM

SPI	1		-	_	_	-	-	-
N	Y	R	2	0	Α	2	0	8

• No

Water Quality Trends

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

On behalf of an individual MS4

On behalf of a coalition

How many MS4s are contributed to this report? 0 1 2

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

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.

URL			
	and the second		
URL			
URL			
URL			

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition TOWN OF BETHLEHEM

SPDES ID N Y R 2 0 A 2 0 8

Minimum Control Measure 1. Public Education and Outreach

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

On behalf of an individual MS4

 \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

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		• Pesticide and Fertilizer Application
General Stormwater Man	agement Information	Pet Waste Management
• Household Hazardous Wa	aste Disposal	○ Recycling
O Illicit Discharge Detection	n and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenand	ce	○ Trash Management
O Smart Growth		• Vehicle Washing
○ Storm Drain Marking		O Water Conservation
• Green Infrastructure/Bett	er Site Design/Low Impact Development	○ Wetland Protection
 Public Employees Residential Businesses G 	argeted during this reporting period: Contractors Developers General Public	○ None
○ Other: ○ A	gricultural	
Other		

MCM 1 Page 1 of 4

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition	TOWN OF	BETHLEHEM
I tunic of itio i countrol		

 SPDES ID

 N
 Y
 R
 2
 0
 A
 2
 0
 8

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

 Construction Site Operators Trained 	# Trained		5
O Direct Mailings	# Mailings		
 Kiosks or Other Displays 	# Locations	1	0
○ List-Serves	# In List		
O Mailing List	# In List		
○ Newspaper Ads or Articles	# Days Run		
O Public Events/Presentations	# Attendees		
○ School Program	# Attendees		
○ TV Spot/Program	# Days Run		
Printed Materials: Logations (a.g. libraries town offices kinsks)	Total # Distributed	7	5

В	u	i	1	d	i	n	g		D	е	р	t					
E	n	g	i	n	e	е	r	i	n	g		D	e	р	t		
	1		-														T
Other:	-	_	-	-		-		-			-		-	-	-	_	_

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

h t	-	t	р	:	1	1	W	W	W		t	0	W	n	0	f	b	е	t	h	1	е	h	е	m	•	0	r	g	/
1 7	7	2	1	S	t	0	r	m	w	a	t	e	r	-	М	a	n	a	g	e	m	е	n	t						

		-
	-	

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

ne of MS4/Coalitio	n TOWN C	OF BETHL	EHEM	1									N	Y	R	2	0	A	2	0 8
Web Page con'	t.: Pr	ovide s	speci	ific w	eb a	addr	esse	s - n	ot ł	nome	e pag	ge.								
URL				-				1	-	1	-	-		-	-	-	-	-	-	-
							_													
				-		-	-	-		-	-	-		-	-				-	
JRL						-	-	1	-		-	-		-	-	_	-		-	-
					-	-		-		_	-	-	+	-		-		-	-	-
															-					
JRL								-	_			-		_	_	_	- 1	_		
								1												
				-	-	_	-	-			-	-		-	-	-				
URL																				
	-			-	1							-	Ħ					-		
				_			_	-		-	-	-						_		
URL																				
			++	_	-			-		-	-	1	+	-	-	-		-	-	
		_						-		_	_			_		_		_		
URL		TT						T				1								
					-		-	-	-		-	-	-	-	-	-		-	-	
														_						
			-		-		_	-	-		-		-						-	
URL			11		T		1	T				1	1.1	-	1	Г				
					-			-			-	-		_		-	-	_	-	
			-	-	1			-	1			1	1			1	1			

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

2

0 A

208

Name of MS4/Coalition TOWN OF BETHLEHEM

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.

Develop a public presentation program with the Coalition, by the end of the 2015 reporting period.

Utilize Town GIS program to generate public informational mapping for use on the Town website by the the end of the 2015 reporting period.

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

Town completed analysis of Target Area Maps, identifying areas/types of concern. Maps have not been finalized for public consumption yet, but analysis results served to guide additional SWMP plan efforts.

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 O No

Yes

O No

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

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

(1-1)Finalize Target Audience Maps for posting;(1-3)Review and reposition stormwater program web content; (1-9)Promote publications in email and hard copy formats; (1-11)Ensure new SMP have required signage. (1-16)Post WQ message on website; (1-17) Update Town Hall brochures; (1-18) Advance stormdrain markers; handouts etc.(1-20)Respond and track HOA/private owner education of permanent practices O&M.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition TOWN OF BETHLEHEM

 SPDES ID

 N
 Y
 R
 2
 0
 A
 2
 0
 8

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

• Cleanup Events							# E	ven	ts					3
O Comments on SWMP Receive	d					# C	om	nen	ts					
• Community Hotlines		Phone #	(5	1	8)	4	3	9	-[4	9	5	5
Phone # ()	-	Phone #	()				-				
Phone # ()	-	Phone #	()				-				
Phone # ()	-	Phone #	()				-				
Phone # ()	-	Phone #	()				-				
Phone # ()	-	Phone #	()				-				
O Community Meetings						# 1	Atte	nde	es					
• Plantings							S	Sq. F	řt.			1	3	0
O Storm Drain Markings							# E	Drain	ıs					
O Stakeholder Meetings						# .	Atte	nde	es					
○ Volunteer Monitoring							# E	Even	ts					
O Other:														

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

riogram (Swim) rian provided.	
List-Serve # In List	
O Newspaper Advertising # Days Run	
O TV/Radio Notices # Days Run	
• Other: P o s t e d i n T o w n H a 1 1	

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

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition TOWN OF BETHLEHEM

 SPDES ID

 N
 Y
 R
 2
 0
 A
 2
 0
 8

2. URL(s) con't.:

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

W	w	w		s	t	0	r	m	W	a	t	е	r	a	1	b	a	n	У	C	0	u	n	t	У		0	r	g	
			-																											
_	_		_		-	_	_		-				-			_		_			-	-	-		-	_		-		-
RL																_			_	_	_			_	-					-
-	1	1						1	-																					
_	-	-				-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				-	-	-
JRI													_		_									_		_	_	_		
		1																												
-	1	1						1		T		-																		
_	-	-		-		-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-					
JRI	L								-07-	_	_	_		_		_					-	_	_	-	_	-	_	-	-	-
									1																					
	1	1		-		1				1		1									1			1						
-	-	-	-	-		-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	1	-	-		1	-	1		
_				_											-	-						-	_			-			-	
URI	L				_			-	_	-	-	-	-	_	_	-	_	-	-	1	1	-	-	-	-	-	-	-	1	
	T																													
-	+	-	-	+	-	+	-	+	-	-	+	-	-	-	-	-	-	-	1	1	1	-	-	T	-	1		1	-	
									-		_	-					-		-		-	-	-	-		-	-	-	-	
UR	L	-	_	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	-	-	-	1	-	1	1	-	1	-	
			1																											
-	-	-	-	1	-	-	-	-	-	1	-	-	T	1	1	1	1		1	T							T	1		
							-		_							-		-	-		-	-	-	_	+	-	-	-	-	
UR	L	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1	1	1	1	1	T	T	1	1	1	T	1	T	
																				-						-	-	-		
-	-	-	-	-	1	-	-	-	-	1	-	1	-	T			-	T	T	T	T	T	T	1						

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

WN OF BETHLEHEM

SPI	DES	ID	-			-	_	_	
N	Y	R	2	0	Α	2	0	8	

2. URL(s) con't.:

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

JRL		1	-	-	-	-		-1	_	-	1	-	-	-	-	1	1	-	T		T		1		T	T	-
																		_								_	_
	_			-	_	-		_	_	-	-	-	-	-	_	-	-	-	-	-	-	-		-	-	-	-
																						_					_
JRL		1		-	1	T																					
						-						_				_	_	-	-	-	-	_	-	-	-	-	-
																								_			
		-			-	1																					
													-		-	4	-	_	-	_	-	_	-		_	_	-
JRL															_					_		_					
				-	-	-	-	-	-	-		-	-									-					Ē
																					_					_	_
		_		-	-	-	-	-	-		-	-	-	-		-		-		-	-						
URL							-			-	-	-		-	-	-	-	-	_	-	-	-	-	-		-	_
					1	T	1						-														
		_	-			_	-	-	-	-	_		-	-	-	-	-	_	-	_	-					-	F
								-																			
URL		-	1		-	1	1	1	1	1			1	1		T											
						_	-	_		-			-	-	-	-	-		_	_	-	-	-	-	-		F
			-		-	-	1	1	T					1													
					_								_	-	-	1			-		-	-	-	-	-		1
URL																-			-		-	-	-	-	-	-	T
		-	+			-	-	1	-	1	-	1	-	1	1	1	1	1	1				1		1		Ť
													_			-					-	-	-	-	-	-	H
		-	-	-		_	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-		-
URL		-	-	-	1	-	-	1	-	1	-	-	1	1	1	1	T	1		-	1	1	1	1	1	-	T
																											1
				1					1		1																
				1		_	-	-	-	-	-	-	-	-	-	-	-	+	-	-	-	-	-	1		-	+

Th								M	S4	A	nn	ua	IF	lep	or	tŀ	or	m						-			_		
	is re	por	t is	bei	ing	sul	omi	tte	d f	or	the	re	por	tin	g p	eri	od	end	lin	g N	Iar	ch	9,	2	0	1	6		
	If sul	omit	ting	this	s fo	rm a	as p	art	ofa	ajoi	int	rep	ort	on b	eha	alf	ofa	coa	aliti	on	leav	ve S	PD	DES	ID	bla	nk.		
ame of MS	NCo	litio	тс	WN	OF	BETI	HLEF	IEM	5	-	-	-	_			-				E	PDI N			2	0	A	2	0	8
										of	thi		nni	lei	ror	or	+ 5	tor	mv	vat	er]	Ma	nas	gen	nen	it			
5. Where Progr	e car	SWM	e pu MP)	Pl	c a	and	l su	bn	nit	cor	nm	en	ts o	n t	hos	se d	loci	um	ent	ts?									
Enter																					um	ent	is a	ava	ilal	ble	and		
wheth	er cc	mm	ents	s m	ay l	be s	subr	nitt	ted	at	that	t lo	cati	ion.	S	ubi	nit	add	liti	ona	l pa	age	s as	s ne	eed	ed.			
MS4/Co																	I R			•	SV	VM	P P	lan	(00	Com	mer	nts
	irtmei	nt		1			~	ilı				r	i	n	g		D	i	v	i	s	i	0	n		T		T	
D Addı	PW		-		E	n	g		n	e	e	r	1		9	_		-	•	-		-	-		-	-	-	+	
L L	4 5		D	e	1	a	w	a	r	e		A	v	e	n	u	e												
City		-					-		-+		-	_		-	-	-	-	1	7	Zip			-		T	-	-	-	_
D	e 1	m	a	r												N	IY			1	2	0	5	4	-				-
Phor		1.0		-		1	Г		1		-																		
(5 1	8		4	3	9	-	4	9	5	5																		
) Library														0	Ar	nnua	al R	epo	ort	Ç	S1	NM	IP F	Plan	1	00	Com	mei	nts
Aďd	ress	T					1	1							1														
City	-	-		-	-		-	-	-			-	- 1	-	-	-	-	-	-	Zip	-	-	-	-		_	-	-	
										100		_	-			-		-	1	cip		-		-	1	-	-	- 1	-
																									-				
Pho	ne	-																							-				
Pho (ne])				-[T								-				
([ne)				-								A	[nnu	al R	Rep	[S	WN	IP I	Plan	-	• (Com	me	ents
([• Other	ne])				-[A	nnu	al F	Repo	[s	_	-		- 1	• (Com	ime	nt
([• Other		2)) S	t	a	t	-		S	t	r	e	e	t	A	R	al F	-	ort		s	WN 7	1P I 2	Plan 0	- 1	• (Com	ime	ents
• Other Add 1 City	Iress	-	1	-	a	t	- [S	t	r	e	e		Aı	R	0	0	ort	Zip		7	2	0	- 1	• (Com	ime	ents
• Other Add 1 City A	Iress 1 2 / 1 k	-)) S n	-	a	t	- [S	t	r	e	e		Aı	R	-	0	ort		2	_			- 1 -	• (Com	ame	ents
• Other Add 1 City	lress 1 2 / 1 k ne	a	n	У			- [5				e	e		A	R	0	0	ort	Zip		7	2	0	- n -	• (Com	ame	ents
• Other Add 1 City A	lress 1 2 / 1 k ne	-	n	-	a 4	t 7	- [- [5	S 6	t 4	r 5	e	e		Aı	R	0	0	ort	Zip 1	2	7	2	0	-	• (Com	ame	ents
• Other Add 1 City A Pho (lress 1 2 / 1 k ne 5 :	a L 8	n])	У			- [5				e	e	t		R	0	0	ort m	Zip		7	2	0	-		Com		
• Other Add 1 City A Pho (lress 1 2 1 k ne 5 1 age U	a a l 8	n])	У 4			-[5				e	e	t		R	0	0	ort m	Zip	2	7	2 0 4P	0	-				
• Other Add 1 City A Pho () • Web Pa	Iress 1 2 1 k ne 5 2 t 1	a l 8 JRL: t p	n)	y 4	4	7 W	- [w	6	4 t	5	W	n	t	A f	R]] nnu b	o N 3 al I	o Y t	ort m ort	Zip 1	2 S e	7 2 WM	2 0 4P	0 7 Plan m	- n	01	Con	nme	
• Other Add 1 City A Pho (Iress 1 2 1 k ne 5 2 t 1	a a l 8	n])	У 4	4	7	-[4	5	W	n	t	A	R]] nnu b	o N 1 al I e	o Y t	ort m ort	Zip 1	2 S e	7 2 WN	2 0 4P e	0 7 Plan m	- n	01	Con	nme	
• Other Add 1 City A Pho () • Web Pa h 1	Iress 1 2 1 k ne 5 : 1 k ne 7 k r (1)) a L 8 JRL: t P 5 /	n) : 0	У 4 / и а	4 / r m	7 W	- [w	w t	6	4 t r	5 0 m	w	na	t o t	A f e	R] nnu b r	o N 1 al I e -	o Y t m	ort m ort h a	Zip 1	2 S e a	7 2 WM h g	2 0 4P e e	0 7 Plan m m	- n	0 0 0 n	Con	nme	
• Other Add 1 City A Pho () • Web Pa h 1 p Plo	lress 1 2 1 k ne 5 2 t 1 7 2) a L 8 JRL: t P 5 /	n) : 0	У 4 / и а	4 / r m	7 W	- [w	w t	6	4 t r	5 0 m	w	na	t o t	A f e	R] nnu b r	o N 1 al I e -	o Y t m	ort m ort h a	Zip 1	2 S e a	7 2 WM h g	2 0 4P e e	0 7 Plan m m	- n	o o n ge.	Com r t	nme g	ent
• Other Add 1 City A Pho () • Web Pa h 1	Iress 1 2 1 k ne 5 : 1 k ne 7 k r (1)) a L 8 JRL: t P 5 /	n) : 0	y 4 / u a spo	4 / r m ecif	7 w -	- [w s	w t	6 of	4 t r	5 0 m	w w	n a ere	t o t rep	e ort	R II b r car	o N 1 al I e -	o Y t m e ac	ort m ort h a	Zip 1	2 S e a	7 2 WM h g	2 0 4P e e	0 7 Plan m m	- n	o o n ge.	Con	nme g	ent
• Other Add 1 City A Pho () • Web Pa h 1 p Plo	$\frac{1}{2}$ $\frac{1}$) a L 8 JRL: t P 5 /	n) : O r vide	y 4 / u a spo	4 / r m ecif	7 w -	- [w	w t	6	4 t r	5 0 m	w	n a ere	t o t rep	A f e	R II b r can	o N 1 al I e -	o Y t m	ort m ort h a	Zip 1	2 S e a	7 2 WM h g	2 0 4P e e	0 7 Plan m m	- n	o o n ge.	Com r t	nme g	ent

This report is being submitted for the reporting period ending March 9,	2 0 1 6	
If submitting this form as part of a joint report on behalf of a coalition leave SPDI	ES ID blank	•
Name of MS4/Coalition Town of Bethlehem N Y R	2 0 A 2	0 8
4.a. If this report was made available on the internet, what date was it posted?		
Leave blank if this report was not posted on the internet. $05 / 06$	/ 2 0	1 6
4.b. For how many days was/will this report be posted?		1 4
If submitting a report for single MS4, answer 5.a If submitting a joint report, an	swer 5.b	
5.a. Was an Annual Report public meeting held in this reporting period? If Yes, what was the date of the meeting?	• Yes	○ No
If No, is one planned?	\bigcirc Yes	○ No
5.b. Was an Annual Report public meeting held for all MS4s contributing to this this reporting period?	s report du O Yes	ring ● No
If No, is one planned for each?	○ Yes	• No
6. Were comments received during this reporting period?	○ Yes	• No

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

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition	TOWN OF BETHLEHEM
-----------------------	-------------------

N	Y	R	2	0
 -		-	-	

SPDES ID

A 2 0 8

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.

By the end of the 2015 reporting period, the Town will place twenty (20) storm drain markers in areas of concern.

The Town will conduct three (3) community clean up events by the end of the 2015 reporting period.

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

The Town successfully continued the community clean up events (3); 4/18, 5/16, 9/19

The Town installed approximately 12 storm drain markers during this reporting period.

The Town installed 13 street trees to improve water quality during this reporting period.

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



(ex.: samples/participants/events)

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

Yes ONo

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).

(2-1)Update stormwater contact information and post Joint Annual Report to Town's website; (2-5) Continue and enhance "Track a Concern" tracking system for stormwater issues, complaints and mitigation approaches; (2-6) Conduct at least 3 community cleanup days. (2-n) Install 5-10 street trees with stormwater educational awareness FAQ sheet for owners.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID NYR

> 7 0

2

0 #

0 A

2 0

8

0 0 %

e

1

1

Name of MS4/Coalition	TOWN OF BETHLEHEM	ł
-----------------------	-------------------	---

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

- On behalf of an individual MS4
- On behalf of a coalition
 - How many MS4s contributed to this report?
- 1. Enter the number and approx. percent of outfalls mapped:
- 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?
- 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

C	Aut	o R	ecy	cler	s									0	Lar	nds	scap	ing	(Irr	igat	tion)							
С	Bui	Building Maintenance Churches Commercial Carwashes Commercial Laundry/Dry Cleaners Construction Vehicle Washouts														rir	nas												
C	Ch	ırch	es											0	Me	tal	l Pla	teir	ig C	per	atio	ons							
C	Co	nme	ercia	l C	arv	vas	hes							0	Ou	tde	oor	Flui	d S	ora	ge								
0	Co	nme	ercia	l L	aur	ndry	/D	ry (Clea	iner	s			0	Par	ki	ng l	lot	Mai	nter	nan	ce							
0	Co	nstri	ictio	on \	/eh	nicle	• W	ash	nout	ts				0	Pri	nti	ing												
0	Cro	oss-	Con	nect	io	ıs								0	Res	sid	lenti	al (Carv	vasl	hing	3							
0	Distribution Centers													0	Res	sta	aura	nts											
0	Food Processing Facilities													0	Scł	100	ols	and	Uni	ver	sitie	es							
0	Ga	rbag	ge T	rucl	cV	Vasl	hou	ts						0	Sep	oti	c N	ain	ena	nce									
0	Но	spit	als											0	Sw	im	nmir	ng F	ool	5									
0	Im	prop	er l	v	Wa	iste	Di	spo	sal					0	Ve	hic	cle	Fue	ing										
0	Inc	lusti	ial	Proc	ces	s W	ate	r						0	Ve	hie	cle 1	Mai	nt./I	Rep	air	Sho	ops						
	Ot	ner:												0	No	ne	e	-	_		_		_			_		_	_
	0	R	I		b	a	s	е	d	-	0	r	ı	r	0	t	z a	t	i	n	g		S	C	h	е	d	u	1
0	Se	wer	shee	ls:											_			-		-		_	_	-	_	-		_	-

This report is being submitted for the reporting period ending March),	2	0	1	6	
--	----	---	---	---	---	--

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

Name of MS4/Coalition TOWN OF BETHLEHEM	SPDES ID N Y R 2 0 A 2 0 8
	1 C 1 L in this reporting pariod?
3.b. What types of illicit discharges have	e been found during this reporting period?
O Broken Lines From Sanitary Sewer	○ Industrial Connections
O Cross Connections	○ Inflow/Infiltration
○ Failing Septic Systems	Pump Station Failure
O Floor Drains Connected To Storm Sewers	Sanitary Sewer Overflows
• Illegal Dumping	○ Straight Pipe Sewer Discharges
• Other: C o n s t r u c t i o n	O None s i t e d i s c h a r g e
4. How many illicit discharges/potentia reporting period?	al illegal connections have been detected during this
	een confirmed during this reporting period?
period?	connections have been eliminated during this reporting
7. Has the storm sewershed mapping l If No, approximately what percent wa	been completed in this reporting period?O YesNoas completed in this reporting period?7 5 %
8. Is the above information available i Is this information available on the If Yes, provide URL(s):	e web? O Yes • No
	e where map(s) can be accessed - not home page.
URL	
URL	

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

S ID	b				-	
R	2	0	A	2	0	8
		State and the state of the	The set of the set of	State and the state of the stat		R 2 0 A 2 0

8. URL(s) con't.:

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

URL				1			-		-	-	-	-	-	-	1		-	-		-	T	11
										_												
												_		-	_		_	-	-	+	-	-
					-			_				-	-	-	-		-	-	-	-	-	
URL										_		-	_		_	-	-		_		-	1 1
					-		-	-	-		-	-	-	+					-	-	-	
			1		-			1	1			1		1		1						
																			_			
URL	TT	11	11	TT		11	T	T	1			T				T						
															_	_	-		_	_	_	_
					-		-	_	-	-		-	-	-	-	-			+	-	+	
			-	-		1 1	-	_	-	-		-			-							
URL		1	1 1		1	1	-	_	-	1		-	-	1	-	1	-		T	-		
						1										1						
								_												_	-	_
					_	-		-	-	-		_1	-	-	-	-	1	1	-	-	-	
URL					_	-		-		-	-		- 1		_	-	1	1 1	-	-	-1-	-
-					-	-		-	-	1		-		-		1	-					
														_		-						
		1			-	1			1			1										

- 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? Yes O No
- 10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? • Yes O No O NT

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

8

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

NYR

0 A

2

2 0 8

Name of MS4/Coalition TOWN OF BETHLEHEM

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

The Town will attempt to inspect 20% (150 outfalls) of known outfalls during the upcoming reporting period.

Town will attempt to map an additional 20% of the known collection system during the upcoming reporting period.

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

The Town was able to only inspect 1 of the known outfall last year. Ongoing effort was made to identify and locate stormwater collection systems and outfall locations. These outfalls will be put into the upcoming inspection cycle.

The Town was able to map an additional 10% (approximate) of it's known collection system.

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 O No

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).

(3-1) Utilize Target Area Maps to prioritize mapping additional outfalls and attempt 15% additional collection areas; (3-5) Attempt to screen all newly identified outfalls and 20% of previously identified; (3-8)Review and update IDDE procedures; (3-8) Use GIS to locate and track all approved SWPPPs; (3-9) Develop GIS/Sharepoint system for tracking IDDE issues and status.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition TOWN OF BETHLEHEM

Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

SPDES ID

R 2

NY

2

0 8

0

0 A

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

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

How many MS4s contributed to this report?

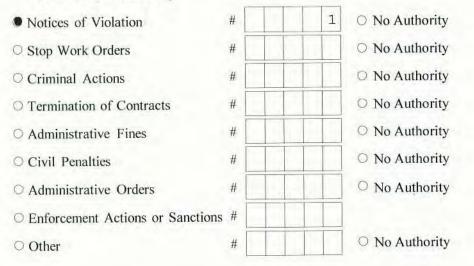
- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. 09/2004 03/2006 ONT

2.	Does your MS4/Coalition have a SWPPP review procedure in place	?	• Yes	0	No
3.	How many Construction Stormwater Pollution Prevention Plans (SV	VPPPs) ha	ve been		_
	reviewed in this reporting period?			1	4
4.	Does your MS4/Coalition have a mechanism for receipt and consider	ration of p	ublic		
	comments related to construction SWPPPs?			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 the local SWPPP process? • Ves • 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:



This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition	TOWN OF BETHLEHEM
-----------------------	-------------------

SPL	DES	ID	-			_	_	_
N	Y	R	2	0	A	2	0	8

0

0

1

1

0 %

0 %

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

- 1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?
- 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
- 3. What percent of active construction sites were inspected during this reporting period? ONT

		201 A. (B.)
4.	What percent of active construction sites were inspected more than once?	O NT

- 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 SWPPPs 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.

	bmitti	-					_				-							-	1	ID	-	-	_		-	
lame of MS4/Co	calition	TOW	WN OI	F BE	THLE	HEM	1											N	Y	R	2	0	A	2	0	8
6. con't.:																										
Submit ad	ditio	nal p	bages	s as	nee	dec	I.																			
MS4/Coaliti	on Of	fice																								
Departme	ent	_	1			-	-	-	-	1	-	-	-	1	-	1	1	-	1	-	1	-	1	-	-	T
																	-									1
Address	11	-	-		- 1	-	-	1	T	T	-	-	-	1	1	T	1	1	T	T		T	1	-	-	T
												-			_		7:		-	-				_	1	-
City	TT		1		T	1	-	T	-	T	T	7	Γ	1	1		Zip	,	T	1	1	1_	-	T	T	T
						_	-		_		-		L	_	_		-	-		-		1	_		-	+
Phone					Г		1	-																		
()			- [
D Library																										
Address		1	1	-	-	1		-	-	T	T		1	1	1	1	1	T	T	T	T	1	1	-	T	T
		_					_			-		_	+	-			75				-	1	-	-	-	-
City			1		1	1	-	-		1	-		T	1			Zip)	1	T		1_	-	1	T	Т
						_		-	-	1			1	-	_			-	-	-	-	1-	L	-	1	+
Phone	11	1	-		Ē	-																				
)	_		-				_																	
O Other																										
Address	- í - 1			-		_	_	-		-	-		-	-	-	-	1	1	-	-	1	-	-	-	-	-
City				_		-	-	-	-	-	-	-	F	-	-		Zij	0	-	1	-	1	-	-	-	T
						-																-				
Phone		-	-	-	r r	_	_	-	_																	
()			-																					
O Web Page	IRI (c		Plea	se r	rovi	ide	snee	cifi	c ad	dre	ss v	vher	eS	WP	PPs	car	ı be	aco	cess	ed -	- no	t ho	ome	pa	ge.	
URL	UNLIS	9.	1 ica	be h	101	au	Per	- III	e uu						~ ~ ~			CON CONT	- 104 30 10	and in		eren eren eren eren eren eren eren eren				
				1																						
	-		-	-		-	1			-	1	-	-	+	+	1	1	1		T	1	T	-	T	T	T
						_						-	-	-	-	-	-	-	-	-	-	+	-	-	+	+
URL	1																								-	
	-		-	-			-	-	-	-	+	-		1		-		T		T					T	Ť
																		1								

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

NYR

0 A

2

2 0 8

Name of MS4/Coalition TOWN OF BETHLEHEM

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

The Town will utilize the most current electronic solution to inspect 100% of the active construction sites a minimum of once (1) per month during the upcoming reporting period.

The Town will create a layer within the GIS program to inventory and track all approved SWPPP's within the Town.

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

The Town conducted formal inspections of each active construction site on a biweekly basis through the summer months and continued inspections throughout the remainder of the reporting period on an 'as-needed' basis to monitor site conditions.

All SWPPPs, active and completed, are mapped within the Town's Sharepoint site.

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 ONo

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).

(4-2)Review and update SWPPP review written procedures; (4-4)Review and update written complaint procedures;(4-5)Review and update construction inspection and enforcement procedures; (4-7)Review and update Pre-Construction written procedures; (4-8)Utilize GIS/Sharepoint systems to track newly approved SWPPP's, back-load old SWPPPs as time permits.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition TOWN OF BETHLEHEM

	1	1	-		1			
M	Y	R	2	0	A	2	0	8

Minimum Control Measure 5. Post-Construction Stormwater Management

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

• On behalf of an individual MS4

○ On behalf of a coalition

How many MS4s contributed to this report?

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

	# Inventoried	# Inspections	# Times Maintained
Alternative Practices	1 2	1	1
• Filter Systems	1	1	
O Infiltration Basins			
• Open Channels	2	1	1
• Ponds	6	1	1
○ Wetlands			
○ Other			

- Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction
 BMPs, inspections and maintanance?
 Yes
- 3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?
- O Building Codes Municipal Comprehensive Plans

O Overlay Districts O Open Space Preservation Program

- Zoning
 O Local Law or Ordinance
- None Land Use Regulation/Zoning
- O Watershed Plans O Other Comprehensive Plan
- O Other:

MCM 5 Page 1 of 3

MS4 Annual Re	port Form			_		
This report is being submitted for the reporti	ng period ending Ma	arch 9	, 2 0) 1	6	
If submitting this form as part of a joint report on b	ehalf of a coalition lear	ve SPD	ES ID	bla	nk.	
	SPI	DES ID	<u>.</u>			-
Name of MS4/Coalition TOWN OF BETHLEHEM	N	Y R	2 0	A	2	8 0
		uido pl	onnin	a of	fort?	
4a. Are the MS4s contributing to this report involved in a	i regional/watersneu v	vide pi		9 en 9 Ye		O No
4b. Does the MS4 have a banking and credit system for s	ormwater manageme	nt prac	ctices	?		
) Ye	es	• No
4c. Do the SWMP Plans for each MS4 contributing to th	is report include a pro	tocol f	or eva	luat	tion	
and approval of banking and credit of alternative siti	ng of a stormwater ma	anagen	nent p	O Ye	tice?	• No
4d. How many stormwater management practices have b	een implemented as p	art of t	this sy	sten	n in t	his
reporting period?					1 :	2
				-		

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

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

N Y R

0 A

2

2

0 8

Name of MS4/Coalition TOWN OF BETHLEHEM

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.

Town will coordinate with GIS staff to develop a layer with the Town's GIS program to show the location of all post-construction practices, as well as current status of maintenance records. If a more aggressive solution to ensuring maintenance of private post construction practices cannot be developed, the Town will mail out letters to all owners by the end of the upcoming reporting period.

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

Due to time constraints, the Town was not able to develop a layer with the Town's GIS program to show the location of post-construction practices, however, a list of practices was prepared.

The Town did not conduct inspection of private post-construction practices. The Town did not mail out letters to all owners within this reporting period.

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

0

(ex.: samples/participants/events)

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

○ Yes ● No

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

O 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).

(5-5)Review and update SWPPP review written procedures; (5-12)Utilize Town GIS/Sharepoint to track and inventory all post-construction practices within MS4; (5-12)Utilize Town GIS/Sharepoint to track all inspections/maintenance for Town owned stormwater practices.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition TOWN OF BETHLEHEM

SPL	DES	ID	_	-				_
Ν	Y	R	2	0	A	2	0	8

Calf Accomment

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			
Operation/Activity/Facility	Addressed in SWMP?		The second second second second second second second second second second second second second second second se			
Street Maintenance	• Yes	O No	• Yes	O No		
Bridge Maintenance		• No	····· O Yes	• No		
Winter Road Maintenance		○ No	• Yes	\odot No		
Salt Storage		○ No	• Yes	O No		
Solid Waste Management	• Yes	O No	• Yes	O No		
New Municipal Construction and Land Disturbar	nce • Yes	○ No	• Yes	○ No		
Right of Way Maintenance		O No	• Yes	O No		
Marine Operations		• No	····· O Yes	• No		
		• No	····· O Yes	No		
Hydrologic Habitat Modification			• Yes	O No		
Parks and Open Space	• Yes		• Yes	O No		
Municipal Building			• Yes	O No		
Stormwater System Maintenance			• Yes	O No		
Vehicle and Fleet Maintenance Other	O Var		○ Yes	• No		

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition TOWN OF BETHLEHEM

SPL	DES	ID	-	_		_		_
N	Y	R	2	0	Α	2	0	8

201

6

8

1

3

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

Parking Lots Swept (Number of acres X Number of times swept)	# Acres				7
• Streets Swept (Number of miles X Number of times swept)	# Miles		3	5	0
O Catch Basins Inspected and Cleaned Where Necessary	#				
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	# [T			
O Phosphorus Applied In Chemical Fertilizer	# Lbs.	1			
Nitrogen Applied In Chemical Fertilizer	# Lbs.	1	6	0	0
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 	# Acres		3	6.	5

- 3. How many stormwater management trainings have been provided to municipal employees during this reporting period?
- 4. What was the date of the last training?
- 5. How many municipal employees have been trained in this reporting period?
- 6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition TOWN OF BETHLEHEM

SPDES ID N Y R 2 0 A 2 0 8

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.

Town will develop, by the end of upcoming reporting period, a database showing all conveyance system upgrade projects and the approach taken towards the incorporation of GI practices.

By the end of the reporting period, the Town will develop a layer within the GIS program to show all municipal facility locations and the status of the most recent facility audit.

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

The Town did not develop a database showing conveyance system upgrade projects and approach taken towards the incorporation of GI practices.

The Town has developed a GIS layer showing the location of all municipal facility locations. Since no facility audits were conducted, no information was added to the GIS layer.

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 ONo

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).

(6-1)Review and update current list of Town owned facilities; (6-2)Establish dates of past facility audits and schedule to reinspect; (6-3,4)Coordinate with Highway Dept. regarding catchbasin and street cleaning operations (6-8)Coordinate with Highway Dept regarding Hazardous Waste Day. (6-25)Establish and oversee Third-Party Contracted Entity Certification Statements.

MCM 6 Page 3 of 3

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

R 2 0

NY

1 2

Name of MS4/Coalition

Stormwater Coalition of Albany County

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?

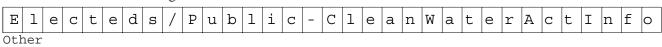
1.	Targeted F	Public Educat	ion and Outre	each Best Mai	nagement Practices

Check all topics that were included in Education and Outreach during this reporting period:

• Construction Sites			• Pesticide and Fertilizer Application
• General Stormwater	Management Information		Pet Waste Management
○ Household Hazardou	us Waste Disposal		○ Recycling
○ Illicit Discharge Det	tection and Elimination		Riparian Corridor Protection/Restoration
• Infrastructure Maint	tenance		○ Trash Management
• Smart Growth			• Vehicle Washing
○ Storm Drain Markin	ng		\bigcirc Water Conservation
○ Green Infrastructure	e/Better Site Design/Low Impact Developme	nt	\bigcirc Wetland Protection
• Other:			\bigcirc None
C o a l i t i Other	on Website-Wh	a	t You CanDo
	es targeted during this reporting perio	.d.	
2. Specific addience	tes targeted during this reporting period	Ju.	
• Public Employees	• Contractors		
• Residential	○ Developers		
• Businesses	• General Public		

○ Restaurants ○ Industries

• Other: O Agricultural



This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition Stormwater Coalition of Albany County

SPI	DES	ID				
Ν	Y	R	2	0		

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

• Coi	nstr	ucti	on	Site	e Oj	per	ator	s T	rair	ned											# Trained			6	4
○ Dir	ect	Mε	ilin	gs																	# Mailings				
• Kic	sks	or	Oth	ner 1	Dis	pla	ys														# Locations				8
• Lis	t-Se	erve	s																		# In List		4	8	0
○ Ma	iling	g L	ist																		# In List				
○ Nev	vsp	ape	r A	ds (or A	Arti	icles	5													# Days Run				
Put	olic	Ev	ents	s/Pr	ese	nta	tion	S													# Attendees		1	5	0
\bigcirc Sch	lool	Pr	ogra	ım																	# Attendees				
⊖ TV	Sp	ot/I	Prog	ran	n																# Days Run				
• Pri																					Total # Distributed		2	2	8
	Loca	tior	ns (e	.g. l	ibra	ries	, tow	n of	fice	s, kie	osks)									1				
	Т	а	b	1	i	n	g	-	М	Η	L	С	S	0	1	s	t	i	С	е					
	G	0	v	е	r	n	i	n	g		В	0	а	r	d		М	t	g	s					

• Other:

T|r|a|i

i n

gs-

n

H o s t 3 C W P W e b c a s t s

Ρ

u b

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

c P r

o g

1 |i

w	w	W	•	ន	t	0	r	m	w	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У	•	0	r	g	

URL

UKI	-															

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

SPE	DES	ID				
N	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.

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). Some MCM1 Coalition goals by BMPs...BMP 1-1 Target Audience Analysis Worksheet (TAAW): add sub-watershed delineations to Map Set; clarify directions. BMP 1-3 Website: check/correct Member To/From links, post reg docs, promote public comment portal, post new edu info. BMP 1-7 List Serve: update municipal contacts. BMP 1-4 Publications: maintain inventory, create 1 new doc (plant care).

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

BMP 1-1 Target Audience Analysis Worksheet (TAAW): add sub-watershed delineations to Map Set; clarify directions-COMPLETED. BMP 1-3 Website: check/correct Member To/From links, post reg docs, promote public comment portal, post new edu info-COMPLETED. BMP 1-7 List Serve: update municipal contacts-NOT COMPLETED (No time/grant writing). BMP 1-4 Publications: maintain inventory-COMPLETED; create 1 new doc (plant care)-NOT COMPLETED (too hard).

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

4

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

• Yes \bigcirc No

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

From SWMPv4 document (May, 2016): BMP 1-1 Target Audience Analysis Wksheet - support MS4 efforts to update their TAAW; id target audience, draft & implement goals; BMP 1-3 Website-post routine Coalition events, update text of Home Page. BMP 1-7 List Serve - update contacts (newly elected, Plan'g Bd, MS4 staff, consultants, webcast audience). BMP 1-6 Public Program-Guest Spker-present Clean Water Act Basics & Green Infrastructure Program to MS4 Electeds/Plan'g Bd.



This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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

Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?

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

○ Cleanup Events	# Events			
• Comments on SWMP Received	# Comments			0
• Community Hotlines	Phone # (5 1 8) 4 4 7	- 5	6	4 5
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
○ Community Meetings	# Attendees			
○ Plantings	Sq. Ft.			
○ Storm Drain Markings	#Drains			
\bigcirc Stakeholder Meetings	# Attendees			
• Volunteer Monitoring	# Events			4
• Other: C o o r d i n a t e w / D	ECWAVEPro	g r	a	m

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

Program (SWMP) Plan provided?	Ye	S	0	No
List-Serve # In List		4	8	0
○ Newspaper Advertising # Days Run				
○ TV/Radio Notices # Days Run				
O Other:				

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

MCM 2 Page 1 of 6

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

	Stormwater Coalition of Albany County
Name of MS4/Coalition	



2. URL(s) con't.:

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

URL		-																													
w	w	W	•	ន	t	0	r	m	w	a	t	е	r	a	1	b	а	n	У	С	0	u	n	t	У	•	0	r	g		
URL	,											I		I		I							I								
URL		<u> </u>		II		I	I	ļ	I	ļ	I	ļ	I	ļ	[ļ	I	I	ļ	I	I		<u> </u>	I	I		I		I		
																														L	
URL																															
																						-									
URL	,																													· · · ·	
URL	,																														
URL	,																														

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

SPI	DES	ID				
Ν	Y	R	2	0		

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

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

• MS	4/C	oali	tio	n O	offic	e											A	nnu	al l	Rep	ort		S	WN	1P	Plaı	1		Cor	nme	ents
	Dep	artr	nen	t																											,
	S	t	0	r	m	w	a	t	e	r		С	0	а	1	i	t	li	0	n	-	A	1	b	а	n	У	С	n	t	У
	Add	lres	8					I								I															
	1	7	5		G	r	е	е	n		S	t	r	е	е	t	-	С	n	t	У	H	е	a	1	t	h	В	1	d	g
	City		-															Г				Zip			-		1			1	
	A	1	b	a	n	У													N	Y		1	2	2	0	2	-				
	Pho								1																						
	(5	1	8)	4	4	7	-	5	6	4	5																		
⊖ Lib	rary Ado	lres	5													C) A	nnu	al l	Rep	ort	() S	WN	1P	Plaı	1	0	Cor	nme	ents
	City	/																	I		I	Zip			I	-			L	L	
																		Γ									-				
	Pho	ne																									J				
	()				-																						
)																										
○ Oth	er Ado	lres	8													C	A	nnu	al 1	Rep	ort	() S	WN	/IP]	Plaı	1	0	Cor	nme	ents
			-																												
	City	/																				Zip				-					
																											-				
	Pho	ne																									1				
	()				-																						
_														I		_										51		_	~		
• We	b Pa	age	UR	L:														nnu	al I	Rep	ort			W N	4Ρ.	Plai	1		Cor	nme	ents
	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	
	Ple	2256	nr	ovi	de	sne	cif	ic a	.ddr	· • • • •	of	na		vhe	re	ren	ort	Car	he be	2 20		sec	1 _ 1		hoi	me	nac				
• eM		asc	, bi	011	uc	spe		ic a	uui	000	01	pu	50 1	/v 11C		rep	on	cui	1 00	- ac			* 1	101	noi		pag	-	Cor	nme	ents
	s	w	С	0	a	1	i	t	i	0	n	@	a	1	b	a	n	У	С	0	11	n	t	У		С	0	m			
		~~			u	-	-			<u> </u>		3	u	-				<u>x</u>						<u>x</u>	•				Ļ		

This report is being submitted for the reporting period ending March 9,	2 0 1 6	5	
If submitting this form as part of a joint report on behalf of a coalition leave SPDE	S ID blan	k.	
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 date was it posted?			
Leave blank if this report was not posted on the internet. $05/06$	/ 2 0	1	6
4.b. For how many days was/will this report be posted?		1	4
If submitting a report for single MS4, answer 5.a If submitting a joint report, ans	wer 5.b.		
5.a. Was an Annual Report public meeting held in this reporting period? If Yes, what was the date of the meeting? /	○ Yes] /	0	No
If No, is one planned?	\bigcirc Yes	0	No
5.b. Was an Annual Report public meeting held for all MS4s contributing to this this reporting period?	report d O Yes		ng No
If No, is one planned for each?	○ Yes	۲	No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to	○ Yes	۲	No

SWMP in response to comments to this report.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

	DES		-	-	 	-	
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.

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). Some MCM 2 Coalition goals by BMPs... BMP 2-2 Annual Report & Public Comments: promote and monitor public comment portal on Coalition website. BMP 2-11 WAVE: Monitor 4 sites w/ volunteers.

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

BMP 2-2 Annual Report & Public Comments: promote and monitor public comment portal on Coalition website - PARTIALLY COMPLETED, circulated flyer at public program promoting website, did not highlight public comment portal, did highlight maps posted on website. Increasingly website is used by Coalition members to access internal forms and documents. BMP 2-11 WAVE: Monitor 4 sites w/ volunteers-COMPLETED, time consuming to locate sites, but worth the effort.

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 O No

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).

From SWMPv4 document (May, 2016): BMP 2-2 Annual Report-combine Joint SWMP document update (BMPs/Goals) with prep of Annual Report, meet w/all members, post AR & SWMP on website. BMP 2-8 Student Water Quality Projects-coordinate with U Albany mapping projects named in WQIP Rnd 12 grant workplan, secure professor/student support, start projects, \$/credits. BMP 2-11 WAVE-monitor 4 sites w/volunteers.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

Y R 2 0

#

%

Ν

Name of MS4/Coalition

Stormwater Coalition of Albany County

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

1 2

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

- On behalf of an individual MS4
- On behalf of a coalition
 - How many MS4s contributed to this report?
- 1. Enter the number and approx. percent of outfalls mapped:
- 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?
- **3.a.**What types of generating sites/sewersheds were targeted for inspection during this reporting period?

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

This report is being submitted for the reporting period ending March 9, 2 0 1 6 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 Stormwater Coalition of Albany	County N Y R 2 0													
3.b.What types of illicit discharges have	e been found during this reporting period?													
\bigcirc Broken Lines From Sanitary Sewer	\bigcirc Industrial Connections													
○ Cross Connections	\bigcirc Inflow/Infiltration													
○ Failing Septic Systems	○ Pump Station Failure													
○ Floor Drains Connected To Storm Sewers	\odot Sanitary Sewer Overflows													
○ Illegal Dumping	○ Straight Pipe Sewer Discharges													
Other:	○ None													
4. How many illicit discharges/potentia reporting period?	al illegal connections have been detected during this													
5. How many illicit discharges have been	en confirmed during this reporting period?													
6. How many illicit discharges/illegal coperiod?	onnections have been eliminated during this reporting													
7. Has the storm sewershed mapping b If No, approximately what percent was														
8. Is the above information available in Is this information available on the v If Yes, provide URL(s):														
Please provide specific address of page	where map(s) can be accessed - not home page.													

URL

Ρ	а	ន	S	w	0	r	d		Ρ	r	0	t	е	С	t	е	d										
W	W	w	•	a	i	m	S	g	i	ន	•	0	r	g	/	W	е	b	m	a	р	/					
*	*	R	е	S	t	r	i	С	t	е	d		А	С	С	е	ទ	ទ	*	*							
URL	,																									 	

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Stormwater Coalition of Albany County	
---------------------------------------	--

SPE	DES	ID			 	
Ν	Y	R	2	0		

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). Some MCM 3 Coalition goals by BMPs... BMP 3-2 AIMS: Coalition decides what to do about AIMS (replace, decommission, enhance); Coalition works with AIMS vendor to update new layers and maintain web application for as long as possible given budget constraints. BMP 3-8 IDDE Procedures: Coalition assists MS4s with IDDE Procedures.

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

BMP 3-2 AIMS: Coalition decides what to do about AIMS-COMPLETED, Board agreed to fund update of mapper, consultant services secured, members responded to survey/attended meetings to id problems with AIMS and design needs, research of current web mapper technology incorporated into grant application and workplan. BMP 3-8 IDDE Procedures: Coalition assists MS4s with IDDE Procedures-COMPLETED, Coalition staff will continue to assist if asked.

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

2

(ex.: samples/participants/events)

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

• Yes O No

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).

From SWMPv4 document (May, 2016): BMP 3-2 Coalition Stormwater Program Mapper - support mapper redesign as guided by consultant, organize 2 to 3 design wkshops for members, integrate mapper redesign with other MS4 program needs (grant funded mobile app field inspection forms for ORI, MS4 construction site inspections, post construction sw practices inspections, facility self audits), prep mapper layers, launch mapper. BMP 3-5 Dry Weather (ORI)-manage ORI kits, restock.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPI	SPDES ID							
Ν	Y	R	2	0				

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.

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). No Coalition goals for MCM 4. Instead, Coalition "Procedures" goals are located in MCM 7 Stormwater Program Management. BMP 7-7 Procedures and Forms Compendium: Coalition will assist MS4s in consolidating existing/ new documents into compendium of procedures/forms named in multiple MCMs of MS4 Permit.

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

BMP 7-7 Procedures & Forms Compendium: Coalition will assist MS4s in consolidating existing/ new documents into compendium of procedures/forms named in multiple MCMs of MS4 Permit-PARTIALLY COMPLETED. Coalition services provided to one MS4 led to overhaul by Forms Committee of existing, outdated SWPPP Review Ck List. Replaced with comprehensive Oversight of Construction Activity Permit, Guidance Doc for MS4s, released 3/23/2016. Coalition facilitated.

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

1

(ex.: samples/participants/events)

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

• Yes \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).

From SWMPv4 document (May, 2016): BMP 4-5 Construction Site Enf & Inspection Proceduresreview paper MS4 Construction Inspection Form for conversion to mobile device. BMP 7-7 Procedures & Forms Compendium-develop Coalition wide strategy for using MS4 Oversight/ Construction Permit Guidance Document, discuss training in purpose/use for MS4s/consultants, incorporate into existing/future procedures (3 MS4s); note edits for future updates.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPI	DES	ID	-			-
Ν	Y	R	2	0		

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.

Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). No Coalition goals for MCM 5. Instead, Coalition "Procedures" goals are located in MCM 7 Stormwater Program Management. BMP 7-7 Procedures and Forms Compendium: Coalition will assist MS4s in consolidating existing/ new documents into compendium of procedures/forms named in multiple MCMs of MS4 Permit.

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

BMP 7-7 Procedures & Forms Compendium: Coalition will assist MS4s in consolidating existing/ new documents into compendium of procedures/forms named in multiple MCMs of MS4 Permit-PARTIALLY COMPLETED. Coalition services provided to one MS4 led to overhaul by Forms Committee of existing, outdated SWPPP Review Ck List. Replaced with comprehensive Oversight of Construction Activity Permit, Guidance Doc for MS4s, released 3/23/2016. Coalition facilitated.

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

1

(ex.: samples/participants/events)

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

• Yes \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).

From SWMPv4 document (May, 2016): BMP 3-2 Coalition Stormwater Program Mapper - load map layers named in Construction Activity Permit/Design Manual (also named in MS4 Guidance Doc - future BMP 4-2/5-5 SWPPP Review Procedures). BMP 5-8 Inventory Post Construction Practices - w/grant fund'g implement work plan to map MS4 post construction practices. BMP 5-9 Post Construction Practices-Maintenance - w/ grant fund'g develop inspection forms for mobile devices.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPI	SPDES ID							
Ν	Y	R	2	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. 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.

		<u>S</u>	elf-Assess	ment
		Opera	tion/Activi	ity/Facility
		perform	ned withiı	<u>1 the past 3</u>
Operation/Activity/Facility	Addressed in	<u>n SWMP?</u>	<u>years</u> ?	
Street Maintenance	O Yes	○ No	O Yes	○ No
Bridge Maintenance	O Yes	○ No	O Yes	○ No
Winter Road Maintenance		○ No	O Yes	○ No
Salt Storage	O Yes	○ No	O Yes	○ No
Solid Waste Management	O Yes	○ No	O Yes	○ No
New Municipal Construction and Land Disturba	ance \bigcirc Yes	○ No	O Yes	○ No
Right of Way Maintenance	• Yes	○ No	O Yes	\bigcirc No
Marine Operations	• Yes	○ No	O Yes	\bigcirc No
Hydrologic Habitat Modification	O Yes	○ No	O Yes	○ No
Parks and Open Space	····· O Yes	○ No	O Yes	\bigcirc No
Municipal Building		○ No	O Yes	\bigcirc No
Stormwater System Maintenance		○ No	O Yes	○ No
Vehicle and Fleet Maintenance	• Yes	○ No	O Yes	\bigcirc No
Other	○ Yes	○ No	O Yes	\bigcirc No

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Stormwater C Name of MS4/Coalition

coalition of Albany County	
----------------------------	--

SPDES ID YR 2 0 Ν

Г

-

1 3

5

2

%

2 0 1

1 0 2 2

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
○ Streets Swept (Number of miles X Number of times swept)	# Miles	
\odot Catch Basins Inspected and Cleaned Where Necessary	#	
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#	
O Phosphorus Applied In Chemical Fertilizer	# Lbs.	
\bigcirc Nitrogen Applied In Chemical Fertilizer	# Lbs.	
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 	# Acres	· ·
3. How many stormwater management trainings have been provided to during this reporting period?	o municipa	al 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 positions and departments receive stormwater management training?

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPI	SPDES ID							
Ν	Y	R	2	0				

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 Coalition has an updated Joint SWMP Plan SWMPv3 (2015-2017). No specific Coalition goals for MCM 6; instead Coalition staff as requested by individual members, directly assist MS4s in implementing MCM 6 goals. Coalition goals related to training are described in SWMPv3 MCM 8 Training. There various BMPs describe training topics and method of delivery.

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

No clear goal statement for Coalition. See individual MS4 goals, for which Coalition staff provided services (Albany County, City of Albany, Village of Menands, Town of New Scotland, City of Watervliet).

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

0

(ex.: samples/participants/events)

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

○ Yes ● No

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

○ Yes ○ No

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

From SWMPv4 document (May, 2016): MCM 8 Train'g BMP 8-1 Clean Water Act Basics-Coalition program to 2 MS4 govern'g boards; 8-2 Green Infrastructure, BSD, LID, Site Design Elements for Muni/Plan'g/Zon'g Boards-1 MS4 Plan'g Board; BMP 8-4/8-5/8-6 replace as needed EXCAL visual DVDs (Spills & Skills, Rain Check, IDDE-A Grate Concern)/circulate to MS4s; BMP 8-17 On-line Training-assist Albany County SW Prog Tech.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

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?

SPDES ID

Y R 2

0

Ν

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

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?

- \bigcirc Yes \bigcirc No \bigcirc N/A
- 2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?

 \bigcirc Yes \bigcirc No

⊃No ●N/A

If N/A, go to question 3.

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

Estimate what percentage was mapped in this reporting period.



Additional BMPs Page 1 of 3

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name	e of MS4/Coalition Stormwater Coalition of Albany County	DES ID Y R 2	0	
	Does your MS4/Coalition have a Stormwater Conveyance System (inf and Maintenance Plan Program?	rastructu ○ Yes	re) Insp ○ No	ection N/A
	Estimate the percentage of on-site wastewater treatment systems that and maintained or rehabilitated as necessary in this reporting period?		n inspec	ted %
N	Ias your MS4/Coalition developed a program that provides protectio NYSDEC SPDES General Permit for Stormwater Discharges from Co GP-0-08-001) to reduce pollutants in stormwater runoff from constru	onstructio	on Activ	ities
	listurb five thousand square feet or more?	○ Yes	○ No	• N/A
r e P t	Has your MS4/Coalition developed a program to address post-constru- unoff from new development and redevelopment projects that distur- qual to one acre that provides equivalent protection to the NYS DEC Permit for Stormwater Discharges from Construction Activities (GP- he New York State Stormwater Design Manual Enhanced Phosphoru Standards?	b greater SPDES (0-08-001)	than or General , includi	
	Does your MS4/Coalition have a retrofitting program to reduce erosic bhosphorus/nitrogen/pathogen loading?	on or O Yes	○ No	• N/A
-	How many projects have been sited in this reporting period?			
7c. V	What percent of the projects included in 7b have been completed in th	nis report	ing peri	
7d.V	What percent of projects planned in previous years have been comple	ted?		%

○ No Projects Planned

- 8a.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? \bigcirc Yes \bigcirc No • N/A
- 8b.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? \bigcirc Yes \bigcirc No \bigcirc N/A

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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

SPI	DES	ID				
Ν	Y	R	2	0		

9. Has your MS4/Coalition developed and implemented a program of native planting?									
	\circ Yes	○ No	• N/A						
10. Has your MS4/Coalition enacted a local law prohibiting pet waste on a	nunicipa	l prope	rties and						
prohibiting goose feeding?	○ Yes	○ No	• N/A						
11. Does your MS4/Coalition have a pet waste bag program?	○ Yes	○ No	• N/A						
12. Does your MS4/Coalition have a program to manage goose populations?	○ Yes	○ No	• N/A						