

Stormwater Coalition of Albany County Joint Annual Report

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

Reporting Period
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, www.stormwateralbanycounty.org.
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)



| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

[illegible][illegible][illegible]

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 5 | 9 |
|---|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 3 | 4 |
|---|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 4 | 6 | 4 |
|---|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 0 | 8 |
|---|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 9 | 0 |
|---|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 1 | 1 |
|---|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 4 | 4 |
|---|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 4 | 6 | 3 |
|---|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 8 | 7 |
|---|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | 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.

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

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

Name of MS4

CITY OF COHOES

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

- ☐ 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 | O | R | M | W | A | T | E | R | | C | O | A | L | I | T | I | O | N | | O | F | | A | L | B | A | N | Y |
| C | O | U | N | T | Y | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 1 6

Name of MS4 CITY OF COHOES

SPDES ID

N Y R 2 0 A 2 4 3

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

S H A W N

MI

Last Name

M O R S E

Title

M A Y O R

Address

9 7 M O H A W K S T R E E T

City

C O H O E S

State

N Y

Zip

1 2 0 4 7 -

eMail

M A Y O R @ C I . C O H O E S . N Y . U S

Phone

(5 1 8) 2 3 3 - 2 1 1 9

County

A L B A N Y

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 1 6

Name of MS4 CITY OF COHOES

SPDES ID

N Y R 2 0 A 2 4 3

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

G A R R Y

MI

F

Last Name

N A T H A N

Title

C I T Y E N G I N E E R

Address

9 7 M O H A W K S T R E E T

City

C O H O E S

State

N Y

Zip

1 2 0 4 7 -

eMail

G N A T H A N @ C I . C O H O E S . N Y . U S

Phone

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

County

A L B A N Y

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 CITY OF COHOES

SPDES ID

N Y R 2 0 A 2 4 3

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

M E L I S S A

MI

A

Last Name

C H E R U B I N O

Title

D I R E C T O R O F B U I L D I N G A N D P L A N N I N G

Address

9 7 M O H A W K S T R E E T

City

C O H O E S

State

N Y

Zip

1 2 0 4 7 -

eMail

M C H E R U B I N O @ C I . C O H O E S . N Y . U S

Phone

(5 1 8) 2 3 3 - 2 1 3 0

County

A L B A N Y

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 City of Cohoes

SPDES ID

N Y R 2 0 A 2 4 3

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ☐ Yes ☐ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S t o r m w a t e r C o a l i t i o n o f

Partner/Coalition Name (con't.)

A l b a n y C o u n t y

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 7 5 G r e e n S t r e e t - C o u n t y H e a l t h B l d g

City

A l b a n y

State

N Y

Zip

1 2 2 0 2 -

eMail

N a n c y . H e i n z e n @ a l b a n y c o u n t y n y . g o v

Phone

(5 1 8) 4 4 7 - 5 6 4 5

Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.? ☐ Yes ☐ No

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

● MM1 P u b l i c a t i o n s - P r o g r a m s - W e b s i t e

● MM2 S W M P D o c u m e n t - W A V E - P u b l i c I n p u t

● MM3 A I M S I I - O R I K i t G r a n t : S t o r m M a p ' g

● MM4 C o n s t r u c t i o n O v r s i g h t - M S 4 F o r m s

● MM5 S W P s G r a n t : M a p - I n s p e c t i o n F o r m s

● MM6 T r a i n g : S t a f f - O f f i c i a l s M S 4 S v c s

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) FormMCC form for period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

Name of MS4

| |
|----------------|
| CITY OF COHOES |
|----------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

Section 4 - Certification Statement

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

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| S | H | A | W | N | | | | | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

MI

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


Last Name

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| M | O | R | S | E | | | | | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Title (Clearly print title of individual signing report)

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| M | A | Y | O | R | | | | | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Signature



Date

| | | | | | |
|---|---|----|---|----|----|
| 5 | / | 23 | / | 20 | 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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

SPDES ID _____

CITY OF COHOES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

Water Quality Trends

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

- | | |
|---|---|
| How many MS4s are contributed to this report? | 1 |
|---|---|

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

☐ Yes ☒ No

If Yes, choose one of the following

- ☐ 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.

[illegible][illegible][illegible][illegible]

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

Name of MS4/Coalition

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

L

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.

Name of MS4/Coalition

CITY OF COHOES

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

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

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

☐ Direct Mailings

Mailings

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

☒ Kiosks or Other Displays

Locations

| | | | | |
|--|--|--|--|---|
| | | | | 2 |
|--|--|--|--|---|

☐ List-Serves

In List

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

☐ Mailing List

In List

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

☐ Newspaper Ads or Articles

Days Run

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

☒ Public Events/Presentations

Attendees

| | | | | |
|--|--|--|---|---|
| | | | 1 | 7 |
|--|--|--|---|---|

☒ School Program

Attendees

| | | | | |
|--|--|---|---|---|
| | | 1 | 2 | 1 |
|--|--|---|---|---|

☐ TV Spot/Program

Days Run

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

☒ Printed Materials:

Total # Distributed

| | | | | |
|--|---|---|---|---|
| | 1 | 1 | 7 | 1 |
|--|---|---|---|---|

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

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| K | I | O | S | K | S | , | | P | R | O | P | E | R | T | I | E | S | | |
| A | L | O | N | G | | S | T | R | E | A | M | | | | | | | | |
| C | O | R | R | I | D | O | R | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

☐ Other:

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

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

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| H | T | T | P | : | / | / | W | W | W | . | C | O | H | O | E | S | . | C | O | M | / | C | I | T | - | E | - | A | C | C | E |
| S | S | / | W | E | B | P | A | G | E | . | C | F | M | ? | T | I | D | = | 3 | 4 | & | T | P | I | D | = | 9 | 8 | 9 | 8 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | W | W | . | F | A | C | E | B | O | O | K | . | C | O | M | / | C | O | H | O | E | S | S | T | O | R | M | W | A | T | E |
| R | E | D | U | C | A | T | I | O | N | | | | | | | | | | | | | | | | | | | | | | |

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

Name of MS4/Coalition

CITY OF COHOES

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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.

Name of MS4/Coalition

CITY OF COHOES

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

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.

Insert Stormwater information attached to some City correspondence; marked 138 storm drains (catch basins) in the hill section of the City. New goals have been added for various B.M.P. sections.

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

Included a link to the Stormwater Education Facebook Page with stormwater information. Number of hits on Facebook page increased over time and was 3040 during the year. Students' stormwater education presentations were well received.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Continue to include stormwater information in mailings and encourage residents to look at facebook page for timely posts about stormwater, pollution prevention, green infrastructure and upcoming events.

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.

Name of MS4/Coalition

| |
|----------------|
| CITY OF COHOES |
|----------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

2. URL(s) con't.:

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

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| H | T | T | P | : | / | / | W | W | W | . | C | O | H | O | E | S | . | C | O | M | / | C | I | T | - | E | - | A | C | C | E |
| S | S | / | W | E | B | P | A | G | E | . | C | F | M | ? | T | I | D | = | 3 | 4 | & | T | P | I | D | = | 9 | 8 | 9 | 8 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

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

URL

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

URL

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

URL

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

URL

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

URL

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

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.

Name of MS4/Coalition

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| C | I | T | Y | O | F | C | O | H | O | E | S |
|---|---|---|---|---|---|---|---|---|---|---|---|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

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

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

☒ MS4/Coalition Office

☒ Annual Report ☒ SWMP Plan ☒ Comments

Department

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E | N | G | I | N | E | E | R | I | N | G | D | E | P | A | R | T | M | E | N | T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Address

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9 | 7 | M | O | H | A | W | K | S | T | R | E | E | T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

City

| | | | | | |
|---|---|---|---|---|---|
| C | O | H | O | E | S |
|---|---|---|---|---|---|

| | |
|---|---|
| N | Y |
|---|---|

Zip

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 0 | 4 | 7 | - |
|---|---|---|---|---|---|

Phone

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

☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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

City

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

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

Zip

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

Phone

| | | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|
| (| | | |) | | | | - | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|

☒ Other

☒ Annual Report ☒ SWMP Plan ☒ Comments

Address

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 2 | S | T | A | T | E | S | T | R | E | E | T | R | O | O | M | 7 | 2 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

City

| | | | | | |
|---|---|---|---|---|---|
| A | L | B | A | N | Y |
|---|---|---|---|---|---|

| | |
|---|---|
| N | Y |
|---|---|

Zip

| | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|
| 1 | 2 | 2 | 0 | 7 | - | | | | |
|---|---|---|---|---|---|--|--|--|--|

Phone

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (| 5 | 1 | 8 |) | 4 | 4 | 7 | - | 5 | 6 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

☒ Web Page URL:

☒ Annual Report ☒ SWMP Plan ☒ Comments

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| W | W | W | . | S | T | O | R | M | W | A | T | E | R | A | L | B | A | N | Y | C | O | U | N | T | Y | . | O | R | G |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

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

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

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

☒ eMail

☒ Comments

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S | W | C | O | A | L | I | T | I | O | N | @ | A | L | B | A | N | Y | C | O | U | N | T | Y | . | C | O | M |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

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

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.

Name of MS4/Coalition

| |
|----------------|
| CITY OF COHOES |
|----------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

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 | 4 |
|---|---|

 /

| | |
|---|---|
| 2 | 5 |
|---|---|

 /

| | | | |
|---|---|---|---|
| 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 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☒ Yes ☐ No

If Yes, what was the date of the meeting?

| | |
|---|---|
| 0 | 5 |
|---|---|

 /

| | |
|---|---|
| 1 | 2 |
|---|---|

 /

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 5 |
|---|---|---|---|

If No, is one planned?

☐ Yes ☐ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

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.

Name of MS4/Coalition

CITY OF COHOES

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

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.

Host Beautification Day on May 2, 2015. Host Spring Clean Up/Hazardous Waste Day on May 16, 2015 where 539 vehicles dropped materials off. Literature regarding water quality is handed out at Hazardous Waste Collection Site. Set up Twitter account.

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

Public participation has been strong and other groups have contacted the City for assistance with organizing beautification projects. Have large number of "likes" on Facebook.

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

| | | | |
|--|--|--|---|
| | | | 2 |
|--|--|--|---|

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Continue these programs and implement new programs to involve more residents and business owners.

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

Name of MS4/Coalition

CITY OF COHOES

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

| | |
|---|---|
| How many MS4s contributed to this report? | 1 |
|---|---|

| | | | | | | | | | |
|--|--|--|---|---|---|--|---|---|---|
| 1. Enter the number and approx. percent of outfalls mapped: | | | 7 | 6 | # | | 9 | 0 | % |
|--|--|--|---|---|---|--|---|---|---|

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

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

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

P H A R M A C Y , D E N T I S T S , A N D D O C T O R S

- Sewersheds:

[illegible]

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.

Name of MS4/Coalition

CITY OF COHOES

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

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

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

[illegible]

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

| | | |
|--|---|---|
| | 1 | 7 |
|--|---|---|

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

| | | |
|--|---|---|
| | 1 | 7 |
|--|---|---|

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

| | | |
|--|---|---|
| | 1 | 7 |
|--|---|---|

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

☐ Yes ☒ No

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

| | | |
|--|--|-----|
| | | 2 % |
|--|--|-----|

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

[illegible][illegible][illegible]

URL

[illegible][illegible][illegible]

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

Name of MS4/Coalition

CITY OF COHOES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

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

[illegible][illegible][illegible][illegible][illegible]

- | | | | |
|--|---|---|---|
| | 2 | 0 | % |
|--|---|---|---|

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.

Name of MS4/Coalition

CITY OF COHOES

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

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.

Complete, distribute, and file IDDE program and track detected and eliminated illicit discharges.

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

Written procedures lead to an organized tracking system and faster documentation and elimination of illicit discharges. Work request forms documented with "Facility Dude" software.

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

| | | | |
|--|--|---|---|
| | | 1 | 7 |
|--|--|---|---|

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Periodically review procedures to ensure they are accurate. Continue to document illicit discharges and educate residents on the effects of illicit discharges. Review post-construction O&M requirements.

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.

Name of MS4/Coalition

CITY OF COHOES

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

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

How many MS4s contributed to this report?

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

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

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

☐ 09/2004 ☒ 03/2006 ☐ NT

- 2. Does your MS4/Coalition have a SWPPP review procedure in place?** ☒ Yes ☐ No
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

| | | |
|--|--|---|
| | | 2 |
|--|--|---|
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?** ☐ Yes ☒ No ☐ NT
- If Yes, how many public comments were received during this reporting period?

| | | |
|--|--|--|
| | | |
|--|--|--|
- 5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?** ☐ Yes ☒ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

| | | | | | | | | |
|--|---|---|--|---|--|--|---|------------------------------------|
| <input checked="" type="radio"/> Notices of Violation | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table> | | | | | 1 | <input type="radio"/> No Authority |
| | | | | 1 | | | | |
| <input type="radio"/> Stop Work Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Criminal Actions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Termination of Contracts | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Administrative Fines | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Civil Penalties | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Administrative Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Other | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |

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.

Name of MS4/Coalition

CITY OF COHOES

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

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

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

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

| | | |
|--|--|---|
| | | 9 |
|--|--|---|

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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

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

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

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

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 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 COHOES

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

Document construction site inspection and enforcement procedures.

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

Streamlines procedures by identifying who is responsible for what parts of inspections and enforcement. Problems noted in inspections were corrected more quickly.

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 ☐ No

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

☒ Yes ☐ No

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

Continue to save all inspection reports and resolve construction site issues as quickly as possible. Periodically review procedures to ensure they are accurate.

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.

Name of MS4/Coalition

CITY OF COHOES

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

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 | | | | | | | | | |
|--|--|------------------|-----------------------|---|--|--|--|---|--|--|--|---|
| <input checked="" type="radio"/> Alternative Practices | <table><tr><td></td><td></td><td>1</td></tr></table> | | | 1 | <table><tr><td></td><td></td><td>1</td></tr></table> | | | 1 | <table><tr><td></td><td></td><td>1</td></tr></table> | | | 1 |
| | | 1 | | | | | | | | | | |
| | | 1 | | | | | | | | | | |
| | | 1 | | | | | | | | | | |
| <input type="radio"/> Filter Systems | <table><tr><td></td><td></td><td></td></tr></table> | | | | <table><tr><td></td><td></td><td></td></tr></table> | | | | <table><tr><td></td><td></td><td></td></tr></table> | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <input type="radio"/> Infiltration Basins | <table><tr><td></td><td></td><td></td></tr></table> | | | | <table><tr><td></td><td></td><td></td></tr></table> | | | | <table><tr><td></td><td></td><td></td></tr></table> | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <input type="radio"/> Open Channels | <table><tr><td></td><td></td><td></td></tr></table> | | | | <table><tr><td></td><td></td><td></td></tr></table> | | | | <table><tr><td></td><td></td><td></td></tr></table> | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <input checked="" type="radio"/> Ponds | <table><tr><td></td><td></td><td>2</td></tr></table> | | | 2 | <table><tr><td></td><td></td><td>2</td></tr></table> | | | 2 | <table><tr><td></td><td></td><td>1</td></tr></table> | | | 1 |
| | | 2 | | | | | | | | | | |
| | | 2 | | | | | | | | | | |
| | | 1 | | | | | | | | | | |
| <input type="radio"/> Wetlands | <table><tr><td></td><td></td><td></td></tr></table> | | | | <table><tr><td></td><td></td><td></td></tr></table> | | | | <table><tr><td></td><td></td><td></td></tr></table> | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <input type="radio"/> Other | <table><tr><td></td><td></td><td></td></tr></table> | | | | <table><tr><td></td><td></td><td></td></tr></table> | | | | <table><tr><td></td><td></td><td></td></tr></table> | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

☐ Yes ☒ No

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

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

☒ Other:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|--|---|---|---|---|--|---|---|---|--|---|---|---|---|---|--|---|---|---|---|---|--|--|
| R | E | V | I | S | E | D | | C | O | D | E | | F | O | R | | G | R | E | E | N | | I | N | F | R | A | | |
|---|---|---|---|---|---|---|--|---|---|---|---|--|---|---|---|--|---|---|---|---|---|--|---|---|---|---|---|--|--|

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.

Name of MS4/Coalition

CITY OF COHOES

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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

| | | |
|--|---|---|
| | 6 | 0 |
|--|---|---|

 %

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.

Name of MS4/Coalition

CITY OF COHOES

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

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.

Still evaluating effects of new G.I. planning. Have reduced number of parking streets.

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

City has reviewed model local law and shared it with other City staff to see how to utilize it. Staff agreed the model law should be used to update Cohoes local law to include green infrastructure practices in new construction projects. Has reduced the number of parking and more green space in 3 projects that went before the boards.

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

| | | | |
|--|--|--|---|
| | | | 3 |
|--|--|--|---|

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

City comp. plan is being updated to include G.I. and better site design.

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.

Name of MS4/Coalition

CITY OF COHOES

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

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

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

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.

Name of MS4/Coalition

CITY OF COHOES

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

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

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

| | | | | |
|--|--|--|--|---|
| | | | | 3 |
|--|--|--|--|---|
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

| | | | | |
|--|---|---|---|---|
| | 1 | 4 | 7 | 4 |
|--|---|---|---|---|
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|---|---|
| | | | 2 | 4 |
|--|--|--|---|---|
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|---|
| | | | | 2 |
|--|--|--|--|---|
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Pesticide/Herbicide Applied # Acres

| | | | | | |
|--|--|--|--|---|--|
| | | | | . | |
|--|--|--|--|---|--|

 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

| | | | | |
|--|--|--|--|---|
| | | | | 1 |
|--|--|--|--|---|

4. What was the date of the last training?

| | |
|---|---|
| 0 | 2 |
|---|---|

 /

| | |
|---|---|
| 1 | 0 |
|---|---|

 /

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

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

| | | |
|--|--|---|
| | | 4 |
|--|--|---|

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

| | | |
|--|---|---|
| | 2 | 0 |
|--|---|---|

 %

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.

Name of MS4/Coalition

CITY OF COHOES

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

Green Infrastructure Report still in development; numbers of catch basins cleaned was less due to equipment failure (new VACALL had to be purchased).

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

Somewhat effective as the G.I. reporting document is delayed due to many factors.

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

| | | | |
|--|--|--|---|
| | | | 2 |
|--|--|--|---|

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

Student interns will be conducting facilities audits from May through October in 2016. Training will be done for all new permanent employees during Summer and Fall of 2016.

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.

Name of MS4/Coalition

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

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| N | Y | R | 2 | 0 | | | | | |
|---|---|---|---|---|--|--|--|--|--|

Minimum Control Measure 1. Public Education and Outreach

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

☐ On behalf of an individual MS4

☒ On behalf of a coalition

How many MS4s contributed to this report?

| | | |
|--|---|---|
| | 1 | 2 |
|--|---|---|

1. Targeted Public Education and Outreach Best Management Practices

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

☒ Construction Sites

☒ General Stormwater Management Information

☐ Household Hazardous Waste Disposal

☐ Illicit Discharge Detection and Elimination

☒ Infrastructure Maintenance

☒ Smart Growth

☐ Storm Drain Marking

☐ Green Infrastructure/Better Site Design/Low Impact Development

☒ Other:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|--|---|---|---|--|---|---|
| C | o | a | l | i | t | i | o | n | | W | e | b | s | i | t | e | - | W | h | a | t | | Y | o | u | | C | a | n | | D | o |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|--|---|---|---|--|---|---|

Other

☒ Pesticide and Fertilizer Application

☒ Pet Waste Management

☐ Recycling

☒ Riparian Corridor Protection/Restoration

☐ Trash Management

☒ Vehicle Washing

☐ Water Conservation

☐ Wetland Protection

☐ None

2. Specific audiences targeted during this reporting period:

☒ Public Employees ☒ Contractors

☒ Residential ☐ Developers

☒ Businesses ☒ General Public

☐ Restaurants ☐ Industries

☒ Other: ☐ Agricultural

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E | l | e | c | t | e | d | s | / | P | u | b | l | i | c | - | C | l | e | a | n | W | a | t | e | r | A | c | t | I | n | f | o |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Other

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| N | 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

Trained

| | | | | |
|--|--|--|---|---|
| | | | 6 | 4 |
|--|--|--|---|---|

☐ Direct Mailings

Mailings

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

☒ Kiosks or Other Displays

Locations

| | | | | |
|--|--|--|--|---|
| | | | | 8 |
|--|--|--|--|---|

☒ List-Serves

In List

| | | | | |
|--|--|---|---|---|
| | | 4 | 8 | 0 |
|--|--|---|---|---|

☐ Mailing List

In List

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

☐ Newspaper Ads or Articles

Days Run

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

☒ Public Events/Presentations

Attendees

| | | | | |
|--|--|---|---|---|
| | | 1 | 5 | 0 |
|--|--|---|---|---|

☐ School Program

Attendees

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

☐ TV Spot/Program

Days Run

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

☒ Printed Materials:

Total # Distributed

| | | | | |
|--|--|---|---|---|
| | | 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 |
| G | o | v | e | r | n | i | n | g | | B | o | a | r | d | | M | t | g | s |
| T | r | a | i | n | i | n | g | s | - | P | u | b | l | i | c | P | r | o | g |
| | | | | | | | | | | | | | | | | | | | |

☒ Other:

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

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

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| w | w | w | . | s | t | o | r | m | w | a | t | e | r | a | l | b | a | n | y | c | o | u | n | t | y | . | o | r | g | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

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

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES 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 ☐ 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 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.

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| 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:

- | | | | | | |
|--|--|--|--|--|---|
| <input type="radio"/> Cleanup Events | # Events | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input checked="" type="radio"/> Comments on SWMP Received | # Comments | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="0"/> |
| <input checked="" type="radio"/> Community Hotlines | Phone # | (<input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="8"/>) | <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> | - | <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="4"/> <input type="text" value="5"/> |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> | |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> | |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> | |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> | |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> | |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> | |
| <input type="radio"/> Community Meetings | # Attendees | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Plantings | Sq. Ft. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Storm Drain Markings | # Drains | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Stakeholder Meetings | # Attendees | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input checked="" type="radio"/> Volunteer Monitoring | # Events | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="4"/> |
| <input checked="" type="radio"/> Other: | C o o r d i n a t e w / D E C W A V E P r o g r a m | | | | |

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

- | | | | | | | |
|---|------------|--|--|---|---|---|
| <input checked="" type="radio"/> List-Serve | # In List | | | 4 | 8 | 0 |
| <input type="radio"/> Newspaper Advertising | # Days Run | | | | | |
| <input type="radio"/> TV/Radio Notices | # Days Run | | | | | |
| <input type="radio"/> Other: | | | | | | |
- ☒ Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

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

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

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

2. URL(s) con't.:

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

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| w | w | . | s | t | o | r | m | w | a | t | e | r | a | l | b | a | n | y | c | o | u | n | t | y | . | o | r | g | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

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

URL

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

URL

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

URL

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

URL

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

URL

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

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.

Name of MS4/Coalition

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

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| 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.

| | |
|---|---|
| 0 | 5 |
|---|---|

 /

| | |
|---|---|
| 0 | 6 |
|---|---|

 /

| | | | |
|---|---|---|---|
| 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 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☐ No

If Yes, what was the date of the meeting?

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

 /

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

 /

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

If No, is one planned?

☐ Yes ☐ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| 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?

| | | | |
|--|--|--|---|
| | | | 2 |
|--|--|--|---|

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

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.

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

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

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

| | | |
|---|---|---|
| How many MS4s contributed to this report? | 1 | 2 |
|---|---|---|

[illegible][illegible]

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

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

- | | |
|--|--|
| <input type="radio"/> Broken Lines From Sanitary Sewer | <input type="radio"/> Industrial Connections |
| <input type="radio"/> Cross Connections | <input type="radio"/> Inflow/Infiltration |
| <input type="radio"/> Failing Septic Systems | <input type="radio"/> Pump Station Failure |
| <input type="radio"/> Floor Drains Connected To Storm Sewers | <input type="radio"/> Sanitary Sewer Overflows |
| <input type="radio"/> Illegal Dumping | <input type="radio"/> Straight Pipe Sewer Discharges |
| <input type="radio"/> Other: | <input type="radio"/> None |

[illegible]

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

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

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

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

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

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

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

☐ Yes ☐ No

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

| | | | |
|--|--|--|---|
| | | | % |
|--|--|--|---|

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

[illegible]

URL

[illegible]

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.

Name of MS4/Coalition

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

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| N | 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 ☐ 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 - 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.

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.

Name of MS4/Coalition

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

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| N | 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 ☐ 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 Procedures-review 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.

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES 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 ☐ 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.

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.

Name of MS4/Coalition

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

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | 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 | 2 |
|---|---|

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

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

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

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Pesticide/Herbicide Applied # Acres

| | | | | | | |
|--|--|--|--|--|---|--|
| | | | | | . | |
|--|--|--|--|--|---|--|

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

| | | | | |
|--|--|--|---|---|
| | | | 1 | 3 |
|--|--|--|---|---|

4. What was the date of the last training?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | / | 2 | 2 | / | 2 | 0 | 1 | 5 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | |
|--|--|---|
| | | 2 |
|--|--|---|

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

| | | | |
|--|--|--|---|
| | | | % |
|--|--|--|---|

MS4 Annual Report Form

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

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

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| 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(MCC) Form

MCC form for period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

Name of MS4

| |
|-----------------|
| Town of Colonie |
|-----------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 9 | 0 |
|---|---|---|---|---|---|---|---|---|

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

- ☐ 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 | o | r | m | w | a | t | e | r | | C | o | a | l | i | t | i | o | n | | o | f | | A | l | b | a | n | y |
| C | o | u | n | t | y | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 1 6

Name of MS4 Town of Colonie

SPDES ID

N Y R 2 0 A 1 9 0

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

P a u l a

MI

A

Last Name

M a h a n

Title

S u p e r v i s o r

Address

5 3 4 L o u d o n R o a d

City

N e w t o n v i l l e

State

N Y

Zip

1 2 1 2 8 -

eMail

s u p e r v i s o r @ c o l o n i e . o r g

Phone

(5 1 8) 7 8 3 - 2 7 2 8

County

A l b a n y

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

Name of MS4

| |
|-----------------|
| Town of Colonie |
|-----------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 9 | 0 |
|---|---|---|---|---|---|---|---|---|

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| J | o | h | n | | | | | | | | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

MI

| |
|---|
| H |
|---|

Last Name

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| C | u | n | n | i | n | g | h | a | m | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|

Title

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---|---|--|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| C | o | m | m | i | s | s | i | o | n | e | r | | o | f | | P | u | b | l | i | c | | W | o | r | k | s | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---|---|--|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|

Address

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|---|---|---|--|---|---|---|---|---|---|---|---|---|--|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 3 | 4 | 7 | | O | l | d | | N | i | s | k | a | y | u | n | a | | R | o | a | d | | | | | | | | | | | | | | | | | |
|---|---|---|--|---|---|---|--|---|---|---|---|---|---|---|---|---|--|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

City

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| L | a | t | h | a | m | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

State

| | |
|---|---|
| N | Y |
|---|---|

Zip

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1 | 2 | 1 | 1 | 0 | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

eMail

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| c | u | n | n | i | n | g | h | a | m | j | @ | c | o | l | o | n | i | e | . | o | r | g | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Phone

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (| 5 | 1 | 8 |) | 7 | 8 | 2 | - | 6 | 2 | 9 | 2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

County

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A | l | b | a | n | y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 1 6

Name of MS4 Town of Colonie

SPDES ID

N Y R 2 0 A 1 9 0

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

J o h n

MI

J

Last Name

D z i a l o

Title

S t o r m w a t e r M a n a g e m e n t C o o r d i n a t o r

Address

3 4 7 O l d N i s k a y u n a R o a d

City

L a t h a m

State

N Y

Zip

1 2 1 1 0 -

eMail

d z i a l o j @ c o l o n i e . o r g

Phone

(5 1 8) 7 8 3 - 2 7 5 8

County

A l b a n y

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 Town of Colonie

SPDES ID

N Y R 2 0 A 1 9 0

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ☐ Yes ☐ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S t o r m w a t e r C o a l i t i o n o f

Partner/Coalition Name (con't.)

A l b a n y C o u n t y

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 7 5 G r e e n S t r e e t - C o u n t y H e a l t h B l d g

City

A l b a n y

State

N Y

Zip

1 2 2 0 2 -

eMail

N a n c y . H e i n z e n @ a l b a n y c o u n t y n y . g o v

Phone

(5 1 8) 4 4 7 - 5 6 4 5

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ☐ Yes ☐ No

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

● MM1 P u b l i c a t i o n s - P r o g r a m s - W e b s i t e

● MM2 S W M P D o c u m e n t - W A V E - P u b l i c I n p u t

● MM3 A I M S I I - O R I K i t G r a n t : S t o r m M a p ' g

● MM4 C o n s t r u c t i o n O v r s i g h t - M S 4 F o r m s

● MM5 S W P s G r a n t : M a p - I n s p e c t i o n F o r m s

● MM6 T r a i n g : S t a f f - O f f i c i a l s M S 4 S v c s

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, 2016

| | |
|-------------|-----------------|
| Name of MS4 | Town of Colonie |
|-------------|-----------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 9 | 0 |
|---|---|---|---|---|---|---|---|---|

Section 4 - Certification Statement

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

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name

| | | | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|--|--|--|
| P | a | u | l | a | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|--|--|--|

MI

A

Last Name

[illegible]

Title (Clearly print title of individual signing report)

[illegible]

Signature

Paula A. Mahan

Date _____

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 5 | / | 2 | 4 | / | 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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|--|
| N | Y | R | 2 | 0 | 1 | 9 | 0 | |
|---|---|---|---|---|---|---|---|--|

Water Quality Trends

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

- ☐ Yes ☐ No

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

[illegible][illegible][illegible][illegible]

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|--|
| N | Y | R | 2 | 0 | 1 | 9 | 0 | |
|---|---|---|---|---|---|---|---|--|

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

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.

Name of MS4/Coalition

Town of Colonie

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|--|
| N | Y | R | 2 | 0 | 1 | 9 | 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

Trained

| | | | | |
|--|--|--|---|---|
| | | | 1 | 9 |
|--|--|--|---|---|

☐ Direct Mailings

Mailings

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

☒ Kiosks or Other Displays

Locations

| | | | | |
|--|--|--|---|--|
| | | | 3 | |
|--|--|--|---|--|

☐ List-Serves

In List

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

☐ Mailing List

In List

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

☐ Newspaper Ads or Articles

Days Run

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

☐ Public Events/Presentations

Attendees

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

☐ School Program

Attendees

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

☐ TV Spot/Program

Days Run

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

☒ Printed Materials:

Total # Distributed

| | | | | |
|--|--|---|---|---|
| | | 2 | 7 | 1 |
|--|--|---|---|---|

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

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|
| P | u | b | l | i | c | | O | p | e | r | a | t | i | o | n | s | | | |
| C | e | n | t | e | r | | | | | | | | | | | | | | |
| T | o | w | n | | H | a | l | l | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

☒ Other:

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|--|---|---|--|---|---|---|---|---|---|---|---|---|---|---|
| S | i | g | n | s | | a | t | | s | t | r | e | a | m | x | i | n | g | s |
|---|---|---|---|---|--|---|---|--|---|---|---|---|---|---|---|---|---|---|---|

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

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| w | w | w | . | c | o | l | o | n | i | e | . | o | r | g | / | k | e | y | d | o | c | u | m | e | n | t | s | 1 | | |
| . | h | t | m | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | i | n | k | | t | o | | C | o | a | l | i | t | i | o | n | | W | e | b | s | i | t | e | | | | | | |

URL

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

Name of MS4/Coalition

Town of Colonie

| | | | | | | | | |
|---|---|---|---|---|---|---|---|--|
| N | Y | R | 2 | 0 | 1 | 9 | 0 | |
|---|---|---|---|---|---|---|---|--|

URL

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

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.

Name of MS4/Coalition

Town of Colonie

SPDES ID

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | 1 | 9 | 0 |
|---|---|---|---|---|---|---|---|

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

1. Require that all post construction stormwater practices will have signage in conformance with Chapter 3 of the Design Manual. Town staff will inspect, and photo document prior to signing off on a certificate of occupancy. The number of signs installed will be recorded annually.
2. Town staff will maintain the rain garden and signage for the demonstration rain garden at the Public Operations Center.

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

1. All projects in the reporting year installed signage in conformance with Chapter 3 of the Design Manual (12 signs).
2. The rain garden has been maintained and the signage is in good condition.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

1. The Town will continue to require, inspect, and quantify signs installed for all stormwater management areas.
2. The Town will continue to maintain the rain garden and it's sign.

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.

Name of MS4/Coalition

Town of Colonie

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|--|
| N | Y | R | 2 | 0 | 1 | 9 | 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 |
|---|---|

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:

- | | | | | | |
|---|--------------|-----------|-------|---|---------|
| <input type="radio"/> Cleanup Events | # Events | | | | |
| <input type="radio"/> Comments on SWMP Received | # Comments | | | | |
| <input checked="" type="radio"/> Community Hotlines | Phone # | (5 1 8) | 7 8 3 | - | 2 7 5 8 |
| Phone # | () | | - | | |
| Phone # | () | | - | | |
| Phone # | () | | - | | |
| Phone # | () | | - | | |
| Phone # | () | | - | | |
| <input type="radio"/> Community Meetings | # Attendees | | | | |
| <input type="radio"/> Plantings | Sq. Ft. | | | | |
| <input type="radio"/> Storm Drain Markings | # Drains | | | | |
| <input type="radio"/> Stakeholder Meetings | # Attendees | | | | |
| <input checked="" type="radio"/> Volunteer Monitoring | # Events | | | | 2 |
| <input type="radio"/> Other: | | | | | |

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

☒ Yes ☐ No

- | | | | | | | |
|---|------------|--|--|--|--|--|
| <input type="radio"/> List-Serve | # In List | | | | | |
| <input type="radio"/> Newspaper Advertising | # Days Run | | | | | |
| <input type="radio"/> TV/Radio Notices | # Days Run | | | | | |
| <input type="radio"/> Other: | | | | | | |

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

L

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

Town of Colonie

| | | | | | | | | |
|---|---|---|---|---|---|---|---|--|
| N | Y | R | 2 | 0 | 1 | 9 | 0 | |
|---|---|---|---|---|---|---|---|--|

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

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

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

Name of MS4/Coalition

Town of Colonie

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|--|
| N | Y | R | 2 | 0 | 1 | 9 | 0 | |
|---|---|---|---|---|---|---|---|--|

2. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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.

Name of MS4/Coalition

Town of Colonie

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|
| N | Y | R | 2 | 0 | 1 | 9 | 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.

☒ MS4/Coalition Office

☒ Annual Report ☒ SWMP Plan ☒ Comments

Department

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|--|--|
| S | t | o | r | m | w | a | t | e | r | | M | a | n | a | g | e | m | e | n | t | | O | f | f | i | c | e | | | |
|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|--|--|

Address

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|---|---|---|--|---|---|---|---|---|---|---|---|---|--|---|---|---|---|--|--|--|--|--|--|--|--|--|
| 3 | 4 | 7 | | O | l | d | | N | i | s | k | a | y | u | n | a | | R | o | a | d | | | | | | | | | |
|---|---|---|--|---|---|---|--|---|---|---|---|---|---|---|---|---|--|---|---|---|---|--|--|--|--|--|--|--|--|--|

City

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|
| L | a | t | h | a | m | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|

Zip

| | |
|---|---|
| N | Y |
|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|
| 1 | 2 | 1 | 1 | 0 | - | | | | |
|---|---|---|---|---|---|--|--|--|--|

Phone

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (| 5 | 1 | 8 |) | 7 | 8 | 3 | - | 2 | 7 | 5 | 8 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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

City

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

Zip

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

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

Phone

| | | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|
| (| | | |) | | | | - | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|

☐ Other

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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

City

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

Zip

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

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

Phone

| | | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|
| (| | | |) | | | | - | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|

☒ Web Page URL:

☒ Annual Report ☒ SWMP Plan ☒ Comments

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| w | w | w | . | c | o | l | o | n | i | e | . | o | r | g | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|---|---|--|---|---|---|---|---|---|--|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|
| l | i | n | k | | t | o | | A | l | b | a | n | y | | C | o | u | n | t | y | | | | | | | | | |
|---|---|---|---|--|---|---|--|---|---|---|---|---|---|--|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| C | o | a | l | i | t | i | o | n | | w | e | b | s | i | t | e | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

☐ eMail

☐ Comments

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

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

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 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 Colonie | | | | | | | | | | | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 9 | 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.

| | |
|---|---|
| 0 | 5 |
|---|---|

 /

| | |
|---|---|
| 0 | 6 |
|---|---|

 /

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

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

| | | |
|--|---|---|
| | 1 | 5 |
|--|---|---|

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☐ No

If Yes, what was the date of the meeting?

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

 /

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

 /

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

If No, is one planned?

☐ Yes ☐ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

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.

Name of MS4/Coalition

Town of Colonie

SPDES ID

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | 1 | 9 | 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.

Town and Coalition staff will identify four sites to submit to NYSDEC WAVE program and organize volunteers for WAVE sampling.

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

Four sites were submitted, accepted, sampled, and submitted to the NYSDEC WAVE program.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Four more sites will be submitted to the NYSDEC WAVE program, volunteers will be organize, and samples will be submitted to NYSDEC.

L

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|



Town of Colonie

| | | | | | | | | |
|---|---|---|---|---|---|---|---|--|
| N | Y | R | 2 | 0 | 1 | 9 | 0 | |
|---|---|---|---|---|---|---|---|--|

| | |
|---|---|
| How many MS4s contributed to this report? | 1 |
|---|---|

| | | | | |
|--|--|---|---|---|
| | | 8 | 1 | 2 |
|--|--|---|---|---|

| | | | |
|---|---|---|---|
| 1 | 0 | 0 | % |
|---|---|---|---|

| | | |
|---|---|---|
| 1 | 6 | 6 |
|---|---|---|

☐ None

[illegible][illegible]

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.

Name of MS4/Coalition

Town of Colonie

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|--|
| N | Y | R | 2 | 0 | 1 | 9 | 0 | |
|---|---|---|---|---|---|---|---|--|

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

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

[illegible]

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

| | | |
|--|--|---|
| | | 5 |
|--|--|---|

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

| | | |
|--|--|---|
| | | 5 |
|--|--|---|

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

| | | |
|--|--|---|
| | | 5 |
|--|--|---|

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

☒ Yes ☐ No

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

| | | | |
|--|--|--|---|
| | | | % |
|--|--|--|---|

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| w | w | w | . | a | i | m | s | g | i | s | . | o | r | g | / | w | e | b | m | a | p |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

[illegible][illegible]

URL

[illegible][illegible][illegible]

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.

Name of MS4/Coalition

Town of Colonie

SPDES ID

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | 1 | 9 | 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.

1. Town staff will conduct dry weather screenings for 20% of their known outfalls.
2. Town staff will review completed construction projects for potential additional outfalls and update inventory.

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

1. The Town conducted 166 outfall screenings (20%) using the IDDE Program procedures.
2. All completed construction projects were reviewed for additional outfalls and an additional twelve outfalls were added to the Town's inventory. Outfall were GPS'd and added to the GIS.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

1. The Town will conduct dry weather screenings for 20% of their known outfalls.
2. All completed construction projects will be evaluated for potential new outfalls and mapped as needed.

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.

Name of MS4/Coalition

Town of Colonie

SPDES ID

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | 1 | 9 | 0 |
|---|---|---|---|---|---|---|---|

Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?

☒ Yes ☐ No

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

☒ Yes ☐ No ☐ NT

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

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place?

☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

| | | |
|--|---|---|
| | 2 | 6 |
|--|---|---|

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?

☒ Yes ☐ No ☐ NT

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

| | | |
|--|--|---|
| | | 6 |
|--|--|---|

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

☒ Yes ☐ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

| | | | | | | | | |
|--|---|---|--|---|--|--|---|------------------------------------|
| <input checked="" type="radio"/> Notices of Violation | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>9</td></tr></table> | | | | | 9 | <input type="radio"/> No Authority |
| | | | | 9 | | | | |
| <input type="radio"/> Stop Work Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Criminal Actions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Termination of Contracts | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Administrative Fines | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Civil Penalties | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Administrative Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input checked="" type="radio"/> Other | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>6</td></tr></table> | | | | | 6 | <input type="radio"/> No Authority |
| | | | | 6 | | | | |

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.

Name of MS4/Coalition

Town of Colonie

SPDES ID

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | 1 | 9 | 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 |
|--|--|---|

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

| | | |
|--|---|---|
| | 1 | 6 |
|--|---|---|

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

| | | |
|--|---|---|
| | 4 | 8 |
|--|---|---|

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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

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

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

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

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 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 Colonie

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|--|
| N | Y | R | 2 | 0 | 1 | 9 | 0 | |
|---|---|---|---|---|---|---|---|--|

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|--|
| S | t | o | r | m | w | a | t | e | r | | M | a | n | a | g | e | m | e | n | t | | O | f | f | i | c | e | | |
|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|--|

Address

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|---|---|---|--|---|---|---|---|---|---|---|---|---|--|---|---|---|---|--|--|--|--|--|--|--|--|
| 3 | 4 | 7 | | O | l | d | | N | i | s | k | a | y | u | n | a | | R | o | a | d | | | | | | | | |
|---|---|---|--|---|---|---|--|---|---|---|---|---|---|---|---|---|--|---|---|---|---|--|--|--|--|--|--|--|--|

City

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| L | a | t | h | a | m | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|

| | |
|---|---|
| N | Y |
|---|---|

Zip

| | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|
| 1 | 2 | 1 | 1 | 0 | - | | | | |
|---|---|---|---|---|---|--|--|--|--|

Phone

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (| 5 | 1 | 8 |) | 7 | 8 | 3 | - | 2 | 7 | 5 | 8 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

○ Library

Address

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

City

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

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

Zip

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

Phone

| | | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|
| (| | | |) | | | | - | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|

○ Other

Address

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

City

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

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

Zip

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

Phone

| | | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|
| (| | | |) | | | | - | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|

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

URL

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

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

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

URL

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

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

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

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 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 Colonie

SPDES ID

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | 1 | 9 | 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.

1. Town and Coalition staff will create a comprehensive Guidance Document for Construction Activity Oversight and a SWPPP Review check list.

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

1. Throughout the reporting year many meetings were conducted and a Guidance Document was created for use.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

1. The Guidance Document will be used and evaluated for effectiveness and modified as needed.

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | 1 | 9 | 0 |
|---|---|---|---|---|---|---|---|

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.

Name of MS4/Coalition

Town of Colonie

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|--|
| N | Y | R | 2 | 0 | 1 | 9 | 0 | |
|---|---|---|---|---|---|---|---|--|

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

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

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

| | | |
|--|---|---|
| | 1 | 5 |
|--|---|---|

 %

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.

Name of MS4/Coalition

Town of Colonie

SPDES ID

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | 1 | 9 | 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.

1. The Town will continue to maintain necessary post-construction records for use in internal operations and the MS4 Permit Annual Report.
2. The Town will continue to require all SWPPP preparers to use the enhanced phosphorous removal chapter in the Design Manual for projects within the Ann Lee/ Stump pond watershed.

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

1. Records for post-construction projects are kept up to date.
2. All projects being designed in the Ann Lee/ Stump pond watershed are using the enhanced phosphorous removal chapter in the Design Manual.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. By 3/9/17 Town stormwater staff will develop a form letter for private owners of post-construction practices requesting a copy of the annual inspection conducted by a qualified professional. This was a goal for this reporting year but was not achieved.
2. The Town will continue to make sure all projects within the Ann Lee Pond (303d) watershed use the enhanced phosphorous removal chapter in the Design Manual.

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.

Name of MS4/Coalition

Town of Colonie

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|--|
| N | Y | R | 2 | 0 | 1 | 9 | 0 | |
|---|---|---|---|---|---|---|---|--|

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

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

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

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.

Name of MS4/Coalition

Town of Colonie

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|--|
| N | Y | R | 2 | 0 | 1 | 9 | 0 | |
|---|---|---|---|---|---|---|---|--|

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

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

| | | | | |
|--|--|--|---|---|
| | | | 1 | 5 |
|--|--|--|---|---|
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

| | | | | |
|--|--|---|---|---|
| | | 1 | 6 | 0 |
|--|--|---|---|---|
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|---|---|---|
| | | 2 | 5 | 0 |
|--|--|---|---|---|
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|---|---|
| | | | 5 | 6 |
|--|--|--|---|---|
- ☒ Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|
- ☒ Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|---|---|---|---|---|
| 1 | 1 | 0 | 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. How many stormwater management trainings have been provided to municipal employees during this reporting period?

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|

4. What was the date of the last training?

| | |
|---|---|
| 0 | 2 |
|---|---|

/

| | |
|---|---|
| 1 | 5 |
|---|---|

/

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 5 |
|---|---|---|---|

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

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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

| | | |
|--|---|---|
| | 7 | 0 |
|--|---|---|

%

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.

Name of MS4/Coalition

Town of Colonie

SPDES ID

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | 1 | 9 | 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.

1. The Town inspects, cleans out, and records the amount of spoils removed from the catch basins. Data is compiled for MS4 Permit Annual Report.
2. The Town conducts three Hazardous Household Waste Day events annually. Approximately 1114 households participated.

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

1. Approximately 435 cubic yards of sediment was removed from the Town's conveyance system preventing it from entering the waters of the US.
2. The Town conducted three Hazardous Household Waste Day events. All materials collected were quantified and disposed of properly.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

1. Stormwater staff will reassess all municipally owned facilities using the Facility Self Audit Form.

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

Minimum Control Measure 1. Public Education and Outreach

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

☐ On behalf of an individual MS4

☒ On behalf of a coalition

How many MS4s contributed to this report?

| | |
|---|---|
| 1 | 2 |
|---|---|

1. Targeted Public Education and Outreach Best Management Practices

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

☒ Construction Sites

☒ General Stormwater Management Information

☐ Household Hazardous Waste Disposal

☐ Illicit Discharge Detection and Elimination

☒ Infrastructure Maintenance

☒ Smart Growth

☐ Storm Drain Marking

☐ Green Infrastructure/Better Site Design/Low Impact Development

☒ Other:

☒ Pesticide and Fertilizer Application

☒ Pet Waste Management

☐ Recycling

☒ Riparian Corridor Protection/Restoration

☐ Trash Management

☒ Vehicle Washing

☐ Water Conservation

☐ Wetland Protection

☐ None

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|--|---|---|---|--|---|---|
| C | o | a | l | i | t | i | o | n | | W | e | b | s | i | t | e | - | W | h | a | t | | Y | o | u | | C | a | n | | D | o |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|--|---|---|---|--|---|---|

Other

2. Specific audiences targeted during this reporting period:

☒ Public Employees

☒ Contractors

☒ Residential

☐ Developers

☒ Businesses

☒ General Public

☐ Restaurants

☐ Industries

☒ Other:

☐ Agricultural

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E | l | e | c | t | e | d | s | / | P | u | b | l | i | c | - | C | l | e | a | n | W | a | t | e | r | A | c | t | I | n | f | o |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Other

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| N | 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

Trained

| | | | | |
|--|--|--|---|---|
| | | | 6 | 4 |
|--|--|--|---|---|

☐ Direct Mailings

Mailings

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

☒ Kiosks or Other Displays

Locations

| | | | | |
|--|--|--|--|---|
| | | | | 8 |
|--|--|--|--|---|

☒ List-Serves

In List

| | | | | |
|--|--|---|---|---|
| | | 4 | 8 | 0 |
|--|--|---|---|---|

☐ Mailing List

In List

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

☐ Newspaper Ads or Articles

Days Run

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

☒ Public Events/Presentations

Attendees

| | | | | |
|--|--|---|---|---|
| | | 1 | 5 | 0 |
|--|--|---|---|---|

☐ School Program

Attendees

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

☐ TV Spot/Program

Days Run

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

☒ Printed Materials:

Total # Distributed

| | | | | |
|--|--|---|---|---|
| | | 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 |
| G | o | v | e | r | n | i | n | g | | B | o | a | r | d | | M | t | g | s |
| T | r | a | i | n | i | n | g | s | - | P | u | b | l | i | c | P | r | o | g |
| | | | | | | | | | | | | | | | | | | | |

☒ Other:

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

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

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| w | w | w | . | s | t | o | r | m | w | a | t | e | r | a | l | b | a | n | y | c | o | u | n | t | y | . | o | r | g | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

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

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.

Name of MS4/Coalition

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

SPDES 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 ☐ 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 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.

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| N | Y | R | 2 | 0 | | | | | |
|---|---|---|---|---|--|--|--|--|--|

2. URL(s) con't.:

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

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| w | w | . | s | t | o | r | m | w | a | t | e | r | a | l | b | a | n | y | c | o | u | n | t | y | . | o | r | g | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

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

URL

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

URL

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

URL

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

URL

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

URL

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

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.

Name of MS4/Coalition

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

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| 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.

| | |
|---|---|
| 0 | 5 |
|---|---|

 /

| | |
|---|---|
| 0 | 6 |
|---|---|

 /

| | | | |
|---|---|---|---|
| 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 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☐ No

If Yes, what was the date of the meeting?

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

 /

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

 /

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

If No, is one planned?

☐ Yes ☐ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

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.

Name of MS4/Coalition

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

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| 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?

| | | | |
|--|--|--|---|
| | | | 2 |
|--|--|--|---|

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

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.

L

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|



| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

| | | |
|--|---|---|
| | 1 | 2 |
|--|---|---|

| | | | | | | | |
|--|--|--|--|---|--|--|---|
| | | | | # | | | % |
|--|--|--|--|---|--|--|---|

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

[illegible][illegible]

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

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

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

[illegible]

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

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

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

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

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

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

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

☐ Yes ☐ No

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

| | | | | |
|--|--|--|--|---|
| | | | | % |
|--|--|--|--|---|

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

[illegible]

URL

[illegible]

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.

Name of MS4/Coalition

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

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| N | 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 ☐ 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 - 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.

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | 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 ☐ 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 Procedures-review 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.

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES 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 ☐ 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.

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | 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 | 2 |
|---|---|

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

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

| <u>Operation/Activity/Facility</u> | <u>Addressed in SWMP?</u> | | <u>years?</u> | |
|---|----------------------------------|--------------------------|---------------------------|--------------------------|
| Street Maintenance..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Bridge Maintenance..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Winter Road Maintenance..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Salt Storage..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Solid Waste Management..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| New Municipal Construction and Land Disturbance.. | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Right of Way Maintenance..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Marine Operations..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Hydrologic Habitat Modification..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Parks and Open Space..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Municipal Building..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Stormwater System Maintenance..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Vehicle and Fleet Maintenance..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Other..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| N | Y | R | 2 | 0 | | | | | |
|---|---|---|---|---|--|--|--|--|--|

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

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Pesticide/Herbicide Applied # Acres

| | | | | | | |
|--|--|--|--|--|---|--|
| | | | | | . | |
|--|--|--|--|--|---|--|

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

| | | | | |
|--|--|--|---|---|
| | | | 1 | 3 |
|--|--|--|---|---|

4. What was the date of the last training?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | / | 2 | 2 | / | 2 | 0 | 1 | 5 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | |
|--|--|---|
| | | 2 |
|--|--|---|

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

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

 %

MS4 Annual Report Form

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

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

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| 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(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4

VILLAGE OF COLONIE

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

- ☐ An Annual Report for a single MS4
- ☐ A Single Entity (Per Part ILE 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:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 VILLAGE OF COLONIE

SPDES ID

N Y R 2 0 A 0 7 6

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

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

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

For each contact, select all that apply:

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

First Name

F R A N K

MI

A

Last Name

L E A K

Title

M A Y O R

Address

2 T H U N D E R R O A D V I L L A G E H A L L

City

V I L L A G E O F C O L O N I E

State

N Y

Zip

1 2 2 0 5 - 2 4 0 2

eMail

V I L L A G E H A L L @ C O L O N I E V I L L A G E . O R G

Phone

(5 1 8) 8 6 9 - 7 5 6 2

County

A L B A N Y

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 VILLAGE OF COLONIE

SPDES ID

N Y R 2 0 A 0 7 6

Section 2 - Contact Information**Important Instructions - Please Read**Contact information must be provided for each of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

First Name

R O N A L D

MI

J

Last Name

L A B E R G E

Title

V I L L A G E D E S I G N A T E D E N G I N E E R

Address

4 C O M P U T E R D R I V E W E S T

City

A L B A N Y

State

N Y

Zip

1 2 2 0 5 -

eMail

R J L A B E R G E @ L A B E R G E G R O U P . C O M

Phone

(5 1 8) 4 5 8 - 7 1 1 2

County

A L B A N Y

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 VILLAGE OF COLONIE

SPDES ID

N Y R 2 0 A 0 7 6

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

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

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

For each contact, select all that apply:

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

First Name

R A N D O L P H

MI

Last Name

R I V E R A

Title

S T O R M W A T E R M A N A G E M E N T O F F I C E R

Address

2 T H U N D E R R O A D V I L L A G E H A L L

City

V I L L A G E O F C O L O N I E

State

N Y

Zip

1 2 2 0 5 - 2 4 0 2

eMail

R A N D Y R I V E R I A @ C O L O N I E V I L L A G E . O R G

Phone

(5 1 8) 8 6 9 - 7 5 6 2

County

A L B A N Y

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 Village of Colonie

SPDES ID

N Y R 2 0 A 0 7 6

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ☐ Yes ☐ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S t o r m w a t e r C o a l i t i o n o f

Partner/Coalition Name (con't.)

A l b a n y C o u n t y

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 7 5 G r e e n S t r e e t - C o u n t y H e a l t h B l d g

City

A l b a n y

State

N Y

Zip

1 2 2 0 2 -

eMail

N a n c y . H e i n z e n @ a l b a n y c o u n t y n y . g o v

Phone

(5 1 8) 4 4 7 - 5 6 4 5

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ☐ Yes ☐ No

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

● MM1 P u b l i c a t i o n s - P r o g r a m s - W e b s i t e

● MM2 S W M P D o c u m e n t - W A V E - P u b l i c I n p u t

● MM3 A I M S I I - O R I K i t G r a n t : S t o r m M a p ' g

● MM4 C o n s t r u c t i o n O v r s i g h t - M S 4 F o r m s

● MM5 S W P s G r a n t : M a p - I n s p e c t i o n F o r m s

● MM6 T r a i n g : S t a f f - O f f i c i a l s M S 4 S v c s

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

Name of MS4 VILLAGE OF COLONIE

SPDES ID

N Y R 2 0 A 0 7 6

Section 4 - Certification Statement

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

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name

F R A N K

MI

A


Last Name

L E A K

Title (Clearly print title of individual signing report)

M A Y O R

Signature



Date

05/24/2016

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

| | |
|-----------------------|--------------------|
| Name of MS4/Coalition | VILLAGE OF COLONIE |
|-----------------------|--------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

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? | | | |
|---|--|--|--|

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

☐ Yes ☒ No

If Yes, choose one of the following

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

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URI.

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

VILLAGE OF COLONIE

SPIDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

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
 - ☐ General Stormwater Management Information
 - ☒ Household Hazardous Waste Disposal
 - ☒ Illicit Discharge Detection and Elimination
 - ☐ Infrastructure Maintenance
 - ☐ Smart Growth
 - ☐ Storm Drain Marking
 - ☐ Green Infrastructure/Better Site Design/Low Impact Development
 - ☒ Other:
 - ☒ Pesticide and Fertilizer Application
 - ☒ Pet Waste Management
 - ☒ Recycling
 - ☐ Riparian Corridor Protection/Restoration
 - ☐ Trash Management
 - ☐ Vehicle Washing
 - ☐ Water Conservation
 - ☐ Wetland Protection
 - ☐ None

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| P | O | O | L | S | , | W | A | S | H | W | A | T | E | R | , | P | O | C | - | S | E | D | I | M | E | N | T | S |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

2. Specific audiences targeted during this reporting period:

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

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

VILLAGE OF COLONIE

SPDES ID

N Y R 2 0 A 0 7 6

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

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

☒ Direct Mailings

Mailings

| | | | | |
|---|---|---|---|---|
| 1 | 4 | 9 | 0 | 5 |
|---|---|---|---|---|

☒ Kiosks or Other Displays

Locations

| | | | | |
|--|--|--|--|---|
| | | | | 6 |
|--|--|--|--|---|

☐ List-Serves

In List

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

☒ Mailing List

In List

| | | | | |
|--|---|---|---|---|
| | 3 | 0 | 0 | 0 |
|--|---|---|---|---|

☐ Newspaper Ads or Articles

Days Run

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

☒ Public Events/Presentations

Attendees

| | | | | |
|---|---|---|---|--|
| 2 | 1 | 0 | 0 | |
|---|---|---|---|--|

☐ School Program

Attendees

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

☐ TV Spot/Program

Days Run

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

☒ Printed Materials:

Total # Distributed

| | | | | |
|--|--|---|---|---|
| | | 9 | 2 | 4 |
|--|--|---|---|---|

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

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C | O | O | K | | P | A | R | K | , | | V | I | L | L | A | G | E | | |
| H | A | L | L | , | | R | E | C | | C | E | N | T | E | R | , | | | |
| S | T | E | W | A | R | T | S | , | | 1 | S | T | | N | A | T | . | | |
| B | A | N | K | , | | C | O | M | M | U | N | I | T | Y | | C | E | N | . |

☐ Other:

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

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

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| W | W | W | . | C | O | L | O | N | I | E | V | I | L | L | A | G | E | . | O | R | G | / | | | | | | | | | | |
| S | T | O | R | M | W | A | T | E | R | . | H | T | M | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| W | W | W | . | C | O | L | O | N | I | E | V | I | L | L | A | G | E | . | O | R | G | / | A | R | 2 | 0 | 1 | 5 | | | | |
| S | W | C | O | A | L | A | L | B | C | N | T | Y | | J | O | I | N | T | % | 2 | 0 | M | S | 4 | % | 2 | 0 | | | | | |
| A | N | N | U | A | L | % | 2 | 0 | R | E | P | . | P | D | F | | | | | | | | | | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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.

Name of MS4/Coalition

VILLAGE OF COLONIE

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

4. Evaluating Progress Toward Measurable Goals MCM I

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

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

Complete a new Target Audience Analysis worksheet (TAAW) for Lisha Kill, Shaker Creek & Patroon Creek watersheds within Village boundaries. Add website hit counter. Review streets crossing watershed tributaries and locate on the Village Facilities map possible locations for future sign postings to increase public awareness of creeks within the Village's MS4 designated area and that dumping should not occur/the area drains to river.

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

The TAAW confirmed Pollutants Of Concern (POC) as thermal stress, pool water, pesticides, phosphorous and sediment. The target audience for education and training continues to be the Village Planning Board, Residences and Businesses. Website hit counter added
The Village Stormwater Management Officer & DPW Superint. identified on the facilities map the locations of existing signs & possible future sign locations.

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

| | | | |
|--|--|--|---|
| | | | 6 |
|--|--|--|---|

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The TAAW will be reviewed for possible update, the "Villager" newsletter ed. ads. will be updated to match POCs, water and sewer bills will include new ed pamphlets and new kiosks and bulletin board postings will be reflective of the POCs ID'd in the latest TAAW, a budget for signs and installation will be procured and signs installed at Cook Park and Honey Court

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.

Name of MS4/Coalition

VILLAGE OF COLONIE

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

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

Events

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

☒ Comments on SWMP Received

Comments

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|

☒ Community Hotlines

Phone #

(5 1 8)

8 6 9 -

6 3 7 2

Phone # () -

Phone #

() -

Phone #

() -

Phone # () -

Phone #

() -

Phone #

() -

Phone # () -

Phone #

() -

Phone #

() -

Phone # () -

Phone #

() -

Phone #

() -

Phone # () -

Phone #

() -

Phone #

() -

☐ Community Meetings

Attendees

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

☐ Plantings

Sq. Ft.

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

☐ Storm Drain Markings

Drains

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

☐ Stakeholder Meetings

Attendees

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

☐ Volunteer Monitoring

Events

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

☒ Other: V I L L A G E R E C Y C L I N G P R O G R A M S

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

☒ Yes ☐ No

☐ List-Serve

In List

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

☐ Newspaper Advertising

Days Run

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

☐ TV/Radio Notices

Days Run

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

☒ Other: K I O S K S A N D B U L L E T I N B O A R D S

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

VILLAGE OF COLONIE

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

2. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URI.

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

VILLAGE OF COLONIE

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

2. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: VILLAGE OF COLONIE

SPDES ID

NYR20A076

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

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

☒ MS4/Coalition Office

☒ Annual Report ☒ SWMP Plan ☒ Comments

Department

V I L L A G E O F C O L O N I E V I L L A G E H A L L

Address

2 T H U N D E R R O A D

City

V I L L A G E C O L O N I E

Zip

NY

1 2 2 0 5 - 2 4 0 4

Phone

(5 1 8) 8 6 9 - 7 5 6 2

☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

City

Zip

-

Phone

() -

☒ Other

☒ Annual Report ☒ SWMP Plan ☒ Comments

Address

1 7 5 G R E E N S T R E E T

City

A L B A N Y

Zip

NY

1 2 2 0 2 -

Phone

(5 1 8) 4 4 7 - 5 6 4 5

☒ Web Page URL:

☐ Annual Report ☐ SWMP Plan ☐ Comments

W W W . C O L O N I E V I L L A G E . O R G /

S T O R M W A T E R . H T M

W W W . S T O R M W A T E R A L B A N Y C O U N T Y . O R G

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

☐ eMail

☐ Comments

R A N D Y R I V E R I A @ C O L O N I E V I L L A G E . O R G

S W C O A L I T I O N @ A L B A N Y C O U N T Y . O R G

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.

Name of MS4/Coalition

VILLAGE OF COLONIE

SPDES ID

N Y R 2 0 A 0 7 6

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 1 / 2 0 1 6

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

1 5

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?☐ Yes ☒ No

If Yes, what was the date of the meeting?

/ /

If No, is one planned?

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

If No, is one planned for each?

☐ Yes ☐ No**6. Were comments received during this reporting period?**☐ Yes ☒ No

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

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.

Name of MS4/Coalition

VILLAGE OF COLONIE

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

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.

Update the MS4 Program Org. Chart adding Stormwater Management Officers (SMO) contact information. Add SMO contact information to the Village Stormwater Webpage.
Stormwater Management Officer will obtain an ink stamp with MS4 program contact information for use on outreach pamphlets.
Update MCC reporting forms.

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

MS4 Org Chart was updated adding the SMO information. The Village stormwater webpage received a hit counter started at 104 currently indicating 42 site visits. The SMO obtained an ink stamp and is using it on MS4 program related documents. MCC forms have been review and updated if necessary.

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

| | | | |
|--|--|---|---|
| | | 4 | 7 |
|--|--|---|---|

(ex. 1 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).

Review and update MCC forms as necessary.
Prepare & Post draft report and within 10 days present the report to the Village Board of Trustees and open for public comment, continue receipt of any illicit discharges including construction related complaints, log occurrences and take appropriate action

1

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

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

VILLAGE OF COLONIE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to 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
- ☐ Building Maintenance
- ☐ Churches
- ☐ Commercial Carwashes
- ☐ Commercial Laundry/Dry Cleaners
- ☐ Construction Vehicle Washouts
- ☐ Cross-Connections
- ☐ Distribution Centers
- ☐ Food Processing Facilities
- ☐ Garbage Truck Washouts
- ☐ Hospitals
- ☐ Improper RV Waste Disposal
- ☐ Industrial Process Water
- ☐ Landscaping (Irrigation)
- ☐ Marinas
- ☐ Metal Plating Operations
- ☐ Outdoor Fluid Storage
- ☐ Parking Lot Maintenance
- ☐ Printing
- ☐ Residential Carwashing
- ☐ Restaurants
- ☐ Schools and Universities
- ☐ Septic Maintenance
- ☐ Swimming Pools
- ☐ Vehicle Fueling
- ☐ Vehicle Maint./Repair Shops
- ☐ None
- ☐ Other:

- Sewersheds:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|---|---|---|--|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|--|
| W | I | T | H | I | N | | T | H | E | | V | I | L | L | A | G | E | | B | O | U | N | D | A | R | I | E | S | |
|---|---|---|---|---|---|--|---|---|---|--|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|--|

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.

Name of MS4/Coalition

VILLAGE OF COLONIE

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

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

- ☐ Broken Lines From Sanitary Sewer ☐ Industrial Connections
☐ Cross Connections ☐ Inflow/Infiltration
☐ Failing Septic Systems ☐ Pump Station Failure
☐ Floor Drains Connected To Storm Sewers ☐ Sanitary Sewer Overflows
☐ Illegal Dumping ☐ Straight Pipe Sewer Discharges

☒ Other:☐ None

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|--|---|---|---|---|--|---|---|---|---|---|--|---|---|---|---|---|
| H | Y | D | R | A | U | L | I | C | | F | L | U | I | D | | L | E | A | K | | S | M | A | L | L | | Q | U | A | N | T |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|--|---|---|---|---|--|---|---|---|---|---|--|---|---|---|---|---|

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

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

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

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

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

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

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

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

| | | | |
|--|--|--|---|
| | | | % |
|--|--|--|---|

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

If Yes, provide URL(s):

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

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|
| P | A | S | S | W | O | R | D | | P | R | O | T | E | C | T | E | D | | | | | | | | | | | | | | | |
| W | W | W | . | A | I | M | S | G | I | S | . | O | R | G | / | W | E | B | M | A | P | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

| | |
|-----------------------|--------------------|
| Name of MS4/Coalition | VILLAGE OF COLONIE |
|-----------------------|--------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

8. URL(s) con't.:

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

URI.

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

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

| | | | |
|---|---|---|---------------|
| 1 | 0 | 0 | $\frac{9}{8}$ |
|---|---|---|---------------|

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.

Name of MS4/Coalition

| |
|--------------------|
| VILLAGE OF COLONIE |
|--------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

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.

Village DPW to video inspect 1000 ft of sewers and make repairs. The Stormwater Management Officer (SMO) will review outfall mapping and DPW procedures to ensure all outfalls are mapped and inspected. DPW will perform Outfall Reconnaissance Inventory (ORI) inspections for 100% of the outfalls and report to the SMO.

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

The DPW postponed sewer inspections and focused on cleaning catch basins of trapped sediment. Outfall mapping was reviewed and found to represent 100% of the Village stormwater outfalls. ORI for 100% of the 45 outfalls was conducted with no illicit discharges detected.

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

| | | | |
|--|--|---|---|
| | | 4 | 6 |
|--|--|---|---|

(ex.: samples/participants/areas)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

The Village DPW will continue the video inspection of sewers and make repairs as needed to eliminate inflow and infiltration.
The Village DPW will perform ORI reporting on 100% of the stormwater outfalls in the Village MS4 system.

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.

Name of MS4/Coalition

VILLAGE OF COLONIE

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

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

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?

☒ Yes ☐ No

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

☒ Yes ☐ No ☐ NT

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

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place?

☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

| | | |
|--|--|---|
| | | 3 |
|--|--|---|

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?

☒ Yes ☐ No ☐ NT

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

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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

☒ Yes ☐ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

| | | | | | | | |
|--|---|--|--|--|---|---|------------------------------------|
| <input checked="" type="radio"/> Notices of Violation | # | | | | 4 | 9 | <input type="radio"/> No Authority |
| <input type="radio"/> Stop Work Orders | # | | | | | | <input type="radio"/> No Authority |
| <input type="radio"/> Criminal Actions | # | | | | | | <input type="radio"/> No Authority |
| <input type="radio"/> Termination of Contracts | # | | | | | | <input type="radio"/> No Authority |
| <input type="radio"/> Administrative Fines | # | | | | | | <input type="radio"/> No Authority |
| <input type="radio"/> Civil Penalties | # | | | | | | <input type="radio"/> No Authority |
| <input type="radio"/> Administrative Orders | # | | | | | | <input type="radio"/> No Authority |
| <input type="radio"/> Enforcement Actions or Sanctions | # | | | | | | |
| <input type="radio"/> Other | # | | | | | | <input type="radio"/> No Authority |

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.

Name of MS4/Coalition

VILLAGE OF COLONIE

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

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

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

| | | |
|--|--|---|
| | | 3 |
|--|--|---|

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

| | | |
|--|--|---|
| | | 3 |
|--|--|---|

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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

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

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

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

MS4 Annual Report Form

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

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

| |
|--------------------|
| VILLAGE OF COLONIE |
|--------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

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 (SWPPP), including requirements in Part III.C.1. Submit additional pages as needed.

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

The Stormwater Management Officer (SMO) will hold pre-construction meetings with project owners/operators/contractors for 100% of construction sites with pending construction. The SMO will obtain copies of the Trained Contractor's certification cards showing training in erosion and sediment control implementation and best practices.

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

The SMO with the assistance of the Village Designated Engineer held meetings with owners/operators/contractors reviewing the Village's MS4 program, duty to oversee their activities, requirements of the general permit for construction with special focus on SWPPP report content, need to implement corrective measures, notices and approval to/by the MS4 of proposed changes to the SWPPP. The SMO received Contractor's cert. cards from projects proposing to disturb earth.

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

| | | | |
|--|--|--|---|
| | | | 6 |
|--|--|--|---|

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

The SMO with the assistance of the Village Designated Engineer will hold pre-construction meetings with the Owner/Operator/Contractors/SWPPP Qualified Inspectors and Design Engineers for 100% of sites with pending construction. The SMO will obtain copies of the Trained Contractor certification cards for 100% of construction sites with pending construction.

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.

Name of MS4/Coalition VILLAGE OF COLONIE

SPDES ID

N Y R 2 0 A 0 7 6

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 |
|--|--|--|--|
| <input checked="" type="radio"/> Alternative Practices | <input type="text"/> <input type="text"/> 1 | <input type="text"/> <input type="text"/> 1 | <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="radio"/> Filter Systems | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| <input checked="" type="radio"/> Infiltration Basins | <input type="text"/> 1 <input type="text"/> 7 | <input type="text"/> <input type="text"/> 1 | <input type="text"/> <input type="text"/> <input type="text"/> |
| <input checked="" type="radio"/> Open Channels | <input type="text"/> <input type="text"/> 3 | <input type="text"/> <input type="text"/> 3 | <input type="text"/> <input type="text"/> <input type="text"/> |
| <input checked="" type="radio"/> Ponds | <input type="text"/> <input type="text"/> 1 | <input type="text"/> <input type="text"/> 1 | <input type="text"/> <input type="text"/> <input type="text"/> |
| <input checked="" type="radio"/> Wetlands | <input type="text"/> <input type="text"/> 2 | <input type="text"/> <input type="text"/> 2 | <input type="text"/> <input type="text"/> <input type="text"/> |
| <input checked="" type="radio"/> Other | <input type="text"/> <input type="text"/> 1 | <input type="text"/> <input type="text"/> 1 | <input type="text"/> <input type="text"/> <input type="text"/> |

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

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

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

☒ Other:

I N F I L T R A T I O N P R A C T I C E S

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.

Name of MS4/Coalition

VILLAGE OF COLONIE

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

 %

MS4 Annual Report Form

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

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

VILLAGE OF COLONIE

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

The Stormwater Management Officer with the assistance of the Village Designated Engineer (VDE) will update the tracking worksheet adding new stormwater management facilities (SWMF) that have come on-line, complete facility inspections & track results.
The SMO and VDE will review the trend of annual inspection of SWMFs with first time satisfactory inspection results.

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

The VDE added two new SWMFs to the tracking worksheet for future annual inspections. The trend of satisfactory first time annual SWMF inspections was reviewed by the SMO and the VDE. The percentage of first time satisfactory inspections was down 11%, indicating the need for further outreach.

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

| | | | |
|--|--|--|---|
| | | | 3 |
|--|--|--|---|

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The SMO and VDE will update the tracking worksheet adding new stormwater management facilities (SWMF) that have come on-line, complete facility inspections & track results.

The SMO and VDE will review the trend of annual inspection of SWMFs with first time satisfactory inspection results.

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.

Name of MS4/Coalition

| |
|--------------------|
| VILLAGE OF COLONIE |
|--------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

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

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

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

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.

Name of MS4/Coalition

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---|---|---|
| V | I | L | L | A | G | E | | O | F | | C | O | L | O | N | I | E |
|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---|---|---|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

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

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

| | | | | |
|--|--|--|---|---|
| | | | 1 | 4 |
|--|--|--|---|---|
- Streets Swept (Number of miles X Number of times swept) # Miles

| | | | | |
|--|--|---|---|---|
| | | 4 | 6 | 4 |
|--|--|---|---|---|
- Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|---|---|---|
| | | 9 | 0 | 6 |
|--|--|---|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|---|
| | | | | 1 |
|--|--|--|--|---|
- Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|
- Nitrogen Applied In Chemical Fertilizer # Lbs.

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

| | | | | | |
|--|--|--|---|---|---|
| | | | 0 | . | 0 |
|--|--|--|---|---|---|

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

| | | | | |
|--|--|--|--|---|
| | | | | 6 |
|--|--|--|--|---|

4. What was the date of the last training?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 2 | / | 0 | 3 | / | 2 | 0 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | |
|--|---|---|
| | 6 | 3 |
|--|---|---|

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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.

Name of MS4/Coalition

| |
|--------------------|
| VILLAGE OF COLONIE |
|--------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

The Village DPW will clean storm catch basins of sediment/debris, measure quantities and log the activity/results on standard tracking sheets. The Stormwater Management Officer (SMO) will perform a facilities audit. The Village Designated Engineer (VDE) will locate any Multi Sector General Permit (MSGP) holders in the Village and note the location on the Village's Facilities Map.

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

The DPW clean approximately 900+ catch basin of sediment/debris totaling approx. 104 cubic yards. Cook Park sediment basin was also cleaned of approx. 600 c.y. of sediment. The SMO & the DPW Superintendent performed an audit of Village facilities that could have a potential to impact stormwater. The VDE located and informed the SMO & DPW of the location of the one facility in the Village that maintains a MSGP. The location was mapped on the Village Facilities Map.

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

| | | |
|---|---|---|
| 7 | 0 | 7 |
|---|---|---|

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

The SMO with the assistance of the DPW Superintendent will address any concerns from the completed facilities audit. The DPW will continue to clean Village catch basins, sweep streets and parking lots, track application of fertilizers, pesticides, herbicides, collect recyclables and haz wastes and record the quantities on the standard form for recording these activities. 3rd Party certifications will be reviewed by the SMO and determination made to obtain additional certs.

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

Minimum Control Measure 1. Public Education and Outreach

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

☐ On behalf of an individual MS4

☒ On behalf of a coalition

How many MS4s contributed to this report?

| | |
|---|---|
| 1 | 2 |
|---|---|

1. Targeted Public Education and Outreach Best Management Practices

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

☒ Construction Sites

☒ General Stormwater Management Information

☐ Household Hazardous Waste Disposal

☐ Illicit Discharge Detection and Elimination

☒ Infrastructure Maintenance

☒ Smart Growth

☐ Storm Drain Marking

☐ Green Infrastructure/Better Site Design/Low Impact Development

☒ Other:

☒ Pesticide and Fertilizer Application

☒ Pet Waste Management

☐ Recycling

☒ Riparian Corridor Protection/Restoration

☐ Trash Management

☒ Vehicle Washing

☐ Water Conservation

☐ Wetland Protection

☐ None

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|--|---|---|---|--|---|---|
| C | o | a | l | i | t | i | o | n | | W | e | b | s | i | t | e | - | W | h | a | t | | Y | o | u | | C | a | n | | D | o |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|--|---|---|---|--|---|---|

Other

2. Specific audiences targeted during this reporting period:

☒ Public Employees ☒ Contractors

☒ Residential ☐ Developers

☒ Businesses ☒ General Public

☐ Restaurants ☐ Industries

☒ Other: ☐ Agricultural

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E | l | e | c | t | e | d | s | / | P | u | b | l | i | c | - | C | l | e | a | n | W | a | t | e | r | A | c | t | I | n | f | o |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Other

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | 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

Trained

| | | | | |
|--|--|--|---|---|
| | | | 6 | 4 |
|--|--|--|---|---|

☐ Direct Mailings

Mailings

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

☒ Kiosks or Other Displays

Locations

| | | | | |
|--|--|--|--|---|
| | | | | 8 |
|--|--|--|--|---|

☒ List-Serves

In List

| | | | | |
|--|--|---|---|---|
| | | 4 | 8 | 0 |
|--|--|---|---|---|

☐ Mailing List

In List

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

☐ Newspaper Ads or Articles

Days Run

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

☒ Public Events/Presentations

Attendees

| | | | | |
|--|--|---|---|---|
| | | 1 | 5 | 0 |
|--|--|---|---|---|

☐ School Program

Attendees

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

☐ TV Spot/Program

Days Run

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

☒ Printed Materials:

Total # Distributed

| | | | | |
|--|--|---|---|---|
| | | 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 |
| G | o | v | e | r | n | i | n | g | | B | o | a | r | d | | M | t | g | s |
| T | r | a | i | n | i | n | g | s | - | P | u | b | l | i | c | P | r | o | g |
| | | | | | | | | | | | | | | | | | | | |

☒ Other:

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

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

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| w | w | w | . | s | t | o | r | m | w | a | t | e | r | a | l | b | a | n | y | c | o | u | n | t | y | . | o | r | g | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

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

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES 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 ☐ 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 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.

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| 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:

- | | | | | | | |
|---|--------------|-----------|-------|---|---------|---|
| <input type="radio"/> Cleanup Events | # Events | | | | | |
| <input checked="" type="radio"/> Comments on SWMP Received | # Comments | | | | | 0 |
| <input checked="" type="radio"/> Community Hotlines | Phone # | (5 1 8) | 4 4 7 | - | 5 6 4 5 | |
| Phone # | () | | - | | | |
| Phone # | () | | - | | | |
| Phone # | () | | - | | | |
| Phone # | () | | - | | | |
| Phone # | () | | - | | | |
| Phone # | () | | - | | | |
| <input type="radio"/> Community Meetings | # Attendees | | | | | |
| <input type="radio"/> Plantings | Sq. Ft. | | | | | |
| <input type="radio"/> Storm Drain Markings | # Drains | | | | | |
| <input type="radio"/> Stakeholder Meetings | # Attendees | | | | | |
| <input checked="" type="radio"/> Volunteer Monitoring | # Events | | | | | 4 |
| <input checked="" type="radio"/> Other: C o o r d i n a t e w / D E C W A V E P r o g r a m | | | | | | |

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

- | | | | | | | |
|---|------------|--|--|---|---|---|
| <input checked="" type="radio"/> List-Serve | # In List | | | 4 | 8 | 0 |
| <input type="radio"/> Newspaper Advertising | # Days Run | | | | | |
| <input type="radio"/> TV/Radio Notices | # Days Run | | | | | |
| <input type="radio"/> Other: | | | | | | |
- ☒ Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

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

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

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

2. URL(s) con't.:

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

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| w | w | . | s | t | o | r | m | w | a | t | e | r | a | l | b | a | n | y | c | o | u | n | t | y | . | o | r | g | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

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

URL

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

URL

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

URL

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

URL

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

URL

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

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.

Name of MS4/Coalition

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

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| 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.

| | |
|---|---|
| 0 | 5 |
|---|---|

 /

| | |
|---|---|
| 0 | 6 |
|---|---|

 /

| | | | |
|---|---|---|---|
| 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 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☐ No

If Yes, what was the date of the meeting?

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

 /

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

 /

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

If No, is one planned?

☐ Yes ☐ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| 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?

| | | | |
|--|--|--|---|
| | | | 2 |
|--|--|--|---|

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

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.

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

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

| | | |
|---|---|---|
| How many MS4s contributed to this report? | 1 | 2 |
|---|---|---|

| 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?

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

[illegible]

- Sewersheds:

[illegible]

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

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

- | | |
|--|--|
| <input type="radio"/> Broken Lines From Sanitary Sewer | <input type="radio"/> Industrial Connections |
| <input type="radio"/> Cross Connections | <input type="radio"/> Inflow/Infiltration |
| <input type="radio"/> Failing Septic Systems | <input type="radio"/> Pump Station Failure |
| <input type="radio"/> Floor Drains Connected To Storm Sewers | <input type="radio"/> Sanitary Sewer Overflows |
| <input type="radio"/> Illegal Dumping | <input type="radio"/> Straight Pipe Sewer Discharges |
| <input type="radio"/> Other: | <input type="radio"/> None |

[illegible]

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

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

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

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

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

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

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

☐ Yes ☐ No

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

| | | | |
|--|--|--|---|
| | | | % |
|--|--|--|---|

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

URL

[illegible]

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | 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 ☐ 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 - 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.

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.

Name of MS4/Coalition

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

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| N | 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 ☐ 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 Procedures-review 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.

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES 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 ☐ 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.

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.

Name of MS4/Coalition

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

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | 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 | 2 |
|---|---|

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

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

| <u>Operation/Activity/Facility</u> | <u>Addressed in SWMP?</u> | | <u>years?</u> | |
|---|---------------------------|--------------------------|---------------------------|--------------------------|
| Street Maintenance..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Bridge Maintenance..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Winter Road Maintenance..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Salt Storage..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Solid Waste Management..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| New Municipal Construction and Land Disturbance.. | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Right of Way Maintenance..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Marine Operations..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Hydrologic Habitat Modification..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Parks and Open Space..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Municipal Building..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Stormwater System Maintenance..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Vehicle and Fleet Maintenance..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Other..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

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

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Pesticide/Herbicide Applied # Acres

| | | | | | | |
|--|--|--|--|--|---|--|
| | | | | | . | |
|--|--|--|--|--|---|--|

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

| | | | | |
|--|--|--|---|---|
| | | | 1 | 3 |
|--|--|--|---|---|

4. What was the date of the last training?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | / | 2 | 2 | / | 2 | 0 | 1 | 5 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | |
|--|--|---|
| | | 2 |
|--|--|---|

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

| | | | |
|--|--|--|---|
| | | | % |
|--|--|--|---|

MS4 Annual Report Form

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

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

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| 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(MCC) FormMCC form for period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

Name of MS4

| |
|-------------------------|
| Village of Green Island |
|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

- ☐ 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 | o | r | m | w | a | t | e | r | | C | o | a | l | i | t | i | o | n | | o | f | | A | l | b | a | n | y |
| C | o | u | n | t | y | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Village of Green Island

SPICES II

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

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

First Name

[illegible]

MΠ

M

Last Name

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|
| M | C | N | u | l | t | y | - | R | y | a | n | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|

Title

[illegible]

Address

[illegible]

City

| | | | | |
|---|---|---|---|---|
| G | r | e | e | n |
| I | s | a | n | d |

State

| | |
|---|---|
| N | Y |
|---|---|

Zip

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 1 | 8 | 3 |
|---|---|---|---|---|

 -

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

eMail

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| m | a | y | o | r | @ | v | i | l | l | a | g | e | o | f | g | r | e | e | n | i | s | l | a | n | d | . | c | o | m |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Phone

$$\begin{pmatrix} 5 & 1 & 8 \end{pmatrix} \begin{bmatrix} 2 & 7 & 3 \end{bmatrix} - \begin{bmatrix} 2 & 2 & 0 & 1 \end{bmatrix}$$

County

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|
| A | l | b | a | n | y | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 Village of Green Island

SPDES ID

N Y R 2 0 A 3 7 7

Section 2 - Contact Information**Important Instructions - Please Read**Contact information must be provided for each of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

First Name

S e a n

MI

E

Last Name

W a r d

Title

E x e c u t i v e A s s i s t a n t t o t h e M a y o r

Address

2 0 C l i n t o n S t r e e t

City

G r e e n I s l a n d

State

N Y

Zip

1 2 1 8 3 -

eMail

s e a n w @ v i l l a g e o f g r e e n i s l a n d . c o m

Phone

(5 1 8) 2 7 3 - 2 2 0 1

County

A l b a n y

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4

Village of Green Island

SPDES ID

N Y R 2 0 A 3 7 7

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ☐ Yes ☐ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S t o r m w a t e r C o a l i t i o n o f

Partner/Coalition Name (con't.)

A l b a n y C o u n t y

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 7 5 G r e e n S t r e e t - C o u n t y H e a l t h B l d g

City

A l b a n y

State

N Y

Zip

1 2 2 0 2 -

eMail

N a n c y . H e i n z e n @ a l b a n y c o u n t y n y . g o v

Phone

(5 1 8) 4 4 7 - 5 6 4 5

Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.? ☐ Yes ☐ No

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

● MM1 P u b l i c a t i o n s - P r o g r a m s - W e b s i t e

● MM2 S W M P D o c u m e n t - W A V E - P u b l i c I n p u t

● MM3 A I M S I I - O R I K i t G r a n t : S t o r m M a p ' g

● MM4 C o n s t r u c t i o n O v r s i g h t - M S 4 F o r m s

● MM5 S W P s G r a n t : M a p - I n s p e c t i o n F o r m s

● MM6 T r a i n g : S t a f f - O f f i c i a l s M S 4 S v c s

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, 2016

Name of MS4 Village of Green Island

SPDES ID

N Y R 2 0 A 3 7 7

Section 4 - Certification Statement

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

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name

E l l e n

MI

M

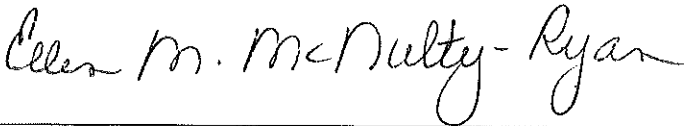
Last Name

M c N u l t y - R y a n

Title (Clearly print title of individual signing report)

M a y o r

Signature



Date

05 / 23 / 2016

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

Village of Green Island

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

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?

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

☐ Yes ☒ No

If Yes, choose one of the following

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

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

| | |
|-----------------------|-------------------------|
| Name of MS4/Coalition | Village of Green Island |
|-----------------------|-------------------------|

SPDES ID:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

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
- ☒ General Stormwater Management Information
- ☐ Household Hazardous Waste Disposal
- ☒ Illicit Discharge Detection and Elimination
- ☒ Infrastructure Maintenance
- ☐ Smart Growth
- ☒ Storm Drain Marking
- ☒ Green Infrastructure/Better Site Design/Low Impact Development
- ☐ Other:
- ☐ Pesticide and Fertilizer Application
- ☒ Pet Waste Management
- ☒ Recycling
- ☐ Riparian Corridor Protection/Restoration
- ☒ Trash Management
- ☐ Vehicle Washing
- ☐ Water Conservation
- ☐ Wetland Protection
- ☐ None

☐ Other:[illegible]

Other

2. Specific audiences targeted during this reporting period:

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

☐ Other:

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

Other

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.

Name of MS4/Coalition

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| V | i | l | l | a | g | e | o | f | G | r | e | e | n | I | s | l | a | n | d |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

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

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

☒ Direct Mailings

Mailings

| | | | | |
|--|--|--|--|---|
| | | | | 9 |
|--|--|--|--|---|

☒ Kiosks or Other Displays

Locations

| | | | | |
|--|--|--|--|---|
| | | | | 1 |
|--|--|--|--|---|

☐ List-Serves

In List

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

☒ Mailing List

In List

| | | | | |
|--|---|---|---|---|
| | 1 | 4 | 0 | 0 |
|--|---|---|---|---|

☐ Newspaper Ads or Articles

Days Run

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

☐ Public Events/Presentations

Attendees

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

☐ School Program

Attendees

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

☐ TV Spot/Program

Days Run

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

☐ Printed Materials:

Total # Distributed

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

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

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

☐ Other:

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

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

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| w | w | w | . | v | i | l | l | a | g | e | o | f | g | r | e | e | n | i | s | l | a | n | d | . | c | o | m | / | | |
| v | i | l | l | a | g | e | / | w | a | t | e | r | - | s | e | w | e | r | / | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| w | w | w | . | v | i | l | l | a | g | e | o | f | g | r | e | e | n | i | s | l | a | n | d | . | c | o | m | / | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MS4 Annual Report Form

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

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

Name of MS4/Condition

SIDES ID

| | | | | | | |
|---|---|---|---|---|--|--|
| N | Y | R | Z | O | | |
|---|---|---|---|---|--|--|

3. Web Page cont.: Provide specific web addresses – not home page.

U(2).

[illegible]

LEVEL

[illegible]

ETAL

[illegible]

UEL

[illegible]

URL

[illegible]

URL

[illegible]

LIBR.

[illegible]

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.

Name of MS4/Coalition

| |
|-------------------------|
| Village of Green Island |
|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

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.

1-1 MG1 The VoGI Stormwater Coordinator will review Target Audience Analysis Worksheet (TAAW) with staff and update as needed, potentially focusing on different pollutants of concern. 1-3 The VoGI Stormwater Coordinator regularly posts stormwater information on the Village website and links it to the Stormwater Coalition website; 1-5 Parks & Rec Dept will coordinate and implement a summer Project Wet program for attendees (children). 1-9 Village will continue to

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

1-1 TAAW's were reviewed with relevant staff 1-3 Village does not track individual hits to the website but general discussion with residents shows that the message is getting out there 1-5 Project Wet program planning has occurred and will be used in Summer of 2016. 1-9 Again, the newsletter reaches 1,400 households and businesses but hard to track impact other than general discussion of residents and businesspersons have shown great improvement as to awareness of issues.

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

| | | | |
|--|--|--|---|
| | | | 2 |
|--|--|--|---|

(ex: samples/participants/visits)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

See A. above

MCM 1 Page 4 of 4 Section A:

1-1 MG1 The VoGI Stormwater Coordinator will review Target Audience Analysis Worksheet (TAAW) with staff and update as needed, potentially focusing on different pollutants of concern. 1-3 The VoGI Stormwater Coordinator regularly posts stormwater information on the Village website and links it to the Stormwater Coalition website; 1-5 Parks & Rec Dept will coordinate and implement a summer Project Wet program for attendees (children). 1-9 Village will continue to include Stormwater messages in monthly newsletter which is included in utility bills to all customers.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

SPDES ID

| | |
|-----------------------|-------------------------|
| Name of MS4/Coalition | Village of Green Island |
|-----------------------|-------------------------|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 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

| | | | | | |
|----------|--|--|--|--|---|
| # Events | | | | | 3 |
|----------|--|--|--|--|---|

0 Comments on SWMP Received

| # Comments | | | | | |
|------------|--|--|--|--|--|
|------------|--|--|--|--|--|

☐ Community Hotlines

Phone# () -

Phone# () -

Phone# () Ext.

Phone# (

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

)

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

 -

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

Phone# () -

Phone# () -

Phone# () - -

Phone# () -

Phone# () -

Phone # () -

Phone# () -

● Community Meetings

| | | | | | |
|-------------|--|--|--|---|---|
| # Attendees | | | | 1 | 5 |
|-------------|--|--|--|---|---|

○ Plantings

| | | | | |
|---------|--|--|--|--|
| Sq. Fl. | | | | |
|---------|--|--|--|--|

● Storm Drain Markings

| | | | | |
|----------|--|--|--|---|
| # Drains | | | | 3 |
|----------|--|--|--|---|

○ Stakeholder Meetings

| | | | | |
|-------------|--|--|--|--|
| # Attendees | | | | |
|-------------|--|--|--|--|

☐ Volunteer Monitoring

| | | | | |
|----------|--|--|--|--|
| # Events | | | | |
|----------|--|--|--|--|

[illegible]

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

☐ Yes ☐ No

☐ List-Serve

| # In List | | | | | |
|-----------|--|--|--|--|--|
|-----------|--|--|--|--|--|

O Newspaper Advertising

| | | | | |
|------------|--|--|--|--|
| # Days Run | | | | |
|------------|--|--|--|--|

○ TV/Radio Notices

| | | | | |
|------------|--|--|--|--|
| # Days Run | | | | |
|------------|--|--|--|--|

[illegible]

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

MS4 Annual Report Form

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

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

Village of Green Island

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | / | 7 |
|---|---|---|---|---|---|---|---|---|

2. URL(s) con't.:

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

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|
| w | w | w | . | v | i | l | l | a | g | e | o | f | g | r | e | e | n | i | s | l | a | n | d | . | c | o | m | / | | | |
| v | i | l | l | a | g | e | / | w | a | t | e | r | - | s | e | w | e | r | / | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

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

URL

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

URL

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

URL

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

URL

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

URL

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

MS4 Annual Report Form

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

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

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

SPICES 115

Name of MS4/Condition

| | | | | | | | |
|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | | | |
|---|---|---|---|---|--|--|--|

2. URI(s) con't.:

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

URL

1924

五期刊

DEL

1973

URL

URI

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.

Name of MS4/Coalition

Village of Green Island

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

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

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

☒ MS4/Coalition Office

☒ Annual Report

☒ SWMP Plan

☒ Comments

Department

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| V | i | l | l | a | g | e | o | f | G | r | e | e | n | I | s | l | a | n | d |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Address

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | C | l | i | n | c | o | n | S | t | r | e | e | t |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

City

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| G | r | e | e | n | I | s | l | a | n | d |
|---|---|---|---|---|---|---|---|---|---|---|

Zip

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| N | Y | 1 | 2 | 1 | 8 | 3 | - |
|---|---|---|---|---|---|---|---|

Phone

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (| 5 | 1 | 8 |) | 2 | 7 | 3 | - | 2 | 2 | 0 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

☐ Library

☐ Annual Report

☐ SWMP Plan

☐ Comments

Address

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

City

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

Zip

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

Phone

| | | | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|--|
| (| | | |) | | | | - | | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|--|

☐ Other

☐ Annual Report

☐ SWMP Plan

☐ Comments

Address

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

City

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

Zip

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

Phone

| | | | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|--|
| (| | | |) | | | | - | | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|--|

☒ Web Page URL:

☒ Annual Report

☐ SWMP Plan

☐ Comments

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| w | w | w | . | v | i | l | l | a | g | e | o | f | g | r | e | e | n | i | s | l | a | n | d | . | c | o | m | / |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| v | i | l | l | a | g | e | / | w | a | t | e | r | - | s | e | w | e | r | / |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

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

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

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

☐ eMail

☐ Comments

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

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

MS4 Annual Report Form

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

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

Village of Green Island

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

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.

| | | | | | | | | | | | |
|--|--|--|---|--|--|--|---|--|--|--|--|
| | | | / | | | | / | | | | |
|--|--|--|---|--|--|--|---|--|--|--|--|

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

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

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☒ Yes ☐ No

If Yes, what was the date of the meeting?

| | | | | | | | | | | | |
|---|---|--|---|---|---|--|---|---|---|---|---|
| 0 | 5 | | / | 1 | 8 | | / | 2 | 0 | 1 | 5 |
|---|---|--|---|---|---|--|---|---|---|---|---|

If No, is one planned?

☐ Yes ☐ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☐ No

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

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.

Name of MS4/Coalition

| |
|-------------------------|
| Village of Green Island |
|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

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?

| | | |
|--|---|---|
| | 1 | 4 |
|--|---|---|

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☒ Yes ☐ No

If Yes, what was the date of the meeting?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 5 | / | 1 | 8 | / | 2 | 0 | 1 | 5 |
|---|---|---|---|---|---|---|---|---|---|

If No, is one planned?

☐ Yes ☐ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

The minutes of the Annual MS4 Presentation of the Board of Trustees of the Village of Green Island held on Monday, May 16, 2016 at 6:30 p.m. at the Green Island Municipal Center, 19 George Street, Green Island, New York.

The first item is the **Annual MS4 Presentation** by Sean E. Ward.

Sean stated that he has handouts for anyone who wishes to follow along. Sean stated in accordance with our Annual Stormwater Permit, we are required to have an opportunity for the public to comment on our Stormwater program. So, he would like to give an overview of the highlights that we are required to talk about.

Sean went on to state that the Stormwater Coalition of Albany County is a formal Intermunicipal committee, which continues to assist with public education and outreach programs. Green Island is a charter member of that coalition. We have continued sponsorship and participation in environmental clean-up programs, such as the Village-wide street cleaning, which will be held on Thursday, May 19th, notice is on the website and there will an announcement to all who have signed up to receive alerts. The Spring Clean-Up which has been held the past two Saturdays and it will also be held this coming Saturday, as well. We also have laws for detection and elimination of Illicit Discharges. Tony Cesare is in attendance and he is our IDDE, Illicit Discharge and Elimination Program. Tony tests our outfalls and makes sure that if there is any fluid coming out of them, that it is legal. We send it to a lab for certification. We also have a Stormwater Management and Erosion and Sediment Control law which was adopted years ago in compliance with our permit. We have developed existing system outfall and catch basin mapping. We have the Water Department crew here this evening and they have worked with Tony and they had a person from the Stormwater Coalition, who we had on payroll, and has GIS background and has mapped all of catch basins and all of our sewer sheds. We also separated the south end of the village, the south end of the bridge most of that has been separated into Stormwater and Sanitary sewers, they used to be combined. We have added filtration systems for Stormwater on Albany Avenue, which the DEC gave us grants for as a PILOT program and we received credit for it in our CSO and that has worked very well and there is very little maintenance. Tony, John and the rest of the DPW and Water crew, have to clean those out every once in a while, approximately once a year, but otherwise it has been a very good program down there.

Sean proceed to state that we continue to review all of our commercial development projects for compliance with the Phase II Stormwater Regulations and provide opportunities for public comments at our Planning Board – Site Plan Review meetings. We had two (2) projects this year, Bethon on Albany Avenue and this was a project that was under once acre and it did not require a full Stormwater pollution prevention plan, however, it did require oversight by the Building Inspector to make sure that they were meeting all of the requirements. Another project was 75 Cohoes Avenue was part of a bigger project; they had a Stormwater pollution prevention plan that was adopted a few years ago and pertain to this project as well. The Village Board, Planning and Zoning Boards and staff attend workshops and/or technical sessions on a yearly basis. All have been trained in Stormwater principles, as have our Zoning and Planning Boards, as the permit requires. We have coordinated training with the Capital District Regional Planning Commission and the Stormwater Coalition. We have Stormwater related workshops and webcasts. All of our employees have been trained as well. We continue municipal operations to minimize pollutants

to the greatest extent practicable. Again, training and maintenance are key to this and we are very careful about our village owned facilities to make sure that they are in compliance. We do inventory every year and we do checklists and we ensure that our village owned facilities are in compliance. We have a cooperative effort with the Albany County Sewer District to clean-out all of our catch basins periodically. We do that both in the combined areas and the separate areas of the Village.

Sean proceed to the next overview and stated that as part of the permit, we are required to do some educational programming for the general public and we continue to develop educational efforts and outreach programs, as part of the multi-municipal partnership. If you look in the separate areas on Albany Avenue and Center Island, you will see that there are storm drain markers that mention that the drainage to those catch basins goes directly to the river. We send out brochures to businesses that are related to the product that they are involved in. For instance if it is a restaurant, we might send them brochures about how to handle grease products, they should not be put into the system and Autobody and auto repair shops, we have brochures for them also to handle their product as well. The monthly newsletter you will notice that we have little Stormwater paragraphs periodically, usually every other month, tips on clean water, etc.

Then, also on the Village and Coalition websites, we have tips as well. If you look under Water and Sewer on the Village of Green Island website, you will see a lot about combined sewers and you are going to see a lot about Stormwater and you will see all of our annual reports that are required as well. The new Stormwater Management Plan (SWMP) was developed last year, it is a very long, lengthy document contained in a binder and he is happy to report that we are approximately 95% in compliance with that document. We have also enforced the local laws to control runoff and reduce pollutants. He mentioned Illicit Discharges, which Tony and John keep an eye on, and we have had no letters sent this year, meaning that we have found no illicit discharges. We have had a couple of construction sites this year; we have no issues with those construction sites at all. They are both on full compliance and then we have post-construction Stormwater management on 85 Cohoes Avenue and Albany Avenue and we have no issues with either of those projects. The only near violation was 85 Cohoes Avenue, there was a sign that was required that was actually put in place after their SWMP was approved. It is a new requirement and should be up next week.

Sean stated that for the coming year, we are going to continue to review and provide opportunities for public comments on all commercial development projects and for compliance with the Phase II Stormwater Regulations and to continue to enhance the permitting system for developers and contractors to follow, make it easier to follow. We need to educate developers and contractors on the permitting process. There are many programs that the Stormwater Coalition puts on for developers and contractors and we notify them of those programs when they are available. We are going to continue to assess current field inspection and recording practices for related construction activities. Additional training opportunities will be attended. We will continue to evaluate current Village practices for municipal operations to minimize pollution to receiving waters as per the EPA Compliance Audit and we will refer to the Stormwater Management Plan for that.

Sean stated that probably the most important part of the program is the Organizational Chart and if you look at it, you will see that just about everyone in our government is involved somehow in

the management of this program. He would like to thank all of the employees because they have all bought into the program and have made it a lot easier, Scott can attest to that because he attends a lot of the meetings. We are in very good standing with the DEC and Albany County as to how we stand in this program and it is because everybody buys into it and does the job that they are supposed to.

Sean would like to provide “Website Information” at this time. The annual report for the period covering March 10, 2015 to March 9, 2016 is available at our website: www.villageofgreenisland.com, click on Water and Sewer at the bottom of the page, it will pop right up. Also, it is on the Stormwater Albany County website: www.stormwateralbanycounty.org. Comments will be taken until 12 Noon on Friday, May 20th, 2016, at which time the deadline for submittal will pass, so if you have any comments on this, you can say it now, or email him at www.seanw@villageofgreenisland.com.

Mayor McNulty-Ryan stated that she just would like to say that she kids Sean about the sewer information all the time, but you have no idea how much time and effort he puts into this and he is responsible for us being in compliance.

No further comments.

No comments or questions from the public.

Mayor McNulty-Ryan closed the Annual MS4 Presentation for 2016.

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.

Name of MS4/Coalition

Village of Green Island

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

2-1 Village will annually update public contact information in MCC and other MS4 documents 2-2 Village explains DRAFT annual report and Coalition on Village website as well how to provide comments and feedback. It also advertises the MS4 annual public meeting that is to be held in May.

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

2-1 update is completed annually 2-2 Posting on website is completed annually

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMP?
☒ 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).

2-2 Public meeting comments will be collected and added to Coalition wide comments.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

Village of Green Island

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?

| | | | | | | | | | | |
|---|--|--|--|---|---|---|---|---|---|---|
| 1. Enter the number and approx. percent of outfalls mapped: | | | | 1 | 0 | # | 1 | 0 | 0 | % |
|---|--|--|--|---|---|---|---|---|---|---|

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?

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

☐ Other:☐ None

○ Sewersheds:

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.

Name of MS4/Coalition

Village of Green Island

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

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

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

[illegible]

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

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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

0

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

[illegible]

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

☐ Yes ☐ No

2/2

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URI,

[illegible]

URL

[illegible]

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.

| | |
|-----------------------|-------------------------|
| Name of MS4/Coalition | Village of Green Island |
|-----------------------|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

8. URL(s) con't.:

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

URL

URL

URL

URL

URL

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

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

| | | | |
|---|---|---|---|
| 1 | 0 | 0 | % |
|---|---|---|---|

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.

Name of MS4/Coalition

Village of Green Island

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

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.

3-1 map new outfalls resulting from Village owned construction activity 3-5 DPW will inventory 100% of outfalls 3-9 DPW will continue to document any illicit discharges

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

3-1 a couple of new catch basins and one outfall on Albany Avenue are mapped but we will also put into GIS database during DEC funded upcoming mapping project 3-5 DPW has inventoried all outfalls during the past year 3-9 DPW inspected and found no illicit discharges during this reporting period.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(ex: 2 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).

3-5 DPW will inventory 100% of outfalls 3-9 DPW will continue to document any illicit discharges

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.

Name of MS4/Coalition

| |
|-------------------------|
| Village of Green Island |
|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

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

How many MS4s contributed to this report?

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

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? ☒ Yes ☐ No ☐ NT

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

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ☒ Yes ☐ No ☐ NT

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

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

| | | | | | | | | |
|--|---|--|--|--|--|--|--|------------------------------------|
| <input type="radio"/> Notices of Violation | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Stop Work Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Criminal Actions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Termination of Contracts | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Administrative Fines | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Civil Penalties | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Administrative Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Other | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |

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.

Name of MS4/Coalition

| |
|-------------------------|
| Village of Green Island |
|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

1. How many construction projects have been authorized for 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?

| | | |
|--|--|---|
| | | 1 |
|--|--|---|
 3. What percent of active construction sites were inspected during this reporting period? ☐ NT

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %
 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT
 6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

Village of Green Island

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

6. con't.:

Submit additional pages as needed.

○ MS4/Coalition Office

Department

[illegible]

Address

[illegible]

City

[illegible]

Zip

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

Phone

() -

○ Library

Address

[illegible]

City

[illegible]

Zip

[illegible]

Phone

$$\left(\begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} = \begin{array}{|c|} \hline \\ \hline \end{array}$$

☐ Other

Address

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

City

[illegible]

Zip

[illegible]

Phone

NAME _____

DATE _____

TIME _____

SCORE _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

26. _____

27. _____

28. _____

29. _____

30. _____

31. _____

32. _____

33. _____

34. _____

35. _____

36. _____

37. _____

38. _____

39. _____

40. _____

41. _____

42. _____

43. _____

44. _____

45. _____

46. _____

47. _____

48. _____

49. _____

50. _____

51. _____

52. _____

53. _____

54. _____

55. _____

56. _____

57. _____

58. _____

59. _____

60. _____

61. _____

62. _____

63. _____

64. _____

65. _____

66. _____

67. _____

68. _____

69. _____

70. _____

71. _____

72. _____

73. _____

74. _____

75. _____

76. _____

77. _____

78. _____

79. _____

80. _____

81. _____

82. _____

83. _____

84. _____

85. _____

86. _____

87. _____

88. _____

89. _____

90. _____

91. _____

92. _____

93. _____

94. _____

95. _____

96. _____

97. _____

98. _____

99. _____

100. _____

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

URL

[illegible]

URI.

[illegible]

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.

Name of MS4/Coalition

Village of Green Island

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

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 (SWPPP), including requirements in Part III.C.1. Submit additional pages as needed.

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

4-7 Green Island routinely forwards all notices of 4 hour E&SC training to local contractors 4-8 Stormwater Coordinator and CEO review SWPPP requirements and update as needed.

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

4-7 We forward notices of local training to those contractors that frequently work in Green Island. 4-8 Green Island does not have many projects but review SWPPP guidelines as they pertain to potential projects frequently. Additional training is necessary and needed for our staff.

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

| | | | |
|--|--|--|---|
| | | | 2 |
|--|--|--|---|

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWPPP?
☒ 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).

4-7 We will continue to forward notices of local training to those contractors that frequently work in Green Island. 4-8 Green Island will continue to review SWPPP guidelines as they pertain to potential projects and continue to provide additional training for our staff.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

| | |
|-----------------------|-------------------------|
| Name of MS4/Coalition | Village of Green Island |
|-----------------------|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

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 |
|---|---|--|---|
| <input type="radio"/> Alternative Practices | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> |
| <input checked="" type="radio"/> Filter Systems | <div><div></div><div></div><div>3</div></div> | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div>2</div></div> |
| <input type="radio"/> Infiltration Basins | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> |
| <input type="radio"/> Open Channels | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> |
| <input type="radio"/> Ponds | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> |
| <input type="radio"/> Wetlands | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> |
| <input type="radio"/> Other | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> |

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

☐ Yes ☒ No

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

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

☐ Other:

MS4 Annual Report Form

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

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

| |
|-------------------------|
| Village of Green Island |
|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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.

Name of MS4/Coalition

| |
|-------------------------|
| Village of Green Island |
|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

5-4 Village will incorporate GI design guidelines into a policy document which includes curb cut and off street parking guidelines. 5-12 Stormwater Coordinator and CEO review SWPPP requirements and update as needed.

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

5-4 The Village has adopted a curb cut and off street parking guidance document which is currently in use and is posted on the Village website. 5-12 Green Island will continue to review SWPPP guidelines as they pertain to potential projects. Additional training may be necessary and needed for our staff.

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

| | | | |
|--|--|--|---|
| | | | 4 |
|--|--|--|---|

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

5-3 If the opportunity arises the Village will consider non-structural stormwater management practices 5-4 The Village will continue to use the curb cut and off street parking guidance document that is currently in use. 5-12 Green Island will continue to review SWPPP guidelines as they pertain to potential projects. Additional training may be necessary and needed for our staff.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

Village of Green Island

SPDES ID

NYR20A377
Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

1. 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>Operation/Activity/Facility</u> | <u>Addressed in SWMP?</u> | <u>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u> | |
|---|---|--|-------------------------------------|
| | | <u>years?</u> | |
| Street Maintenance..... | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Bridge Maintenance..... | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Winter Road Maintenance..... | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Salt Storage..... | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Solid Waste Management..... | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| New Municipal Construction and Land Disturbance.. | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Right of Way Maintenance..... | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Marine Operations..... | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Hydrologic Habitat Modification..... | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Parks and Open Space..... | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Municipal Building..... | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Stormwater System Maintenance..... | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Vehicle and Fleet Maintenance..... | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Other..... | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |

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.

Name of MS4/Coalition

| |
|-------------------------|
| Village of Green Island |
|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

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

● Parking Lots Swept (Number of acres X Number of times swept)

Acres

| | | | | |
|--|--|--|--|---|
| | | | | 2 |
|--|--|--|--|---|

● Streets Swept (Number of miles X Number of times swept)

Miles

| | | | | |
|--|--|--|---|---|
| | | | 2 | 0 |
|--|--|--|---|---|

● Catch Basins Inspected and Cleaned Where Necessary

| | | | | |
|--|--|--|---|---|
| | | | 2 | 5 |
|--|--|--|---|---|

● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary

| | | | | |
|--|--|--|--|---|
| | | | | 1 |
|--|--|--|--|---|

○ Phosphorus Applied In Chemical Fertilizer

Lbs.

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

○ Nitrogen Applied In Chemical Fertilizer

Lbs.

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

○ Pesticide/Herbicide Applied

Acres

| | | | | | | |
|--|--|--|--|--|---|--|
| | | | | | . | |
|--|--|--|--|--|---|--|

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

| | | | | |
|--|--|--|--|---|
| | | | | 5 |
|--|--|--|--|---|

4. What was the date of the last training?

| | |
|---|---|
| 0 | 3 |
|---|---|

 /

| | |
|---|---|
| 0 | 4 |
|---|---|

 /

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

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

| | | |
|--|---|---|
| | 2 | 5 |
|--|---|---|

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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.

Name of MS4/Coalition

Village of Green Island

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

6-1 Green Island will review property owned by the Village and establish which facilities drain to a MS4 system and which drain to a CSO system. 6-2 Green Island will assess facilities located in an MS4 area and complete BMP summary sheets as needed. 6-3 Green Island reviews mandated catch basin inspection and clean out schedule for all catch basins as per CSO BMP annual report. 6-4 Green Island will collect sweeping data for parking lots and streets. 6-25 develop a list of vendors

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

6-1 The Village has documented those facilities which are located in a MS4 area 6-2 see 6-1. 6-3 Green Island schedules and has completed catch basin inspection and cleaning on an annual basis 6-4 Green Island maintains records of sweeping activity 6-25 The Village has not completed this action yet and will plan on doing it during 2016-17.

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

| | | |
|--|--|---|
| | | 5 |
|--|--|---|

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

6-10 facility self audit form will clarify need for MSGP coverage (not likely). 6-11 Village will continue to evaluate and include GI practices where appropriate. 6-25 will develop a list of vendors that provide a service that may impact water quality and request that they sign a third party certification form that will be filed.

MCM 6 Page 3 of 3 Section A:

6-1 Green Island will review property owned by the Village and establish which facilities drain to a MS4 system and which drain to a CSO system. 6-2 Green Island will assess facilities located in an MS4 area and complete BMP summary sheets as needed. 6-3 Green Island reviews mandated catch basin inspection and clean out schedule for all catch basins as per CSO BMP annual report. 6-4 Green Island will collect sweeping data for parking lots and streets. 6-25 develop a list of vendors that provide a service that may impact water quality and request that they sign a third party certification form that will be filed.

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

Minimum Control Measure 1. Public Education and Outreach

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

☐ On behalf of an individual MS4

☒ On behalf of a coalition

How many MS4s contributed to this report?

| | |
|---|---|
| 1 | 2 |
|---|---|

1. Targeted Public Education and Outreach Best Management Practices

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

☒ Construction Sites

☒ General Stormwater Management Information

☐ Household Hazardous Waste Disposal

☐ Illicit Discharge Detection and Elimination

☒ Infrastructure Maintenance

☒ Smart Growth

☐ Storm Drain Marking

☐ Green Infrastructure/Better Site Design/Low Impact Development

☒ Other:

☒ Pesticide and Fertilizer Application

☒ Pet Waste Management

☐ Recycling

☒ Riparian Corridor Protection/Restoration

☐ Trash Management

☒ Vehicle Washing

☐ Water Conservation

☐ Wetland Protection

☐ None

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|--|---|---|---|--|---|---|
| C | o | a | l | i | t | i | o | n | | W | e | b | s | i | t | e | - | W | h | a | t | | Y | o | u | | C | a | n | | D | o |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|--|---|---|---|--|---|---|

Other

2. Specific audiences targeted during this reporting period:

☒ Public Employees ☒ Contractors

☒ Residential ☐ Developers

☒ Businesses ☒ General Public

☐ Restaurants ☐ Industries

☒ Other: ☐ Agricultural

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E | l | e | c | t | e | d | s | / | P | u | b | l | i | c | - | C | l | e | a | n | W | a | t | e | r | A | c | t | I | n | f | o |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Other

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | 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

Trained

| | | | | |
|--|--|--|---|---|
| | | | 6 | 4 |
|--|--|--|---|---|

☐ Direct Mailings

Mailings

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

☒ Kiosks or Other Displays

Locations

| | | | | |
|--|--|--|--|---|
| | | | | 8 |
|--|--|--|--|---|

☒ List-Serves

In List

| | | | | |
|--|--|---|---|---|
| | | 4 | 8 | 0 |
|--|--|---|---|---|

☐ Mailing List

In List

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

☐ Newspaper Ads or Articles

Days Run

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

☒ Public Events/Presentations

Attendees

| | | | | |
|--|--|---|---|---|
| | | 1 | 5 | 0 |
|--|--|---|---|---|

☐ School Program

Attendees

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

☐ TV Spot/Program

Days Run

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

☒ Printed Materials:

Total # Distributed

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

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|--|---|---|---|---|
| G | o | v | e | r | n | i | n | g | | B | o | a | r | d | | M | t | g | s |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|--|---|---|---|---|

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| T | r | a | i | n | i | n | g | s | - | P | u | b | l | i | c | P | r | o | g |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

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

☒ Other:

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

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

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| w | w | w | . | s | t | o | r | m | w | a | t | e | r | a | l | b | a | n | y | c | o | u | n | t | y | . | o | r | g | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|

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

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

URL

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

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

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

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES 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 ☐ 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 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.

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| 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:

- | | | | | | |
|--|--|--|--|--|---|
| <input type="radio"/> Cleanup Events | # Events | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input checked="" type="radio"/> Comments on SWMP Received | # Comments | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="0"/> |
| <input checked="" type="radio"/> Community Hotlines | Phone # | (<input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="8"/>) | <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> | - | <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="4"/> <input type="text" value="5"/> |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="radio"/> Community Meetings | # Attendees | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Plantings | Sq. Ft. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Storm Drain Markings | # Drains | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Stakeholder Meetings | # Attendees | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input checked="" type="radio"/> Volunteer Monitoring | # Events | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="4"/> |
| <input checked="" type="radio"/> Other: | C o o r d i n a t e w / D E C W A V E P r o g r a m | | | | |

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

- | | | | | | | |
|---|------------|--|--|---|---|---|
| <input checked="" type="radio"/> List-Serve | # In List | | | 4 | 8 | 0 |
| <input type="radio"/> Newspaper Advertising | # Days Run | | | | | |
| <input type="radio"/> TV/Radio Notices | # Days Run | | | | | |
| <input type="radio"/> Other: | | | | | | |
- ☒ Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

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

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

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| N | Y | R | 2 | 0 | | | | | |
|---|---|---|---|---|--|--|--|--|--|

2. URL(s) con't.:

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

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| w | w | . | s | t | o | r | m | w | a | t | e | r | a | l | b | a | n | y | c | o | u | n | t | y | . | o | r | g | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

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

URL

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

URL

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

URL

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

URL

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

URL

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

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.

Name of MS4/Coalition

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

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| 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.

| | |
|---|---|
| 0 | 5 |
|---|---|

 /

| | |
|---|---|
| 0 | 6 |
|---|---|

 /

| | | | |
|---|---|---|---|
| 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 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☐ No

If Yes, what was the date of the meeting?

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

 /

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

 /

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

If No, is one planned?

☐ Yes ☐ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| 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?

| | | | |
|--|--|--|---|
| | | | 2 |
|--|--|--|---|

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

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.

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 6 |
|---|---|---|---|

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

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

| | | |
|---|---|---|
| How many MS4s contributed to this report? | 1 | 2 |
|---|---|---|

L

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

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

- | | |
|--|--|
| <input type="radio"/> Broken Lines From Sanitary Sewer | <input type="radio"/> Industrial Connections |
| <input type="radio"/> Cross Connections | <input type="radio"/> Inflow/Infiltration |
| <input type="radio"/> Failing Septic Systems | <input type="radio"/> Pump Station Failure |
| <input type="radio"/> Floor Drains Connected To Storm Sewers | <input type="radio"/> Sanitary Sewer Overflows |
| <input type="radio"/> Illegal Dumping | <input type="radio"/> Straight Pipe Sewer Discharges |
| <input type="radio"/> Other: | <input type="radio"/> None |

[illegible]

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

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

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

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

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

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

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

☐ Yes ☐ No

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

| | | | |
|--|--|--|---|
| | | | % |
|--|--|--|---|

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

[illegible]

URL

[illegible]

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.

Name of MS4/Coalition

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

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| N | 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 ☐ 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 - 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.

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.

Name of MS4/Coalition

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

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| N | 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 ☐ 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 Procedures-review 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.

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES 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 ☐ 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.

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.

Name of MS4/Coalition

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

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| N | 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 | 2 |
|--|---|---|

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

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

| <u>Operation/Activity/Facility</u> | <u>Addressed in SWMP?</u> | | <u>years?</u> | |
|---|---------------------------|--------------------------|---------------------------|--------------------------|
| Street Maintenance..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Bridge Maintenance..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Winter Road Maintenance..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Salt Storage..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Solid Waste Management..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| New Municipal Construction and Land Disturbance.. | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Right of Way Maintenance..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Marine Operations..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Hydrologic Habitat Modification..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Parks and Open Space..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Municipal Building..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Stormwater System Maintenance..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Vehicle and Fleet Maintenance..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Other..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |

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.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

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

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- ☐ Pesticide/Herbicide Applied # Acres

| | | | | | | |
|--|--|--|--|--|---|--|
| | | | | | . | |
|--|--|--|--|--|---|--|

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

| | | | | |
|--|--|--|---|---|
| | | | 1 | 3 |
|--|--|--|---|---|

4. What was the date of the last training?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | / | 2 | 2 | / | 2 | 0 | 1 | 5 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | |
|--|--|---|
| | | 2 |
|--|--|---|

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

| | | | |
|--|--|--|---|
| | | | % |
|--|--|--|---|

MS4 Annual Report Form

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

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

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| 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 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

| | |
|---|---|
| 1 | 2 |
|---|---|

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

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

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

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

If N/A, go to question 3.

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

| | | | |
|--|--|--|---|
| | | | % |
|--|--|--|---|

Estimate what percentage was mapped in this reporting period.

| | | | |
|--|--|--|---|
| | | | % |
|--|--|--|---|

MS4 Annual Report Form

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

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

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☐ Yes ☐ No ☒ N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

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

 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ☐ Yes ☐ No ☒ N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ☐ Yes ☐ No ☒ N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ☐ Yes ☐ No ☒ N/A

7b. How many projects have been sited in this reporting period?

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

7c. What percent of the projects included in 7b have been completed in this reporting period?

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

 %

7d. What percent of projects planned in previous years have been completed?

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

 %

☐ No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ☐ Yes ☐ No ☒ N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? ☐ Yes ☐ No ☒ N/A

MS4 Annual Report Form

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

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

| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

9. Has your MS4/Coalition developed and implemented a program of native planting?

☐ Yes ☐ No ☒ N/A

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?

☐ Yes ☐ No ☒ N/A

11. Does your MS4/Coalition have a pet waste bag program?

☐ Yes ☐ No ☒ N/A

12. Does your MS4/Coalition have a program to manage goose populations?

☐ Yes ☐ No ☒ N/A