

# **DRAFT**

## **Stormwater Coalition of Albany County Joint Annual Report**

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

### **Reporting Period**

**March 10, 2014 to March 9, 2015**

---

### **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-0-10-002, Part V. C. 2 and referenced in the MS4 Annual Report Form, “MS4s” may submit a Joint Annual Report provided they have a legally binding agreement with other regulated “MS4s”.

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 and other related contracts as described in the inter-municipal agreement.

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. To understand MS4 Permit requirements, go to the NYSDEC website. To learn about Program implementation, go to the Coalition website, Member and Plan/Program pages.

---

### **HOW TO SUBMIT COMMENTS**

1. Electronically using the Stormwater Coalition website “Public Comment” interface, [www.stormwateralbanycounty.org](http://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](mailto:swcoalition@albanycounty.com) or phone; 447-5645.

### **OTHER INFORMATION**

1. Hard copies of this Draft Joint Annual Report are located at the Stormwater Coalition office, 112 State Street, Albany, NY 12207 and at local MS4/municipal offices (see Draft Annual Report MCM 2 Page 4 of 6 for address information).
2. Public comments are due 4pm, Monday, May 18, 2015.
3. If interested, prior to May 18 individuals may request a public meeting. Call 447-5645.

---

### **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 DRAFT Joint Annual Report includes individual Annual Reports organized by MS4 type, numerically (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, 2015 (SWMPv3 2015-2017). To view the SWMP Plan document, see Coalition website.

#### **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. Village of Altamont (NYR20A550)
5. Town of Bethlehem (NYR20A208)
6. City of Cohoes (NYR20A243)
7. Town of Colonie (NYR20A190)

8. Village of Colonie (NYR20A076)
9. Village of Green Island (NYR20A377)
10. Town of Guilderland (NYR20A211)
11. Village of Menands (NYR20A144)
12. Town of New Scotland (NYR20A463)
13. City of Watervliet (NYR20A087)



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

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

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

**MS4 Annual Report Cover Page****MCC form for period ending March 9,**

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

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

Name of MS4

|                     |
|---------------------|
| Village of Altamont |
|---------------------|

SPDES ID

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

Name of MS4 

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| V | i | l | l | a | g | e | o | f | A | l | t | a | m | o | n | t |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 5 | 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 | A | M | E | S |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

MI

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

Last Name

|   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| G | A | U | G | H | A | N |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|

Title

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

Address

|   |   |  |   |   |   |  |   |   |   |  |  |  |  |  |  |  |  |  |  |
|---|---|--|---|---|---|--|---|---|---|--|--|--|--|--|--|--|--|--|--|
| P | O |  | B | O | X |  | 6 | 4 | 3 |  |  |  |  |  |  |  |  |  |  |
|---|---|--|---|---|---|--|---|---|---|--|--|--|--|--|--|--|--|--|--|

City

|   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| A | L | T | A | M | O | N | T |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|

State

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

Zip

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| 1 | 2 | 0 | 0 | 9 | - |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

eMail

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|
| g | g | h | n | j | m | @ | a | o | l | . | c | o | m |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|

Phone

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

County

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

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9,

2 0 1 5

Name of MS4 Village of Altamont

SPDES ID

N Y R 2 0 A 5 5 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

N i c h o l a s

MI

Last Name

S a l a

Title

S t o r m w a t e r M a n a g e m e n t

Address

6 3 7 0 G u n C l u b R D

City

A l t a m o n t

State

N Y

Zip

1 2 0 0 9 -

eMail

A l t a m o n t s t o r m w a t e r @ g m a i l . c o m

Phone

( 5 1 8 ) 8 6 1 - 6 9 1 3

County

A l b a n y

**MCC form for period ending March 9,**

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

|                     |
|---------------------|
| Village of Altamont |
|---------------------|

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

## Important Instructions - Please Read

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).

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

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

| First Name    | MI | Last Name   |
|---------------|----|-------------|
| J e f f r e y |    | M o l l e r |

| Title |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---|---|--|---|---|---|---|---|--|--|--|
| S     | u | p | e | r | i | n | t | e | n | d | e | n | t |  | o | f |  | P | u | b | l | i | c |  | W | o | r | k | s |  |  |  |

[illegible]

| City            | State | Zip         |
|-----------------|-------|-------------|
| A l t a m o n t | N Y   | 1 2 0 0 9 - |

eMail

Phone County  
 ( 5 1 8 ) 8 6 1 - 8 5 5 4 Albany

**MS4 Municipal Compliance Certification (MCC) Form**

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

Name of MS4 Village of Altamont

SPDES ID

N Y R 2 0 A 5 5 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 A l b a n y

Partner/Coalition Name (con't.)

C o u n t y

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 1 2 S t a t e S t r e e t , R o o m 7 2 0

City

A l b a n y

State

N Y

Zip

1 2 2 0 7 -

eMail

n h e i n z e n @ a l b a n y c o u n t y . c o m

Phone

( 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 E d u c a t i o n M a t e r i a l &amp; P r o g r a m s

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

● MM3 A I M S - O R I A s s t - I D D E P r o c e d u r e s

● MM4 P r o c e d u r e s S u p p o r t

● MM5 P r o c e d u r e s S u p p o r t

● MM6 T r a i n ' g - F a c i l i t y A u d i t S u p p o r t

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 5

Name of MS4 Village of Altamont

SPDES ID

N Y R 2 0 A 5 5 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

J a m e s

MI

Last Name

G A U G H A N

Title (Clearly print title of individual signing report)

M A Y O R

Signature

Date

/ /

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

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

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

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

## Water Quality Trends

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

- ☐ Yes    ☒ No

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

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

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

Name of MS4/Coalition

SPDES ID

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

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

[illegible][illegible]

MCM 1 Page 1 of 4

**MS4 Annual Report Form**

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

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

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 Altamont

SPDES ID

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

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

☒ Direct Mailings

# Mailings

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 7 | 6 | 6 |
|--|--|---|---|---|

☒ Kiosks or Other Displays

# Locations

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

☐ 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

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

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

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| h | t | t | p | : | / | / | w | w | w | . | a | l | t | a | m | o | n | t | v | i | l | l | a | g | e | . | o | r | g | / |   |
| p | a | g | e | s | / | A | l | t | a | m | o | n | t | N | Y |   | D | P | W | / | s | t | o | r | m | w | a | t | e | r | % |
| 2 | 0 | M | a | n | a | g | e | m | e | n | t |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

URL

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|--|--|
| F | A | C | E | B | O | O | K |   | P | A | G | E | : |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |  |  |
| V | i | l | l | a | g | e |   | o | f |   | A | l | t | a | m | o | n | t |  | S | t | o | r | m | w | a | t | e | r |  |  |
| E | d | u | c | a | t | i | o | n |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |  |  |

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

Name of MS4/Coalition

Village of Altamont

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

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 Altamont

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 5 | 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.**

-Village of Altamont completed the Target Audience Analysis; identified priority water-bodies and established a target audience. A web-page and a face-book page have been created to communicate the storm water program initiatives and education material to the target audience.  
-Pet waste management signs have been installed around the village to communicate the importance of proper disposal.

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

-As a result of completing the target audience analysis we were able to identify specific pollutants of concern to focus on with in the village.  
-Currently establishing a face-book community to help communicate the storm-water program and its initiatives.  
-Pet waste monitoring is in effect to see how well signs communicate the message and areas where there are no signs and there is not traffic will continue to be monitored to see if additional signs are

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

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

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

The village of Altamont will utilize the information gathered from the target audience analysis worksheet to focus on the POC's and provide education and other resources to the community. The storm-water staff will continue to monitor to Ensure these POC's are correctly identified and if additional POC'S need to be added to the program.



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

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

## URL

[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.

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

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

[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 | 5 |
|---|---|---|---|

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 Altamont

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 5 | 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.

|  |  |   |  |  |   |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|
|  |  | / |  |  | / |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|

**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?

|  |  |   |  |  |   |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|
|  |  | / |  |  | / |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|

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

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 Altamont

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 5 | 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.

Incorporate the benefits of the community yard clean up program (Bags&Brush, Leaf pick up), into how that helps protect the water quality of our neighboring streams and creeks.

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

Tracking and reporting village wide collections of yard waste and communicating that information into how that helps the water quality of the village streams and creeks

#### 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).

- The village of Altamont will track and monitor queries and/or complaints generated from the storm-water page, phone calls, and the face-book page.
- The village will continue to express the benefits of the yard waste pick ups for improving and protecting our water quality.
- Develop a record and respond plan, to all queries and/or complaints as they are taken.

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

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

|  |  |  |   |   |   |  |  |  |   |   |   |   |
|--|--|--|---|---|---|--|--|--|---|---|---|---|
|  |  |  | 3 | 9 | # |  |  |  | 1 | 0 | 0 | % |
|--|--|--|---|---|---|--|--|--|---|---|---|---|

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

[illegible][illegible]

# MS4 Annual Report Form

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

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

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 Altamont

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 5 | 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?**

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

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

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

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

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

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

☐ Yes      ☐ No

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

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

**8. Is the above information available in GIS?**

☒ Yes      ☐ No

**Is this information available on the web?**

☒ Yes      ☐ No

If Yes, provide URL(s):

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

URL

[illegible]

URL

[illegible]

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

Name of MS4/Coalition

Village of Altamont

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

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

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

- |  |   |   |   |
|--|---|---|---|
|  | 7 | 5 | % |
|--|---|---|---|

**MS4 Annual Report Form**

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

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

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 Altamont

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 5 | 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.**

The Village of Altamont storm water staff and the Stormwater Coalition of Albany County mapped 100% of the villages outfalls. Totaling 39 outfalls

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

Storm water staff reviewed and researched the amount of outfalls mapped and the accuracy of these outfalls to ensure proper locations.

**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).**

- Village of Altamont storm water staff will receive ORI Training.
- Village of Altamont storm water staff will complete 20% of Outfall reconnaissance.
- Village of Altamont storm water staff will work with the village Mayor and Board of Trustees to establish a schedule for adopting the IDDE local law.



**MS4 Annual Report Form**

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

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

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 Altamont

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 5 | 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? 

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

- 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?**

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?** ☐ Yes ☒ No ☐ NT
- If Yes, how many public comments were received during this reporting period? 

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

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

|  |   |  |  |  |  |  |  |                                    |
|--|---|--|--|--|--|--|--|------------------------------------|
| <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"/> 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 | 5 |
|---|---|---|---|

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 Altamont

SPDES ID

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

**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report? 

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

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

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

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

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

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

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

 %

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

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

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use 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 | 5 |
|---|---|---|---|

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 Altamont

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 5 | 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.****B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.****C. How many times was this observation measured or evaluated in this reporting period?**

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

(ex.: samples/participants/events)

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

☐ Yes ☒ No

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

☒ Yes ☐ No

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

The Village of Altamont storm water staff will work with the village Mayor and Board of Trustees to develop a schedule for adopting the required NYSDEC local Law for storm water management, erosion and sediment control. Also to be developed are procedures, shared services agreement and other documents which ensures proper oversight of all construction activity.

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

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

**MS4 Annual Report Form**

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

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

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 Altamont

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 5 | 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?

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

 %

**MS4 Annual Report Form**

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

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

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 Altamont

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 5 | 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.****B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.****C. How many times was this observation measured or evaluated in this reporting period?**

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

(ex.: samples/participants/events)

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

☐ Yes ☒ No

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

☒ Yes ☐ No

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

The Village of Altamont storm water staff will work with the village Mayor and Board of Trustees to develop a schedule for adopting the required NYSDEC local Law for storm water management, erosion and sediment control. Also to be developed are procedures, shared services agreement and other documents which ensures proper oversight of all construction activity.



## MS4 Annual Report Form

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

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

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 Altamont

SPDES ID

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

### Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? 

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

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

| <u>Operation/Activity/Facility</u>                | <u>Addressed in SWMP?</u>   | <u>Self-Assessment<br/>Operation/Activity/Facility<br/>performed within the past 3<br/>years?</u> |
|---|---|---|
| Street Maintenance.....                           | <input checked="" type="radio"/> Yes <input type="radio"/> No ..... | <input type="radio"/> Yes <input checked="" 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 type="radio"/> Yes <input checked="" type="radio"/> No                                     |
| Salt Storage.....                                 | <input checked="" type="radio"/> Yes <input type="radio"/> No ..... | <input type="radio"/> Yes <input checked="" 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 checked="" type="radio"/> Yes <input type="radio"/> No ..... | <input type="radio"/> Yes <input checked="" type="radio"/> No                                     |
| Municipal Building.....                           | <input checked="" type="radio"/> Yes <input type="radio"/> No ..... | <input type="radio"/> Yes <input checked="" type="radio"/> No                                     |
| Stormwater System Maintenance.....                | <input checked="" type="radio"/> Yes <input type="radio"/> No ..... | <input type="radio"/> Yes <input checked="" type="radio"/> No                                     |
| Vehicle and Fleet Maintenance.....                | <input checked="" type="radio"/> Yes <input type="radio"/> No ..... | <input type="radio"/> Yes <input checked="" 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 | 5 |
|---|---|---|---|

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 Altamont

SPDES ID

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

**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 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 5 |
|--|--|--|--|---|
- ☐ 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 (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?**

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

**4. What was the date of the last training?**

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

 / 

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

 / 

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

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

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

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

|  |   |   |
|--|---|---|
|  | 7 | 5 |
|--|---|---|

 %

**MS4 Annual Report Form**

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

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

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 Altamont

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 5 | 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.**

-Street and parking lot sweeping has begun in an experimental period to begin a sweeping schedule and develop a long term plan.

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

- Observations have been made to help determine a sweeping plan for our municipal owned parking lots.
- Observations have been made to help determine a sweeping plan for our village streets.

**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).**

The Village of Altamont will complete an Inventory of facilities owned by the village. The inventory will be evaluated with information from facility self audits conducted by the storm water staff. As a result of these audits, proper BMP's will begin to be developed and put into place for all village owned facilities.

## MS4 Annual Report Form

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

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

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

#### 1. Targeted Public Education and Outreach Best Management Practices

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

- |  |   |
|--|---|
| <input checked="" type="radio"/> Construction Sites                                  | <input checked="" type="radio"/> Pesticide and Fertilizer Application     |
| <input checked="" type="radio"/> General Stormwater Management Information           | <input checked="" type="radio"/> Pet Waste Management                     |
| <input type="radio"/> Household Hazardous Waste Disposal                             | <input type="radio"/> Recycling   |
| <input type="radio"/> Illicit Discharge Detection and Elimination                    | <input checked="" type="radio"/> Riparian Corridor Protection/Restoration |
| <input checked="" type="radio"/> Infrastructure Maintenance                          | <input type="radio"/> Trash Management                                    |
| <input checked="" type="radio"/> Smart Growth  | <input checked="" type="radio"/> Vehicle Washing                          |
| <input type="radio"/> Storm Drain Marking  | <input type="radio"/> Water Conservation                                  |
| <input type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development | <input type="radio"/> Wetland Protection                                  |
| <input checked="" type="radio"/> Other:  | <input type="radio"/> 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:

- |   |   |
|---|---|
| <input checked="" type="radio"/> Public Employees | <input checked="" type="radio"/> Contractors    |
| <input checked="" type="radio"/> Residential      | <input type="radio"/> Developers                |
| <input checked="" type="radio"/> Businesses       | <input checked="" type="radio"/> General Public |
| <input type="radio"/> Restaurants                 | <input type="radio"/> Industries                |
| <input checked="" type="radio"/> Other:           | <input type="radio"/> Agricultural              |

|   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| S | t | u | d | e | n | t | s |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Other

## MS4 Annual Report Form

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

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

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 

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  | 3 | 5 |
|--|--|--|---|---|

☐ Direct Mailings

# Mailings 

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

☒ Kiosks or Other Displays

# Locations 

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

☒ List-Serves

# In List 

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 4 | 5 | 8 |
|--|--|---|---|---|

☐ Mailing List

# In List 

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

☐ Newspaper Ads or Articles

# Days Run 

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

☒ Public Events/Presentations

# Attendees 

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 1 | 5 | 3 |
|--|--|---|---|---|

☒ School Program

# Attendees 

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

☐ TV Spot/Program

# Days Run 

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

☒ Printed Materials:

Total # Distributed

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 6 | 4 | 2 |
|--|--|---|---|---|

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

|   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|---|---|---|---|--|--|--|--|--|
| A | l | t | a | m | o | n | t |  | F | a | i | r |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|---|---|---|---|--|--|--|--|--|

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C | i | t | y | A | l | b | a | n | y | S | c | h | o | o | l | P | r | o | g |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| N | o | r | m | a | n | s | k | i | l | l | C | r | e | e | k |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|

|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G | I |  | C | o | d | e | R | e | v | i | e | w | P | r | o | g | r | a | m |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

☒ Other:

|   |   |   |   |  |   |  |   |   |   |  |   |   |   |   |   |   |   |   |  |
|---|---|---|---|--|---|--|---|---|---|--|---|---|---|---|---|---|---|---|--|
| H | o | s | t |  | 4 |  | 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 | 5 |
|---|---|---|---|

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 (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.

BMP 1-1 Target Audience Analysis Wksheet (TAAW): 1) Update Map Set-2010 urbanized area; 2) To insure that public education activities "fit" areas of concern identified in TAAW and can be adequately funded and staffed, collect Priority Measurable Goal sheets from all members. BMP 1-3 Website: Correct to/from member links on website, increase unique visitor by 200, use website for public comments. BMP 1-7 List Serve: Make current all contact info of elected/appointed officials.

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

BMP 1-1 TAAW: 1) Map Set maps-updated 2010 urbanized area; not all formatted for use with TAAW, but will be, still important. ; 2) Collected Measurable Goals sheets; info somewhat useful for budgeting purposes. BMP 1-3 Website: To/From links corrected for all members; disconnected links common; important to monitor links frequently. GoogleAnalytics for website (2828 sessions/2015; 1637 visits (sessions?)-a 1191 increase. BMP 1-7 List Serve-no updates of officials.

#### 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 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).

Coalition has an updated Joint SWMP Plan titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). Some Coalition goals for MCM1 presented here. BMP 1-1 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, 1 new doc (plant care).

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 1 5

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

**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 #  | (          ) |           |       | - |         |   |
| <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     |           |       |   |         | 3 |
| <input type="radio"/> Other:                               |              |           |       |   |         |   |

**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 | 5 | 8 |
| <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 | 5 |
|---|---|---|---|

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

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

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

☐ 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 | . | 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 | 5 |
|---|---|---|---|

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

 / 

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

**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 | 5 |
|---|---|---|---|

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.**

BMP 2-3 SWMP: Update with and/or for members SWMP data managed using MS4web (CBI), secure student intern help, coordinate with members content of updates (drop/add BMPS, revise measurable goals), complete two SWMP updates (Coalition, 1 member). BMP 2-6 Clean Up Activities: Write/distribute at collection locations, a generic "Thank You" on Coalition letterhead which also explains stormwater pollution, waste disposal, gross solids, impact on water quality.

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

BMP 2-3 SWMP: SWMPv2 (2012 to 2015) updated. Completed tasks/goals noted, issues explained, title of document, Joint SWMP BMP Data Report. New SWMP needs to be developed for 2015 to 2017 and matched to NYSDEC interim MS4 Permit. Coalition Sub-Committee has met, some decisions: BMPs similar to previous SWMP, some modifications; individual goals for individual members; added MCM 8 Training. BMP 2-6 Clean Up Activities: "Thank You" dropped, no time.

**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).**

As of May, 2015, Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). Document includes new/modified BMPs applicable to all Coalition members; goals are specific to Coalition and individual MS4 members. Some goals for MCM2 presented here. 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.

L

2 0 1 5



Stormwater Coalition of Albany County

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

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

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

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

[illegible][illegible]

# MS4 Annual Report Form

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

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

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

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.**

BMP 3-1 Map Outfalls: Provide for members, a sample form to use as construction projects are finished which notes # and location of new outfalls. BMP 3-2 AIMS: 1) Update map layers; 2) Organize member wide session to evaluate AIMS. BMP 3-4 Storm System/Sewershed Mapping: Coalition staff assist with system mapping as requested and in 2014 Coalition budget (Krumkill, Patroon, Salt Kill watersheds); BMP 3-5 ORI: 1) Restock kits; 2) Coalition staff assist ORI work.

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

BMP 3-1 Map Outfalls: no sample form provided to collect outfall location information for construction projects; instead individual MS4s may map post-construction outfalls, no form needed. BMP 3-2 AIMS: map layers updated, process to evaluate AIMS started; now a priority given server issues. BMP 3-4 Storm Sys/Sewershed Mapping: few requests from past year. BMP 3-5 ORI: kits re-stocked as needed; Coalition staff assist, as needed & funded.

**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).**

The Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). Some goals for MCM3 presented here. 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.

**MS4 Annual Report Form**

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

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

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.**

BMP 4-2 SWPPP Review E/SC; 4-4 Complaint; 4-5 Construction Inspection & Enforcement; 4-6 Education-Construction Activity; 5-5 SWPPP Review Procedures Post Construction; 5-9 Operations and Maintenance Procedures: For all BMP Procedures named in Coalition SWMP (MCM 4 and MCM 5) by 3/2015, monitor/support the completion of functional procedures for all Coalition members as guided by regulators (EPA and NYSDEC); procedure info posted on Coalition website.

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

Coalition supported all individual MS4 efforts to write procedures (sharing of procedures, organized a Procedures Training with NYSDEC staff, circulated regulatory comments about procedures). Procedure information posted on Coalition website Member pages.

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

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

(ex.: samples/participants/events)

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

The Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). No Coalition goals for MCM4 presented here. Instead, Coalition "Procedures" goals are found 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.

**MS4 Annual Report Form**

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

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

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.**

BMP 4-2 SWPPP Review E/SC; 4-4 Complaint; 4-5 Construction Inspection & Enforcement; 4-6 Education-Construction Activity; 5-5 SWPPP Review Procedures Post Construction; 5-9 Operations and Maintenance Procedures: For all BMP Procedures named in Coalition SWMP (MCM 4 and MCM 5) by 3/2015, monitor/support the completion of functional procedures for all Coalition members as guided by regulators (EPA and NYSDEC); procedure info posted on Coalition website.

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

Coalition supported all individual MS4 efforts to write procedures (sharing of procedures, organized a Procedures Training with NYSDEC staff, circulated regulatory comments about procedures). Procedure information posted on Coalition website Member pages.

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

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

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

The Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). No Coalition goals for MCM5 presented here. Instead, Coalition "Procedures" goals are found 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.



## MS4 Annual Report Form

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

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

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

- 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<br/>Operation/Activity/Facility<br/>performed within the past 3<br/>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 | 5 |
|---|---|---|---|

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

**4. What was the date of the last training?**

|   |   |   |  |   |   |   |   |   |   |
|---|---|---|--|---|---|---|---|---|---|
| 1 | 0 | / |  | 9 | / | 2 | 0 | 1 | 4 |
|---|---|---|--|---|---|---|---|---|---|

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

|   |   |   |
|---|---|---|
| 1 | 3 | 0 |
|---|---|---|

**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 | 5 |
|---|---|---|---|

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.**

BMP 6-1 and 6- 2 Inventory and Assessment-Municipal Facilities and Operations: As requested by Coalition members and included in 2014 budget, Coalition staff review/update facility and operations inventory, complete assessments (self audits), develop facility BMPs. BMP 6-9 Staff Training: Coalition staff/members develop a multi-part "road show" for elected/appointed officials, & staff which teaches critical stormwater concepts (CWA, stormwater science, \$/management).

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

BMP 6-1 and 6- 2 Inventory and Assessment-Municipal Facilities and Operations: Coalition provided Inventory and Assessment support to 3 Coalition members, as requested and funded. BMP 6-9 Staff Training: one elected official received Clean Water Act Basics training, not the road show as planned, however training materials were developed for future programs.

**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).**

The Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). No specific Coalition goals for MCM 6; instead Coalition staff as reflected in 2015 Coalition budget and requested by individual members, directly assist MS4s in implementing their individual MCM 6 goals. Training related Coalition goals (organize, host, fund) are described in SWMPv3 MCM 8 Train'g-Staff, Plan'g/Zon'g Bds, Other Muni Officials.

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

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

Name of MS4 

|                   |
|-------------------|
| Town of Bethlehem |
|-------------------|

SPDES ID

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

Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

- ☐ An Annual Report for a single MS4
- ☐ A Single Entity (Per Part II.E of GP-0-10-002)
- ☒ A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

|   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---|---|
| S | t | 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 5

Name of MS4 Town of Bethlehem

SPDES ID

N Y R 2 0 A 2 0 8

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

B r e n t

MI

Last Name

M e r e d i t h

Title

S u p e r i n t e n d e n t o f H i g h w a y s

Address

4 4 5 D e l a w a r e A v e

City

D e l m a r

State

N Y

Zip

1 2 0 5 4 -

eMail

b m e r e d i t h @ t o w n o f b e t h l e h e m . o r g

Phone

( 5 1 8 ) 4 3 9 - 4 9 5 5

County

A l b a n y



**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2015

Name of MS4 Town of Bethlehem

SPDES ID

N Y R 2 0 A 2 0 8

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

B r i a n

MI

Last Name

K i s e

Title

A s s t . E n g i n e e r

Address

4 4 5 D e l a w a r e A v e

City

D e l m a r

State

N Y

Zip

1 2 0 5 4 -

eMail

b k i s e @ t o w n o f b e t h l e h e m . o r g

Phone

( 5 1 8 ) 4 3 9 - 4 9 5 5

County

A l b a n y

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2015

SPDES ID

Name of MS4 Town of Bethlehem

N Y R 2 0 A 2 0 8

**Section 2 - Contact Information****Important Instructions - Please Read**Contact information must be provided for 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

MI

Last Name

P e n m a n

Title

T o w n E n g i n e e r

Address

4 4 5 D e l a w a r e A v e

City

D e l m a r

State

N Y

Zip

1 2 0 5 4 -

eMail

p p e n m a n @ t o w n o f b e t h l h e m . o r g

Phone

( 5 1 8 ) 4 3 9 - 4 9 5 5

County

A l b a n y

**MS4 Municipal Compliance Certification (MCC) Form**

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

Name of MS4 Town of Bethlehem

SPDES ID

N Y R 2 0 A 2 0 8

**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 A l b a n y

Partner/Coalition Name (con't.)

C o u n t y

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 1 2 S t a t e S t r e e t , R o o m 7 2 0

City

A l b a n y

State

N Y

Zip

1 2 2 0 7 -

eMail

n h e i n z e n @ a l b a n y c o u n t y . c o m

Phone

( 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 E d u c a t i o n M a t e r i a l & P r o g r a m s

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

● MM3 A I M S - O R I A s s t - I D D E P r o c e d u r e s

● MM4 P r o c e d u r e s S u p p o r t

● MM5 P r o c e d u r e s S u p p o r t

● MM6 T r a i n ' g - F a c i l i t y A u d i t S u p p o r t

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, 2015

|             |                   |
|-------------|-------------------|
| Name of MS4 | Town of Bethlehem |
|-------------|-------------------|

SPDES ID

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

### **Section 4 - Certification Statement**

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

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

First Name

[illegible]

MI

Last Name

|   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|
| M | e | r | e | d | i | t | h |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|

Title (Clearly print title of individual signing report)

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| S | u | p | e | r | i | n | t | e | n | d | e | n | t | o | f | H | i | g | h | w | a | y | s |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|

Signature

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

Date \_\_\_\_\_

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

 / 

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

 / 

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

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

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

**MS4 Annual Report Form**

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

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

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

|                       |                   |
|-----------------------|-------------------|
| Name of MS4/Coalition | Town of Bethlehem |
|-----------------------|-------------------|

SPDES ID

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

## Water Quality Trends

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

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

|   |   |   |   |
|---|---|---|---|
| How many MS4s are contributed to this report? | 0 | 1 | 2 |
|---|---|---|---|

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

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

| URL |  |
|-----|--|
|     |  |
|     |  |
|     |  |
|     |  |

URL

[illegible]

URL

[illegible]

# MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2015

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

|                       |                   |
|-----------------------|-------------------|
| Name of MS4/Coalition | Town of Bethlehem |
|-----------------------|-------------------|

SPDES ID

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

### **Minimum Control Measure 1. Public Education and Outreach**

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

- On behalf of an individual MS4  
○ 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:

○ Agricultural

[illegible]

Other



**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Town of Bethlehem

SPDES ID

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

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

☒ Construction Site Operators Trained

# Trained

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

☐ Direct Mailings

# Mailings

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

☒ Kiosks or Other Displays

# Locations

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

☐ 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

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

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

|   |   |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|---|---|---|---|---|--|--|--|--|--|
| B | u | i | l | d | i | n | g |  | D | e | p | t | . |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|---|---|---|---|---|--|--|--|--|--|

|   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |  |  |
|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|--|--|
| E | n | g | i | n | e | e | r | i | n | g |  | D | e | p | t | . |  |  |
|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|--|--|

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

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

☐ 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 | . | t | o | w | n | o | f | b | e | t | h | l | e | h | e | m | . | o | r | g | / |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|
| 1 | 7 | 2 | / | S | t | o | r | m | w | a | t | e | r | - | M | a | n | a | g | e | m | e | n | t |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|

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

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

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

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

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

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

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

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

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

[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 | 5 |
|---|---|---|---|

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

Name of MS4/Coalition 

|                   |
|-------------------|
| Town of Bethlehem |
|-------------------|

SPDES ID

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

**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.**

Coordinate with Coalition to develop a public presentation program by end of 2014 calendar year.

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

Several audits of coalition members and a subsequent overhaul of the SWMP Plan has delayed the development of the program.

**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).**

Develop a public presentation program with the Coalition, by the end of the 2015 reporting period.

Utilize Town GIS program to generate public informational mapping for use on the Town website by the the end of the 2015 reporting period.





**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Town of Bethlehem

SPDES ID

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

**2. URL(s) con't.:**

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

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

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

URL

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

URL

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

URL

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

URL

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

URL

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



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

SPDES ID

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

**2. URL(s) con't.:**

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

URL

| URL |
|-----|
|     |
|     |
|     |
|     |

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

| URL |  |
|-----|--|
|     |  |
|     |  |
|     |  |
|     |  |

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2015

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 2 0 8

**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

D P W - E n g i n e e r i n g D i v i s i o n

Address

4 4 5 D e l a w a r e A v e n u e

City

D e l m a r

N Y

Zip

1 2 0 5 4 -

Phone

( 5 1 8 ) 4 3 9 - 4 9 5 5

☐ 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

h t t p : / / w w w . t o w n o f b e t h l e h e m . o r g /

1 7 5 / O u r - s t o r m w a t e r - m a n a g e m e n t -

p r o g r a m

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 m

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Town of Bethlehem

SPDES ID

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

**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?**

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

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

Name of MS4/Coalition

Town of Bethlehem

SPDES ID

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

**7. Evaluating Progress Toward Measurable Goals MCM 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 will attempt to place 20 storm drain markers in areas of concern.

Town will implement community cleanup events.

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

The Town did continue with the community clean up events (3).

Due to workload and staffing levels the Town was not able to progress the storm drain marking program.

**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).**

By the end of the 2015 reporting period, the Town will place twenty (20) storm drain markers in areas of concern.

The Town will conduct three (3) community clean up events by the end of the 2015 reporting period.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2015

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

|                       |                   |
|-----------------------|-------------------|
| Name of MS4/Coalition | Town of Bethlehem |
|-----------------------|-------------------|

SPDES ID

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

### **Minimum Control Measure 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: | 7 | 0 | 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 | 0 | 0 |
|---|---|---|

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

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops

● Other:

☐ None

|   |   |   |  |   |   |   |   |   |  |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |
|---|---|---|--|---|---|---|---|---|--|---|---|--|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|
| O | R | I |  | b | a | s | e | d |  | o | n |  | r | o | t | a | t | i | n | g |  | s | c | h | e | d | u | l | e |
|---|---|---|--|---|---|---|---|---|--|---|---|--|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|

○ Sewersheds:

**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/Coalition

### Town of Bethlehem

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

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|
| Other: <input type="radio"/> None |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| C                                 | o | n | s | t | r | u | c | t | i | o | n | s | i | t | e | d | i | s | c | h | a | r | g | e |  |  |  |  |  |  |

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?

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

**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

|  |   |   |   |
|--|---|---|---|
|  | 7 | 5 | % |
|--|---|---|---|

**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 |
|-----|
|     |
|     |
|     |

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 SPDES ID blank.

Name of MS4/Coalition

SPDES ID

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

**8. URL(s) con't.:**

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

URL

[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?

|  |   |   |   |
|--|---|---|---|
|  | 9 | 0 | % |
|--|---|---|---|

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

|                   |
|-------------------|
| Town of Bethlehem |
|-------------------|

SPDES ID

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

**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.**

Town planned to inspect 20% of known outfalls during the reporting period.  
Town planned to map 20% known collection system during the reporting period

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

The Town was able to inspect 100% of the known outfalls last year. However, during the year, approximately 300 new outfalls were discovered and mapped. These outfalls will be put into the upcoming inspection cycle.

The Town was able to map an additional 30% (approximate) of it's known collection system.

**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 Town will attempt to inspect 20% (150 outfalls) of known outfalls during the upcoming reporting period.

Town will attempt to map an additional 20% of the known collection system during the upcoming reporting period.



**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Town of Bethlehem

SPDES ID

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

**Minimum Control 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 |
|--|---|---|

**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  | # | <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 | 5 |
|---|---|---|---|

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

Name of MS4/Coalition 

|                   |
|-------------------|
| Town of Bethlehem |
|-------------------|

SPDES ID

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

**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

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

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

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

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

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

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

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

Name of MS4/Coalition

Town of Bethlehem

SPDES ID

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

**7. Evaluating Progress Toward Measurable Goals MCM 4**

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.**

Town would develop an electronic/paperless approach for construction site inspections.

100% of active sites would be inspected multiple times during the reporting period.

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

An electronic solution was developed using a proprietary software in coordination with the Town's GIS staff. Additional approaches are being explored to see if a more efficient and non-proprietary solution may be developed.

All sites were inspected during the reporting period.

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

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

(ex.: samples/participants/events)

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

☒ Yes ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the 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).**

The Town will utilize the most current electronic solution to inspect 100% of the active construction sites a minimum of once (1) per month during the upcoming reporting period.

Town will create a layer within the GIS program to inventory and track all approved SWPPP's within the Town.

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2015

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

Name of MS4/Coalition

### Town of Bethlehem

SPDES ID

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

### **Minimum Control Measure 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?

|   | #<br>Inventoried   | #<br>Inspections | # Times<br>Maintained |   |   |  |  |   |   |  |  |   |
|---|--|------------------|-----------------------|---|---|--|--|---|---|--|--|---|
| <input type="radio"/> Alternative Practices     | <table border="1"><tr><td></td><td>1</td><td>2</td></tr></table> |                  | 1                     | 2 | <table border="1"><tr><td></td><td></td><td>1</td></tr></table> |  |  | 1 | <table border="1"><tr><td></td><td></td><td>1</td></tr></table> |  |  | 1 |
|   | 1  | 2                |                       |   |   |  |  |   |   |  |  |   |
|   |  | 1                |                       |   |   |  |  |   |   |  |  |   |
|   |  | 1                |                       |   |   |  |  |   |   |  |  |   |
| <input checked="" type="radio"/> Filter Systems | <table border="1"><tr><td></td><td></td><td>1</td></tr></table>  |                  |                       | 1 | <table border="1"><tr><td></td><td></td><td>1</td></tr></table> |  |  | 1 | <table border="1"><tr><td></td><td></td><td>0</td></tr></table> |  |  | 0 |
|   |  | 1                |                       |   |   |  |  |   |   |  |  |   |
|   |  | 1                |                       |   |   |  |  |   |   |  |  |   |
|   |  | 0                |                       |   |   |  |  |   |   |  |  |   |
| <input type="radio"/> Infiltration Basins       | <table border="1"><tr><td></td><td></td><td></td></tr></table>   |                  |                       |   | <table border="1"><tr><td></td><td></td><td></td></tr></table>  |  |  |   | <table border="1"><tr><td></td><td></td><td></td></tr></table>  |  |  |   |
|   |  |                  |                       |   |   |  |  |   |   |  |  |   |
|   |  |                  |                       |   |   |  |  |   |   |  |  |   |
|   |  |                  |                       |   |   |  |  |   |   |  |  |   |
| <input checked="" type="radio"/> Open Channels  | <table border="1"><tr><td></td><td></td><td>2</td></tr></table>  |                  |                       | 2 | <table border="1"><tr><td></td><td></td><td>1</td></tr></table> |  |  | 1 | <table border="1"><tr><td></td><td></td><td>1</td></tr></table> |  |  | 1 |
|   |  | 2                |                       |   |   |  |  |   |   |  |  |   |
|   |  | 1                |                       |   |   |  |  |   |   |  |  |   |
|   |  | 1                |                       |   |   |  |  |   |   |  |  |   |
| <input checked="" type="radio"/> Ponds          | <table border="1"><tr><td></td><td></td><td>6</td></tr></table>  |                  |                       | 6 | <table border="1"><tr><td></td><td></td><td>1</td></tr></table> |  |  | 1 | <table border="1"><tr><td></td><td></td><td>1</td></tr></table> |  |  | 1 |
|   |  | 6                |                       |   |   |  |  |   |   |  |  |   |
|   |  | 1                |                       |   |   |  |  |   |   |  |  |   |
|   |  | 1                |                       |   |   |  |  |   |   |  |  |   |
| <input type="radio"/> Wetlands                  | <table border="1"><tr><td></td><td></td><td></td></tr></table>   |                  |                       |   | <table border="1"><tr><td></td><td></td><td></td></tr></table>  |  |  |   | <table border="1"><tr><td></td><td></td><td></td></tr></table>  |  |  |   |
|   |  |                  |                       |   |   |  |  |   |   |  |  |   |
|   |  |                  |                       |   |   |  |  |   |   |  |  |   |
|   |  |                  |                       |   |   |  |  |   |   |  |  |   |
| <input type="radio"/> Other                     | <table border="1"><tr><td></td><td></td><td></td></tr></table>   |                  |                       |   | <table border="1"><tr><td></td><td></td><td></td></tr></table>  |  |  |   | <table border="1"><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

☒ 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:

[illegible]

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

|                   |
|-------------------|
| Town of Bethlehem |
|-------------------|

SPDES ID

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

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?

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

 %



**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

|                   |
|-------------------|
| Town of Bethlehem |
|-------------------|

SPDES ID

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

**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

Town would develop post construction practice inspection procedures and an electronic solution for field data collection.

Town would issue letters to all private post construction practices Owner's requesting annual maintenance and inspection data.

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

Town has developed an electronic solution for field data collection using a proprietary software. However, additional solutions are being explored with GIS staff.

Letters were not issued during this reporting period. Town is exploring other potential approaches to ensure post construction inspection and maintenance of private practices is being done.

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

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

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Town will coordinate with GIS staff to develop a layer with the Town's GIS program to show location of all post construction practices, as well as current status of maintenance records.

If a more aggressive solution to ensuring maintenance of private post construction practices cannot be developed, the Town will mail out letters to all Owners by the end of upcoming reporting period.



**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Town of Bethlehem

SPDES ID

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

**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

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

How many MS4s contributed to this report? 

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

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

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

| <b><u>Operation/Activity/Facility</u></b>         | <b><u>Addressed in SWMP?</u></b>     |                                     | <b><u>years?</u></b>                 |                                     |
|---|--------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| 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 type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Town of Bethlehem

SPDES ID

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

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

● Parking Lots Swept (Number of acres X Number of times swept)

# Acres 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 7 |
|--|--|--|--|---|

● Streets Swept (Number of miles X Number of times swept)

# Miles 

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 3 | 5 | 0 |
|--|--|---|---|---|

○ Catch Basins Inspected and Cleaned Where Necessary

# 

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

● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary

# 

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

○ Phosphorus Applied In Chemical Fertilizer

# Lbs. 

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

○ Nitrogen Applied In Chemical Fertilizer

# Lbs. 

|  |   |   |   |   |
|--|---|---|---|---|
|  | 1 | 5 | 9 | 0 |
|--|---|---|---|---|

● Pesticide/Herbicide Applied

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

# Acres 

|  |  |   |   |   |   |
|--|--|---|---|---|---|
|  |  | 3 | 6 | . | 5 |
|--|--|---|---|---|---|

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

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

**4. What was the date of the last training?**

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 4 | / | 0 | 2 | / | 2 | 0 | 1 | 5 |
|---|---|---|---|---|---|---|---|---|---|

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

|  |   |   |
|--|---|---|
|  | 3 | 9 |
|--|---|---|

**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 | 5 |
|---|---|---|---|

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

Name of MS4/Coalition 

|                   |
|-------------------|
| Town of Bethlehem |
|-------------------|

SPDES ID

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

**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

Town would train all appropriate staff in basic stormwater maintenance procedures and BMP's.

Town would develop a database to track pesticide usage and other Highway operations

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

All appropriate employees were trained on 4/2/2015 using the Excal Visual "Raincheck" DVD.

A database was not developed during the reporting period.

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

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

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Town will develop, by the end of upcoming reporting period, a database showing all conveyance system upgrade projects and the approach taken towards the incorporation of GI practices.

By the end of the reporting period, the Town will develop a layer within the GIS program to show all municipal facility locations and the status of the most recent facility audit.

## MS4 Annual Report Form

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

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

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

#### 1. Targeted Public Education and Outreach Best Management Practices

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

- |  |   |
|--|---|
| <input checked="" type="radio"/> Construction Sites                                  | <input checked="" type="radio"/> Pesticide and Fertilizer Application     |
| <input checked="" type="radio"/> General Stormwater Management Information           | <input checked="" type="radio"/> Pet Waste Management                     |
| <input type="radio"/> Household Hazardous Waste Disposal                             | <input type="radio"/> Recycling   |
| <input type="radio"/> Illicit Discharge Detection and Elimination                    | <input checked="" type="radio"/> Riparian Corridor Protection/Restoration |
| <input checked="" type="radio"/> Infrastructure Maintenance                          | <input type="radio"/> Trash Management                                    |
| <input checked="" type="radio"/> Smart Growth  | <input checked="" type="radio"/> Vehicle Washing                          |
| <input type="radio"/> Storm Drain Marking  | <input type="radio"/> Water Conservation                                  |
| <input type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development | <input type="radio"/> Wetland Protection                                  |
| <input checked="" type="radio"/> Other:  | <input type="radio"/> 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:

- |   |   |
|---|---|
| <input checked="" type="radio"/> Public Employees | <input checked="" type="radio"/> Contractors    |
| <input checked="" type="radio"/> Residential      | <input type="radio"/> Developers                |
| <input checked="" type="radio"/> Businesses       | <input checked="" type="radio"/> General Public |
| <input type="radio"/> Restaurants                 | <input type="radio"/> Industries                |
| <input checked="" type="radio"/> Other:           | <input type="radio"/> Agricultural              |

|   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| S | t | u | d | e | n | t | s |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Other

**MS4 Annual Report Form**

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

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

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 

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  | 3 | 5 |
|--|--|--|---|---|

☐ Direct Mailings

# Mailings 

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

☒ Kiosks or Other Displays

# Locations 

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

☒ List-Serves

# In List 

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 4 | 5 | 8 |
|--|--|---|---|---|

☐ Mailing List

# In List 

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

☐ Newspaper Ads or Articles

# Days Run 

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

☒ Public Events/Presentations

# Attendees 

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 1 | 5 | 3 |
|--|--|---|---|---|

☒ School Program

# Attendees 

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

☐ TV Spot/Program

# Days Run 

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

☒ Printed Materials:

Total # Distributed 

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 6 | 4 | 2 |
|--|--|---|---|---|

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

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | l | t | a | m | o | n | t |   | F | a | i | r |   |   |   |   |   |   |   |
| C | i | t | y | A | l | b | a | n | y | S | c | h | o | o | l | P | r | o | g |
| N | o | r | m | a | n | s | k | i | l | l | C | r | e | e | k |   |   |   |   |
| G | I |   | C | o | d | e | R | e | v | i | e | w | P | r | o | g | r | a | m |

☒ Other:

|   |   |   |   |  |   |  |   |   |   |  |   |   |   |   |   |   |   |   |  |
|---|---|---|---|--|---|--|---|---|---|--|---|---|---|---|---|---|---|---|--|
| H | o | s | t |  | 4 |  | 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 | 5 |
|---|---|---|---|

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.

BMP 1-1 Target Audience Analysis Wksheet (TAAW): 1) Update Map Set-2010 urbanized area; 2) To insure that public education activities "fit" areas of concern identified in TAAW and can be adequately funded and staffed, collect Priority Measurable Goal sheets from all members. BMP 1-3 Website: Correct to/from member links on website, increase unique visitor by 200, use website for public comments. BMP 1-7 List Serve: Make current all contact info of elected/appointed officials.

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

BMP 1-1 TAAW: 1) Map Set maps-updated 2010 urbanized area; not all formatted for use with TAAW, but will be, still important. ; 2) Collected Measurable Goals sheets; info somewhat useful for budgeting purposes. BMP 1-3 Website: To/From links corrected for all members; disconnected links common; important to monitor links frequently. GoogleAnalytics for website (2828 sessions/2015; 1637 visits (sessions?)-a 1191 increase. BMP 1-7 List Serve-no updates of officials.

#### 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).

Coalition has an updated Joint SWMP Plan titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). Some Coalition goals for MCM1 presented here. BMP 1-1 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, 1 new doc (plant care).

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 1 5

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

**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 #  | ( )         |           |       | - |         |   |
| <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    |           |       |   |         | 3 |
| <input type="radio"/> Other:                               |             |           |       |   |         |   |

**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 | 5 | 8 |
| <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 | 5 |
|---|---|---|---|

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

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

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

☐ 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 | . | 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 | 5 |
|---|---|---|---|

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

 / 

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

**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 | 5 |
|---|---|---|---|

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.**

BMP 2-3 SWMP: Update with and/or for members SWMP data managed using MS4web (CBI), secure student intern help, coordinate with members content of updates (drop/add BMPS, revise measurable goals), complete two SWMP updates (Coalition, 1 member). BMP 2-6 Clean Up Activities: Write/distribute at collection locations, a generic "Thank You" on Coalition letterhead which also explains stormwater pollution, waste disposal, gross solids, impact on water quality.

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

BMP 2-3 SWMP: SWMPv2 (2012 to 2015) updated. Completed tasks/goals noted, issues explained, title of document, Joint SWMP BMP Data Report. New SWMP needs to be developed for 2015 to 2017 and matched to NYSDEC interim MS4 Permit. Coalition Sub-Committee has met, some decisions: BMPs similar to previous SWMP, some modifications; individual goals for individual members; added MCM 8 Training. BMP 2-6 Clean Up Activities: "Thank You" dropped, no time.

**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).**

As of May, 2015, Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). Document includes new/modified BMPs applicable to all Coalition members; goals are specific to Coalition and individual MS4 members. Some goals for MCM2 presented here. 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.

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

SPDES ID

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

- On behalf of a coalition

|   |   |   |
|---|---|---|
| How many MS4s contributed to this report? | 1 | 3 |
|---|---|---|

| 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
  - ☐ 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

[illegible]

- Sewersheds:

[illegible]

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 1 5

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

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.**

BMP 3-1 Map Outfalls: Provide for members, a sample form to use as construction projects are finished which notes # and location of new outfalls. BMP 3-2 AIMS: 1) Update map layers; 2) Organize member wide session to evaluate AIMS. BMP 3-4 Storm System/Sewershed Mapping: Coalition staff assist with system mapping as requested and in 2014 Coalition budget (Krumkill, Patroon, Salt Kill watersheds); BMP 3-5 ORI: 1) Restock kits; 2) Coalition staff assist ORI work.

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

BMP 3-1 Map Outfalls: no sample form provided to collect outfall location information for construction projects; instead individual MS4s may map post-construction outfalls, no form needed. BMP 3-2 AIMS: map layers updated, process to evaluate AIMS started; now a priority given server issues. BMP 3-4 Storm Sys/Sewershed Mapping: few requests from past year. BMP 3-5 ORI: kits re-stocked as needed; Coalition staff assist, as needed & funded.

**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).**

The Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). Some goals for MCM3 presented here. 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.



**MS4 Annual Report Form**

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

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

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.**

BMP 4-2 SWPPP Review E/SC; 4-4 Complaint; 4-5 Construction Inspection & Enforcement; 4-6 Education-Construction Activity; 5-5 SWPPP Review Procedures Post Construction; 5-9 Operations and Maintenance Procedures: For all BMP Procedures named in Coalition SWMP (MCM 4 and MCM 5) by 3/2015, monitor/support the completion of functional procedures for all Coalition members as guided by regulators (EPA and NYSDEC); procedure info posted on Coalition website.

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

Coalition supported all individual MS4 efforts to write procedures (sharing of procedures, organized a Procedures Training with NYSDEC staff, circulated regulatory comments about procedures). Procedure information posted on Coalition website Member pages.

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

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

(ex.: samples/participants/events)

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

The Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). No Coalition goals for MCM4 presented here. Instead, Coalition "Procedures" goals are found 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.

**MS4 Annual Report Form**

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

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

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.**

BMP 4-2 SWPPP Review E/SC; 4-4 Complaint; 4-5 Construction Inspection & Enforcement; 4-6 Education-Construction Activity; 5-5 SWPPP Review Procedures Post Construction; 5-9 Operations and Maintenance Procedures: For all BMP Procedures named in Coalition SWMP (MCM 4 and MCM 5) by 3/2015, monitor/support the completion of functional procedures for all Coalition members as guided by regulators (EPA and NYSDEC); procedure info posted on Coalition website.

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

Coalition supported all individual MS4 efforts to write procedures (sharing of procedures, organized a Procedures Training with NYSDEC staff, circulated regulatory comments about procedures). Procedure information posted on Coalition website Member pages.

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

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

(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

The Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). No Coalition goals for MCM5 presented here. Instead, Coalition "Procedures" goals are found 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.

## MS4 Annual Report Form

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

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

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

- 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<br/>Operation/Activity/Facility<br/>performed within the past 3<br/>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 | 5 |
|---|---|---|---|

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

**4. What was the date of the last training?**

|   |   |   |  |   |   |   |   |   |   |
|---|---|---|--|---|---|---|---|---|---|
| 1 | 0 | / |  | 9 | / | 2 | 0 | 1 | 4 |
|---|---|---|--|---|---|---|---|---|---|

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

|   |   |   |
|---|---|---|
| 1 | 3 | 0 |
|---|---|---|

**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 | 5 |
|---|---|---|---|

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.**

BMP 6-1 and 6- 2 Inventory and Assessment-Municipal Facilities and Operations: As requested by Coalition members and included in 2014 budget, Coalition staff review/update facility and operations inventory, complete assessments (self audits), develop facility BMPs. BMP 6-9 Staff Training: Coalition staff/members develop a multi-part "road show" for elected/appointed officials, & staff which teaches critical stormwater concepts (CWA, stormwater science, \$/management).

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

BMP 6-1 and 6- 2 Inventory and Assessment-Municipal Facilities and Operations: Coalition provided Inventory and Assessment support to 3 Coalition members, as requested and funded. BMP 6-9 Staff Training: one elected official received Clean Water Act Basics training, not the road show as planned, however training materials were developed for future programs.

**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).**

The Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). No specific Coalition goals for MCM 6; instead Coalition staff as reflected in 2015 Coalition budget and requested by individual members, directly assist MS4s in implementing their individual MCM 6 goals. Training related Coalition goals (organize, host, fund) are described in SWMPv3 MCM 8 Train'g-Staff, Plan'g/Zon'g Bds, Other Muni Officials.

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9,

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

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

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 | e | o | r | g | e |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

MI

|   |
|---|
| E |
|---|

Last Name

|   |   |   |   |   |   |   |  |   |   |   |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|--|---|---|---|--|--|--|--|--|--|--|--|--|
| P | r | i | m | e | a | u |  | S | r | . |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|--|---|---|---|--|--|--|--|--|--|--|--|--|

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 5

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

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 5

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 A l b a n y

Partner/Coalition Name (con't.)

C o u n t y

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 1 2 S t a t e S t r e e t , R o o m 7 2 0

City

A l b a n y

State

N Y

Zip

1 2 2 0 7 -

eMail

n h e i n z e n @ a l b a n y c o u n t y . c o m

Phone

( 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 E d u c a t i o n M a t e r i a l & P r o g r a m s

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

● MM3 A I M S - O R I A s s t - I D D E P r o c e d u r e s

● MM4 P r o c e d u r e s S u p p o r t

● MM5 P r o c e d u r e s S u p p o r t

● MM6 T r a i n ' g - F a c i l i t y A u d i t S u p p o r t

Additional tasks/responsibilities

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

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

Name of MS4 | City of Cohoes

SPDES ID

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

"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

|   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|
| G | e | o | r | g | e |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|

MI

E

Last Name

|   |   |   |   |   |   |   |  |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|--|---|---|---|--|--|--|--|
| P | r | i | m | e | a | u |  | S | r | . |  |  |  |  |
|---|---|---|---|---|---|---|--|---|---|---|--|--|--|--|

Title (Clearly print title of individual signing report)

[illegible]

Signature

Date \_\_\_\_\_

|  |   |  |   |  |
|--|---|--|---|--|
|  | / |  | / |  |
|--|---|--|---|--|

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

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

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

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

Name of MS4/Coalition

City of Cohoes

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

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

[illegible][illegible]

L

## MS4 Annual Report Form

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

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

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

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

☒ Kiosks or Other Displays

# Locations

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

☐ List-Serves

# In List

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

☒ Mailing List

# In List

|  |   |   |   |   |
|--|---|---|---|---|
|  | 4 | 3 | 9 | 9 |
|--|---|---|---|---|

☐ Newspaper Ads or Articles

# Days Run

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

☒ Public Events/Presentations

# Attendees

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 4 | 7 | 3 |
|--|--|---|---|---|

☒ School Program

# Attendees

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

☐ TV Spot/Program

# Days Run

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

☒ Printed Materials:

Total # Distributed

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 3 | 1 | 0 |
|--|--|---|---|---|

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

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

SPDES ID

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

[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 | 5 |
|---|---|---|---|

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 into a utility mailing.

**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 likes on facebook page increased over time and has now totaled 262 likes.

**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 weekly 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 | 5 |
|---|---|---|---|

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

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



L

## MS4 Annual Report Form

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

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

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

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 | 7 |
|---|---|

 / 

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

**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 | 3 |
|---|---|

 / 

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

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

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 and Spring Clean Up/Hazardous Waste day. Literature regarding water quality is handed out at Hazardous Waste collection site

**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.

**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 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.

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

[illegible]





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

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

## URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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

**MS4 Annual Report Form**

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

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

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.

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

|  |  |   |   |
|--|--|---|---|
|  |  | 1 | 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).**

Periodically review procedures to ensure they are accurate. Continue to document illicit discharges and educate residents on the effects of illicit discharges.

**MS4 Annual Report Form**

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

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

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?**

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

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

**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 | 5 |
|---|---|---|---|

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

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

|  |  |   |
|--|--|---|
|  |  | 3 |
|--|--|---|
  - How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

|  |  |   |
|--|--|---|
|  |  | 8 |
|--|--|---|
  - What percent of active construction sites were inspected during this reporting period? ☐ NT 

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

 %
  - What percent of active construction sites were inspected more than once? ☐ NT 

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

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

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.**

Streamliners 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 | 5 |
|---|---|---|---|

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?**

|  | #<br>Inventoried                                     | #<br>Inspections | # Times<br>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></td></tr></table>  |  |  |   | <table><tr><td></td><td></td><td>1</td></tr></table> |  |  | 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>3</td></tr></table> |                  |                       | 3 | <table><tr><td></td><td></td><td>2</td></tr></table> |  |  | 2 | <table><tr><td></td><td></td><td>1</td></tr></table> |  |  | 1 |
|  |  | 3                |                       |   |  |  |  |   |  |  |  |   |
|  |  | 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?**

- |   |   |
|---|---|
| <input type="radio"/> Building Codes    | <input type="radio"/> Municipal Comprehensive Plans     |
| <input type="radio"/> Overlay Districts | <input type="radio"/> Open Space Preservation Program   |
| <input type="radio"/> Zoning            | <input checked="" type="radio"/> Local Law or Ordinance |
| <input type="radio"/> None              | <input type="radio"/> Land Use Regulation/Zoning        |
| <input type="radio"/> Watershed Plans   | <input type="radio"/> 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 | 5 |
|---|---|---|---|

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?

|  |   |   |
|--|---|---|
|  | 3 | 0 |
|--|---|---|

 %

**MS4 Annual Report Form**

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

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

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.**

Coalition has completed and distributed model local law.

**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.

**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 Planner discussed plan to revise local law with TDE and will work together to form a group to implement revisions.

## MS4 Annual Report Form

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

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

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<br/>Operation/Activity/Facility<br/>performed within the past 3<br/>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 | 5 |
|---|---|---|---|

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

# 

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

(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?**

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

**4. What was the date of the last training?**

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 8 | / | 2 | 8 | / | 2 | 0 | 1 | 4 |
|---|---|---|---|---|---|---|---|---|---|

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

|  |   |   |
|--|---|---|
|  | 2 | 3 |
|--|---|---|

**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 | 5 |
|---|---|---|---|

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.**

Host Household Hazardous Waste Collection Day event.

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

Several interested residents called looking for more information on the event. The City's Stormwater Education Facebook page posted the event flyer, which is followed by many residents.

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

|  |  |   |   |
|--|--|---|---|
|  |  | 2 | 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 hold these events and encourage residents to participate. Educate residents on how pollution impacts water quality, how this event helps to maintain water quality and what can be done at home throughout the year to help. Stormwater pamphlets will be passed out at the event.

## MS4 Annual Report Form

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

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

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

#### 1. Targeted Public Education and Outreach Best Management Practices

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

- |  |   |
|--|---|
| <input checked="" type="radio"/> Construction Sites                                  | <input checked="" type="radio"/> Pesticide and Fertilizer Application     |
| <input checked="" type="radio"/> General Stormwater Management Information           | <input checked="" type="radio"/> Pet Waste Management                     |
| <input type="radio"/> Household Hazardous Waste Disposal                             | <input type="radio"/> Recycling   |
| <input type="radio"/> Illicit Discharge Detection and Elimination                    | <input checked="" type="radio"/> Riparian Corridor Protection/Restoration |
| <input checked="" type="radio"/> Infrastructure Maintenance                          | <input type="radio"/> Trash Management                                    |
| <input checked="" type="radio"/> Smart Growth  | <input checked="" type="radio"/> Vehicle Washing                          |
| <input type="radio"/> Storm Drain Marking  | <input type="radio"/> Water Conservation                                  |
| <input type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development | <input type="radio"/> Wetland Protection                                  |
| <input checked="" type="radio"/> Other:  | <input type="radio"/> 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:

- |   |   |
|---|---|
| <input checked="" type="radio"/> Public Employees | <input checked="" type="radio"/> Contractors    |
| <input checked="" type="radio"/> Residential      | <input type="radio"/> Developers                |
| <input checked="" type="radio"/> Businesses       | <input checked="" type="radio"/> General Public |
| <input type="radio"/> Restaurants                 | <input type="radio"/> Industries                |
| <input checked="" type="radio"/> Other:           | <input type="radio"/> Agricultural              |

|   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| S | t | u | d | e | n | t | s |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Other

**MS4 Annual Report Form**

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

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

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 

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  | 3 | 5 |
|--|--|--|---|---|

☐ Direct Mailings

# Mailings 

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

☒ Kiosks or Other Displays

# Locations 

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

☒ List-Serves

# In List 

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 4 | 5 | 8 |
|--|--|---|---|---|

☐ Mailing List

# In List 

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

☐ Newspaper Ads or Articles

# Days Run 

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

☒ Public Events/Presentations

# Attendees 

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 1 | 5 | 3 |
|--|--|---|---|---|

☒ School Program

# Attendees 

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

☐ TV Spot/Program

# Days Run 

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

☒ Printed Materials:

Total # Distributed 

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 6 | 4 | 2 |
|--|--|---|---|---|

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

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | l | t | a | m | o | n | t |   | F | a | i | r |   |   |   |   |   |   |   |
| C | i | t | y | A | l | b | a | n | y | S | c | h | o | o | l | P | r | o | g |
| N | o | r | m | a | n | s | k | i | l | l | C | r | e | e | k |   |   |   |   |
| G | I |   | C | o | d | e | R | e | v | i | e | w | P | r | o | g | r | a | m |

☒ Other:

|   |   |   |   |  |   |  |   |   |   |  |   |   |   |   |   |   |   |   |  |
|---|---|---|---|--|---|--|---|---|---|--|---|---|---|---|---|---|---|---|--|
| H | o | s | t |  | 4 |  | 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 | 5 |
|---|---|---|---|

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 (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.

BMP 1-1 Target Audience Analysis Wksheet (TAAW): 1) Update Map Set-2010 urbanized area; 2) To insure that public education activities "fit" areas of concern identified in TAAW and can be adequately funded and staffed, collect Priority Measurable Goal sheets from all members. BMP 1-3 Website: Correct to/from member links on website, increase unique visitor by 200, use website for public comments. BMP 1-7 List Serve: Make current all contact info of elected/appointed officials.

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

BMP 1-1 TAAW: 1) Map Set maps-updated 2010 urbanized area; not all formatted for use with TAAW, but will be, still important. ; 2) Collected Measurable Goals sheets; info somewhat useful for budgeting purposes. BMP 1-3 Website: To/From links corrected for all members; disconnected links common; important to monitor links frequently. GoogleAnalytics for website (2828 sessions/2015; 1637 visits (sessions?)-a 1191 increase. BMP 1-7 List Serve-no updates of officials.

#### 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 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).

Coalition has an updated Joint SWMP Plan titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). Some Coalition goals for MCM1 presented here. BMP 1-1 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, 1 new doc (plant care).



## MS4 Annual Report Form

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

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

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

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

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

☐ 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 | . | 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 | 5 |
|---|---|---|---|

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

 / 

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

**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 | 5 |
|---|---|---|---|

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.**

BMP 2-3 SWMP: Update with and/or for members SWMP data managed using MS4web (CBI), secure student intern help, coordinate with members content of updates (drop/add BMPS, revise measurable goals), complete two SWMP updates (Coalition, 1 member). BMP 2-6 Clean Up Activities: Write/distribute at collection locations, a generic "Thank You" on Coalition letterhead which also explains stormwater pollution, waste disposal, gross solids, impact on water quality.

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

BMP 2-3 SWMP: SWMPv2 (2012 to 2015) updated. Completed tasks/goals noted, issues explained, title of document, Joint SWMP BMP Data Report. New SWMP needs to be developed for 2015 to 2017 and matched to NYSDEC interim MS4 Permit. Coalition Sub-Committee has met, some decisions: BMPs similar to previous SWMP, some modifications; individual goals for individual members; added MCM 8 Training. BMP 2-6 Clean Up Activities: "Thank You" dropped, no time.

**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).**

As of May, 2015, Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). Document includes new/modified BMPs applicable to all Coalition members; goals are specific to Coalition and individual MS4 members. Some goals for MCM2 presented here. 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.

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

Stormwater Coalition of Albany County

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

- On behalf of a coalition

|   |   |   |
|---|---|---|
| How many MS4s contributed to this report? | 1 | 3 |
|---|---|---|

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

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

☐ None

[illegible][illegible]

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 1 5

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

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.

BMP 3-1 Map Outfalls: Provide for members, a sample form to use as construction projects are finished which notes # and location of new outfalls. BMP 3-2 AIMS: 1) Update map layers; 2) Organize member wide session to evaluate AIMS. BMP 3-4 Storm System/Sewershed Mapping: Coalition staff assist with system mapping as requested and in 2014 Coalition budget (Krumkill, Patroon, Salt Kill watersheds); BMP 3-5 ORI: 1) Restock kits; 2) Coalition staff assist ORI work.

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

BMP 3-1 Map Outfalls: no sample form provided to collect outfall location information for construction projects; instead individual MS4s may map post-construction outfalls, no form needed. BMP 3-2 AIMS: map layers updated, process to evaluate AIMS started; now a priority given server issues. BMP 3-4 Storm Sys/Sewershed Mapping: few requests from past year. BMP 3-5 ORI: kits re-stocked as needed; Coalition staff assist, as needed & funded.

#### 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).

The Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). Some goals for MCM3 presented here. 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.



**MS4 Annual Report Form**

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

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

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.**

BMP 4-2 SWPPP Review E/SC; 4-4 Complaint; 4-5 Construction Inspection & Enforcement; 4-6 Education-Construction Activity; 5-5 SWPPP Review Procedures Post Construction; 5-9 Operations and Maintenance Procedures: For all BMP Procedures named in Coalition SWMP (MCM 4 and MCM 5) by 3/2015, monitor/support the completion of functional procedures for all Coalition members as guided by regulators (EPA and NYSDEC); procedure info posted on Coalition website.

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

Coalition supported all individual MS4 efforts to write procedures (sharing of procedures, organized a Procedures Training with NYSDEC staff, circulated regulatory comments about procedures). Procedure information posted on Coalition website Member pages.

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

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

(ex.: samples/participants/events)

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

☐ Yes   ☐ No

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

☐ Yes   ☐ No

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

The Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). No Coalition goals for MCM4 presented here. Instead, Coalition "Procedures" goals are found 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.

**MS4 Annual Report Form**

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

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

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.**

BMP 4-2 SWPPP Review E/SC; 4-4 Complaint; 4-5 Construction Inspection & Enforcement; 4-6 Education-Construction Activity; 5-5 SWPPP Review Procedures Post Construction; 5-9 Operations and Maintenance Procedures: For all BMP Procedures named in Coalition SWMP (MCM 4 and MCM 5) by 3/2015, monitor/support the completion of functional procedures for all Coalition members as guided by regulators (EPA and NYSDEC); procedure info posted on Coalition website.

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

Coalition supported all individual MS4 efforts to write procedures (sharing of procedures, organized a Procedures Training with NYSDEC staff, circulated regulatory comments about procedures). Procedure information posted on Coalition website Member pages.

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

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

(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

The Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). No Coalition goals for MCM5 presented here. Instead, Coalition "Procedures" goals are found 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.

## MS4 Annual Report Form

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

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

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

- 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<br/>Operation/Activity/Facility<br/>performed within the past 3<br/>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 | 5 |
|---|---|---|---|

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

**4. What was the date of the last training?**

|   |   |   |  |   |   |   |   |   |   |
|---|---|---|--|---|---|---|---|---|---|
| 1 | 0 | / |  | 9 | / | 2 | 0 | 1 | 4 |
|---|---|---|--|---|---|---|---|---|---|

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

|   |   |   |
|---|---|---|
| 1 | 3 | 0 |
|---|---|---|

**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 | 5 |
|---|---|---|---|

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.**

BMP 6-1 and 6- 2 Inventory and Assessment-Municipal Facilities and Operations: As requested by Coalition members and included in 2014 budget, Coalition staff review/update facility and operations inventory, complete assessments (self audits), develop facility BMPs. BMP 6-9 Staff Training: Coalition staff/members develop a multi-part "road show" for elected/appointed officials, & staff which teaches critical stormwater concepts (CWA, stormwater science, \$/management).

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

BMP 6-1 and 6- 2 Inventory and Assessment-Municipal Facilities and Operations: Coalition provided Inventory and Assessment support to 3 Coalition members, as requested and funded. BMP 6-9 Staff Training: one elected official received Clean Water Act Basics training, not the road show as planned, however training materials were developed for future programs.

**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).**

The Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). No specific Coalition goals for MCM 6; instead Coalition staff as reflected in 2015 Coalition budget and requested by individual members, directly assist MS4s in implementing their individual MCM 6 goals. Training related Coalition goals (organize, host, fund) are described in SWMPv3 MCM 8 Train'g-Staff, Plan'g/Zon'g Bds, Other Muni Officials.

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9,

2015

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



**MCC form for period ending March 9,**

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

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

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

[illegible]

A

[illegible][illegible][illegible]

|   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|
| N | e | w | t | o | n | v | i | l | l | e |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|

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

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

[illegible]
$$\begin{pmatrix} 5 & 1 & 8 \end{pmatrix} \begin{matrix} 7 & 8 & 3 \end{matrix} - \begin{matrix} 2 & 7 & 2 & 8 \end{matrix}$$
[illegible]

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

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

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 | 3 | - | 6 | 2 | 9 | 2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

County

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

**MCC form for period ending March 9,**

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

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

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

## Important Instructions - Please Read

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).

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

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

| First Name | MI | Last Name   |
|------------|----|-------------|
| J o h n    | J  | 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 |

[illegible]

| City        | State | Zip         |
|-------------|-------|-------------|
| L a t h a m | N Y   | 1 2 1 1 0 - |

eMail

Phone County  
( 5 1 8 ) 7 8 3 - 2 7 5 8 Albany

**MS4 Municipal Compliance Certification (MCC) Form**

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

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 A l b a n y

Partner/Coalition Name (con't.)

C o u n t y

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 1 2 S t a t e S t r e e t , R o o m 7 2 0

City

A l b a n y

State

N Y

Zip

1 2 2 0 7 -

eMail

n h e i n z e n @ a l b a n y c o u n t y . c o m

Phone

( 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 E d u c a t i o n M a t e r i a l s & P r o g r a m s

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

● MM3 A I M S - O R I A s s t - I D D E P r o c e e d u r e s

● MM4 P r o c e d u r e s S u p p o r t

● MM5 P r o c e d u r e s S u p p o r t

● MM6 T r a i n ' g - F a c i l i t y A u d i t S u p p o r t

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 5

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

M a h a n

Title (Clearly print title of individual signing report)

S u p e r v i s o r

Signature

Date

/ /

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

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

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

Town of Colonie

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

## Water Quality Trends

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

- On behalf of a coalition

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

## One.

☐ 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 | 5 |
|---|---|---|---|

Name of MS4/Coalition

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

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

**MS4 Annual Report Form**

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

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

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

**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 

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  | 3 | 8 |
|--|--|--|---|---|

☐ 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 

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  | 7 | 4 |
|--|--|--|---|---|

☐ School Program

# Attendees 

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

☐ TV Spot/Program

# Days Run 

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

☒ Printed Materials:

Total # Distributed

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

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

☒ 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 |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|

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

|   |   |   |   |  |   |   |  |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|--|---|---|--|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|--|--|--|--|
| L | i | n | k |  | t | o |  | C | o | a | l | i | t | i | o | n |  | W | e | b | s | i | t | e |  |  |  |  |
|---|---|---|---|--|---|---|--|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|--|--|--|--|

URL

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

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

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

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

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

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. 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) The Town will include a water quality message in our Hazardous Household Waste Day literature for our waste drop off days held three times a year.
- 2) Maintain the public demonstration rain garden at the Public Operations Center with volunteers.

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

- 1) Approximately 1,845 households participated in the Hazardouse Household Waste Day events held in this reporting period.
- 2) The plants in the rain garden were split to fill it in and a layer of mulch was added.

**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 have three more Hazardous Waste Drop off events in 2015.
- 2) The plants will be split and more plants will be added if needed. Mulch will be added in the Spring.



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

Town of Colonie

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

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

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

**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 | e | d |  | t | o |  | A | l | b | a | n | 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 | 5 |
|---|---|---|---|

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

 / 

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

**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 | 5 |
|---|---|---|---|

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

**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

- 1) Incorporate a water quality message in our Hazardous Household Waste collection promotions.
- 2) The Town will continue to reach out to volunteers to participate in the WAVE program.

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

- 1) A water quality message was included in the Hazardous Household Waste collection events where approximately 1,845 households participated.
- 2) Four sites were sampled in local streams for the NYSDEC WAVE program and sent to DEC for evaluation.

**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) A water quality message will be included in the promotions for the three Hazardous Household Waste collection events held in 2015.
- 2) Use volunteers to monitor four more local stream segments through the WAVE program.

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

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

[illegible]

## MS4 Annual Report Form

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

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

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

**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][illegible][illegible]

URL

[illegible][illegible][illegible]

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

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

[illegible]

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



**MS4 Annual Report Form**

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

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

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

**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) The Town will conduct two illicit discharge training sessions with relevant staff via Rain Check and Spills and Skills.
- 2) The Town will use the IDDE Program Procedures to conduct ORI's for 20% of the Town's outfalls.

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

- 1) Two training sessions were conducted during this reporting period.
- 2) 160 (20%) outfalls were inspected using the IDDE Program Procedures.

**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 review completed construction projects for potential new outfalls and update the GIS by 3/9/2016.
- 2) By 3/9/2016 the Town will inventory 20% (160) of it's outfalls.

## MS4 Annual Report Form

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

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

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

### 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?** 

|  |   |   |
|--|---|---|
|  | 1 | 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? 

|  |  |   |
|--|--|---|
|  |  | 4 |
|--|--|---|
- 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>3</td></tr></table> |  |   |  |  | 3 | <input type="radio"/> No Authority |
|  |   |   |  | 3 |  |  |   |                                    |
| <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>2</td></tr></table> |  |   |  |  | 2 | <input type="radio"/> No Authority |
|  |   |   |  | 2 |  |  |   |                                    |

## MS4 Annual Report Form

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

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

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

### 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 | 8 |
|--|---|---|

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

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

**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 | 5 |
|---|---|---|---|

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

**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 | 5 |
|---|---|---|---|

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

### 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) by 3/9/2015 the update in writing formal construction site inspection procedures.

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

1) The Town has reviewed and updated it's formal written procedures for construction site inspections.

#### 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 ensure and document that contractors on all construction sites have the four hour erosion and sediment control training card.
- 2) The Town will regularly inspect all active construction sites for compliance with the "Blue Book"





**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

The Town of Colonie

SPDES ID

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

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

 %

**MS4 Annual Report Form**

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

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

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

**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 inventory and update post construction practices installed during the reporting year.

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

1) The Town has inventoried all post construction practices installed during this reporting year.

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

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

(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

1) By 3/9/2016 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.  
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 | 5 |
|---|---|---|---|

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

### 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<br/>Operation/Activity/Facility<br/>performed within the past 3<br/>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 | 5 |
|---|---|---|---|

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

**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 | 4 | 5 |
|--|--|---|---|---|
- ☒ Catch Basins Inspected and Cleaned Where Necessary # 

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 2 | 8 | 0 |
|--|--|---|---|---|
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  | 3 | 7 |
|--|--|--|---|---|
- ☒ Phosphorus Applied In Chemical Fertilizer # Lbs. 

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

|  |   |   |   |   |
|--|---|---|---|---|
|  | 9 | 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?**

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

**4. What was the date of the last training?**

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 2 | / | 1 | 3 | / | 2 | 0 | 1 | 5 |
|---|---|---|---|---|---|---|---|---|---|

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

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

**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 | 5 |
|---|---|---|---|

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

**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

1) Continue to remove and quantify the amount of sediment removed from our conveyance system. Continue to prevent sediment from entering the waters of the US.

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

1) Approximately 475 cubic yards of sediment was cleaned out of catch basins and swept up from roadways keeping sediment from entering the waters of the US.

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

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

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

1) The Town will update the inventory of all municipal owned facilities by 3/9/2016.  
2) Continue to monitor the Town Landfill's Multi Sector General Permit for compliance with the MSGP.

## MS4 Annual Report Form

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

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

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

#### 1. Targeted Public Education and Outreach Best Management Practices

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

- |  |   |
|--|---|
| <input checked="" type="radio"/> Construction Sites                                  | <input checked="" type="radio"/> Pesticide and Fertilizer Application     |
| <input checked="" type="radio"/> General Stormwater Management Information           | <input checked="" type="radio"/> Pet Waste Management                     |
| <input type="radio"/> Household Hazardous Waste Disposal                             | <input type="radio"/> Recycling   |
| <input type="radio"/> Illicit Discharge Detection and Elimination                    | <input checked="" type="radio"/> Riparian Corridor Protection/Restoration |
| <input checked="" type="radio"/> Infrastructure Maintenance                          | <input type="radio"/> Trash Management                                    |
| <input checked="" type="radio"/> Smart Growth  | <input checked="" type="radio"/> Vehicle Washing                          |
| <input type="radio"/> Storm Drain Marking  | <input type="radio"/> Water Conservation                                  |
| <input type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development | <input type="radio"/> Wetland Protection                                  |
| <input checked="" type="radio"/> Other:  | <input type="radio"/> 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:

- |   |   |
|---|---|
| <input checked="" type="radio"/> Public Employees | <input checked="" type="radio"/> Contractors    |
| <input checked="" type="radio"/> Residential      | <input type="radio"/> Developers                |
| <input checked="" type="radio"/> Businesses       | <input checked="" type="radio"/> General Public |
| <input type="radio"/> Restaurants                 | <input type="radio"/> Industries                |
| <input checked="" type="radio"/> Other:           | <input type="radio"/> Agricultural              |

|   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| S | t | u | d | e | n | t | s |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Other

**MS4 Annual Report Form**

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

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

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 

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  | 3 | 5 |
|--|--|--|---|---|

☐ Direct Mailings

# Mailings 

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

☒ Kiosks or Other Displays

# Locations 

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

☒ List-Serves

# In List 

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 4 | 5 | 8 |
|--|--|---|---|---|

☐ Mailing List

# In List 

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

☐ Newspaper Ads or Articles

# Days Run 

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

☒ Public Events/Presentations

# Attendees 

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 1 | 5 | 3 |
|--|--|---|---|---|

☒ School Program

# Attendees 

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

☐ TV Spot/Program

# Days Run 

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

☒ Printed Materials:

Total # Distributed 

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 6 | 4 | 2 |
|--|--|---|---|---|

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

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | l | t | a | m | o | n | t |   | F | a | i | r |   |   |   |   |   |   |   |
| C | i | t | y | A | l | b | a | n | y | S | c | h | o | o | l | P | r | o | g |
| N | o | r | m | a | n | s | k | i | l | l | C | r | e | e | k |   |   |   |   |
| G | I |   | C | o | d | e | R | e | v | i | e | w | P | r | o | g | r | a | m |

☒ Other:

|   |   |   |   |  |   |  |   |   |   |  |   |   |   |   |   |   |   |   |  |
|---|---|---|---|--|---|--|---|---|---|--|---|---|---|---|---|---|---|---|--|
| H | o | s | t |  | 4 |  | 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 | 5 |
|---|---|---|---|

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 (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.**

BMP 1-1 Target Audience Analysis Wksheet (TAAW): 1) Update Map Set-2010 urbanized area; 2) To insure that public education activities "fit" areas of concern identified in TAAW and can be adequately funded and staffed, collect Priority Measurable Goal sheets from all members. BMP 1-3 Website: Correct to/from member links on website, increase unique visitor by 200, use website for public comments. BMP 1-7 List Serve: Make current all contact info of elected/appointed officials.

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

BMP 1-1 TAAW: 1) Map Set maps-updated 2010 urbanized area; not all formatted for use with TAAW, but will be, still important. ; 2) Collected Measurable Goals sheets; info somewhat useful for budgeting purposes. BMP 1-3 Website: To/From links corrected for all members; disconnected links common; important to monitor links frequently. GoogleAnalytics for website (2828 sessions/2015; 1637 visits (sessions?)-a 1191 increase. BMP 1-7 List Serve-no updates of officials.

**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 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).**

Coalition has an updated Joint SWMP Plan titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). Some Coalition goals for MCM1 presented here. BMP 1-1 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, 1 new doc (plant care).



## MS4 Annual Report Form

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

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

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

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

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

☐ 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 | . | 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 | 5 |
|---|---|---|---|

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

 / 

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

**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 | 5 |
|---|---|---|---|

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.**

BMP 2-3 SWMP: Update with and/or for members SWMP data managed using MS4web (CBI), secure student intern help, coordinate with members content of updates (drop/add BMPS, revise measurable goals), complete two SWMP updates (Coalition, 1 member). BMP 2-6 Clean Up Activities: Write/distribute at collection locations, a generic "Thank You" on Coalition letterhead which also explains stormwater pollution, waste disposal, gross solids, impact on water quality.

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

BMP 2-3 SWMP: SWMPv2 (2012 to 2015) updated. Completed tasks/goals noted, issues explained, title of document, Joint SWMP BMP Data Report. New SWMP needs to be developed for 2015 to 2017 and matched to NYSDEC interim MS4 Permit. Coalition Sub-Committee has met, some decisions: BMPs similar to previous SWMP, some modifications; individual goals for individual members; added MCM 8 Training. BMP 2-6 Clean Up Activities: "Thank You" dropped, no time.

**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).**

As of May, 2015, Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). Document includes new/modified BMPs applicable to all Coalition members; goals are specific to Coalition and individual MS4 members. Some goals for MCM2 presented here. 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.

L

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



Stormwater Coalition of Albany County

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

|   |   |   |
|---|---|---|
| How many MS4s contributed to this report? | 1 | 3 |
|---|---|---|

| 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
  - ☐ 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

[illegible]

- Sewersheds:

[illegible]



# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 1 5

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

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.**

BMP 3-1 Map Outfalls: Provide for members, a sample form to use as construction projects are finished which notes # and location of new outfalls. BMP 3-2 AIMS: 1) Update map layers; 2) Organize member wide session to evaluate AIMS. BMP 3-4 Storm System/Sewershed Mapping: Coalition staff assist with system mapping as requested and in 2014 Coalition budget (Krumkill, Patroon, Salt Kill watersheds); BMP 3-5 ORI: 1) Restock kits; 2) Coalition staff assist ORI work.

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

BMP 3-1 Map Outfalls: no sample form provided to collect outfall location information for construction projects; instead individual MS4s may map post-construction outfalls, no form needed. BMP 3-2 AIMS: map layers updated, process to evaluate AIMS started; now a priority given server issues. BMP 3-4 Storm Sys/Sewershed Mapping: few requests from past year. BMP 3-5 ORI: kits re-stocked as needed; Coalition staff assist, as needed & funded.

**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).**

The Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). Some goals for MCM3 presented here. 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.

**MS4 Annual Report Form**

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

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

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.**

BMP 4-2 SWPPP Review E/SC; 4-4 Complaint; 4-5 Construction Inspection & Enforcement; 4-6 Education-Construction Activity; 5-5 SWPPP Review Procedures Post Construction; 5-9 Operations and Maintenance Procedures: For all BMP Procedures named in Coalition SWMP (MCM 4 and MCM 5) by 3/2015, monitor/support the completion of functional procedures for all Coalition members as guided by regulators (EPA and NYSDEC); procedure info posted on Coalition website.

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

Coalition supported all individual MS4 efforts to write procedures (sharing of procedures, organized a Procedures Training with NYSDEC staff, circulated regulatory comments about procedures). Procedure information posted on Coalition website Member pages.

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

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

(ex.: samples/participants/events)

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

The Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). No Coalition goals for MCM4 presented here. Instead, Coalition "Procedures" goals are found 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.

**MS4 Annual Report Form**

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

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

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.**

BMP 4-2 SWPPP Review E/SC; 4-4 Complaint; 4-5 Construction Inspection & Enforcement; 4-6 Education-Construction Activity; 5-5 SWPPP Review Procedures Post Construction; 5-9 Operations and Maintenance Procedures: For all BMP Procedures named in Coalition SWMP (MCM 4 and MCM 5) by 3/2015, monitor/support the completion of functional procedures for all Coalition members as guided by regulators (EPA and NYSDEC); procedure info posted on Coalition website.

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

Coalition supported all individual MS4 efforts to write procedures (sharing of procedures, organized a Procedures Training with NYSDEC staff, circulated regulatory comments about procedures). Procedure information posted on Coalition website Member pages.

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

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

(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

The Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). No Coalition goals for MCM5 presented here. Instead, Coalition "Procedures" goals are found 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.

## MS4 Annual Report Form

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

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

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

- 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<br/>Operation/Activity/Facility<br/>performed within the past 3<br/>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 | 5 |
|---|---|---|---|

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

**4. What was the date of the last training?**

|   |   |   |  |   |   |   |   |   |   |
|---|---|---|--|---|---|---|---|---|---|
| 1 | 0 | / |  | 9 | / | 2 | 0 | 1 | 4 |
|---|---|---|--|---|---|---|---|---|---|

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

|   |   |   |
|---|---|---|
| 1 | 3 | 0 |
|---|---|---|

**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 | 5 |
|---|---|---|---|

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.**

BMP 6-1 and 6- 2 Inventory and Assessment-Municipal Facilities and Operations: As requested by Coalition members and included in 2014 budget, Coalition staff review/update facility and operations inventory, complete assessments (self audits), develop facility BMPs. BMP 6-9 Staff Training: Coalition staff/members develop a multi-part "road show" for elected/appointed officials, & staff which teaches critical stormwater concepts (CWA, stormwater science, \$/management).

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

BMP 6-1 and 6- 2 Inventory and Assessment-Municipal Facilities and Operations: Coalition provided Inventory and Assessment support to 3 Coalition members, as requested and funded. BMP 6-9 Staff Training: one elected official received Clean Water Act Basics training, not the road show as planned, however training materials were developed for future programs.

**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).**

The Coalition has an updated Joint SWMP Plan, titled SWMPv3 (2015-2017), also posted on Coalition website (Plan/Program tab). No specific Coalition goals for MCM 6; instead Coalition staff as reflected in 2015 Coalition budget and requested by individual members, directly assist MS4s in implementing their individual MCM 6 goals. Training related Coalition goals (organize, host, fund) are described in SWMPv3 MCM 8 Train'g-Staff, Plan'g/Zon'g Bds, Other Muni Officials.



## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2015

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

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

| MS4 Description                 | Answer                   | Check NA               | (POC)                  |
|---------------------------------|--------------------------|------------------------|------------------------|
| <b>NYC EOH Watershed</b>        | -                        | -                      | -                      |
| 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             |
| <b>Onondaga Lake Watershed</b>  | -                        | -                      | -                      |
| 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             |
| <b>Greenwood Lake Watershed</b> | -                        | -                      | -                      |
| 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             |
| <b>Oyster Bay</b>               | -                        | -                      | -                      |
| 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              |
| <b>Peconic Estuary</b>          | -                        | -                      | -                      |
| 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 |
| <b>Oscawana Lake Watershed</b>  | -                        | -                      | -                      |
| 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             |
| <b>LI 27 Embayments</b>         | -                        | -                      | -                      |
| 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 | 5 |
|---|---|---|---|

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

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