



# Albany County Soil and Water Conservation District

24 Martin Road, PO Box 497, Voorheesville, NY 12186

Phone: (518) 765-7923 • Fax: (518) 765-2490



## Co-Sponsors: Stormwater Coalition of Albany County

Albany County, City of Albany, Town of Bethlehem, City of Cohoes, Town of Colonie, Village of Colonie, Village of Green Island, Town of Guilderland, Village of Menands, Town of New Scotland, Village of Voorheesville, City of Watervliet, & University at Albany - SUNY

## Erosion and Sediment Control Construction Activity Training 4-Hour Course

December 11, 2013 8:00am – 12:00pm

Under the NYS Department of Environmental Conservation's Stormwater Permit GP-0-10-001, all developers, contractors and subcontractors must identify at least one *trained individual* from their company that will be responsible for implementation of the SWPPP, and have at least one *trained individual* on site on a daily basis when soil disturbance activities are being performed. Also, developers must have a *qualified inspector* conduct regular site inspections in accordance with GP-0-10-001.

\**Qualified inspectors* and *trained individuals* must have 4 hours of training in the principles and practices of erosion and sediment control endorsed by NYS DEC, SWCD, or CPESC Inc. Training is good for 3 years. Training is **not** required for CPESC, LA, and PE certified persons.

**LOCATION:** William F. Rice Extension Center  
24 Martin Road  
Voorheesville, NY 12186

**COST:** \$85 per person, *non-refundable*

Pre-payment required; checks must be received with registrations. Please make checks payable to Albany County SWCD, PO Box 497, Voorheesville, NY 12186. We do not accept credit cards.

**Also, a "Trainee Form for 4-Hour ESC Training" is enclosed. A form for each trainee must be completed and returned with your pre-payment.**

Full first and last name, contact phone number, address and contact email ***must*** be provided.

Registration begins at 7:30am; Photo ID Required to Register (**NO ACCEPTIONS**)  
Space is limited and PRE-REGISTRATION IS REQUIRED by December 2nd or until full.  
Please Note: Cell phones must be put on silent or vibrate during the training

### PRE-REGISTRATION INFORMATION:

Please contact Susan Lewis for Trainee Form; Email: [acswcd@gmail.com](mailto:acswcd@gmail.com) or call 518-765-7923 Class filled on 1<sup>st</sup> come, 1<sup>st</sup> serve basis. *Due to assigned training numbers, no substitutions will be allowed after registration deadline.*

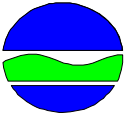
**PRESENTED BY:** David A. Mosher - CPESC

*Mr. Mosher has been the Programs Coordinator of the Schenectady County Soil and Water Conservation District for over 20 years.*

Presentation will begin promptly at 8:00am.

DOS - CEC (Continuing Education Credits) are available for Code Enforcement Officers and Zoning/Planning Board members

## Trainee Form for 4-Hour ESC Training



New York State Department of Environmental Conservation  
 Division of Water, 625 Broadway, 4th Floor  
 Albany, New York 12233-3505

**SWT#**

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(for DEC or Delegate use only)

A Stormwater Trainee (SWT) identification (ID) number will be assigned to each person that completes the NYSDEC 4-hour training in the principles and practices of erosion and sediment control (ESC) to satisfy the State Pollution Discharge Elimination System (SPDES) Construction Activity General Permit #GP-0-08-001. Each trainee that wishes to obtain a wallet card with the SWT ID must provide the contact information requested below, including his/her home mailing address. The trainee must be prepared to show his/her NYS Driver License (or non-driver photo ID with proof of address) on the day of training to verify that the information below is correct. NYSDEC recommends that this form be completed as a PDF form on computer (or hand-written in blue or black ink) and sent to the training sponsor by the pre-registration deadline (in advance of the training) either by email or through the mail.

**\*IMPORTANT: RETURN THIS FORM TO THE TRAINING SPONSOR**

|                    |    |                   |
|--------------------|----|-------------------|
| Trainee First Name | MI | Trainee Last Name |
|                    |    |                   |

|               |                             |
|---------------|-----------------------------|
| Trainee Phone | Trainee County of Residence |
|               |                             |

Trainee Home Mailing Address 1st Line (same as NYS Driver License)

Trainee Home Mailing Address 2nd Line (if applicable)

City (same as NYS Driver License)

State Zip Code

Trainee eMail 1

Trainee eMail 2 (optional)

For DEC or Delegate Use Only

Trainer Comments

Training Location Building/Street

|                        |                |
|------------------------|----------------|
| Training Location City | State Zip Code |
|                        |                |

|                       |                             |
|-----------------------|-----------------------------|
| Trainee Training Date | Sponsoring County SWCD Name |
|                       |                             |

|                    |    |                   |                |
|--------------------|----|-------------------|----------------|
| Trainer First Name | MI | Trainer Last Name | Trainer SWT No |
|                    |    |                   |                |