DRAFT

Stormwater Coalition of Albany County Joint Annual Report

SPDES General Permit for Stormwater Discharges from <u>M</u>unicipal <u>S</u>eparate <u>S</u>torm <u>S</u>ewer <u>S</u>ystems (MS4s) Permit No. GP-0-10-002

<u>Reporting Period</u> 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, <u>www.stormwateralbanycounty.org</u>.

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

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

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

OTHER INFORMATION

1. Hard copies of this 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

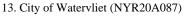
The Annual Report document is a form developed by NYSDEC and as such provides a snapshot of program activities pertaining to individual member and collaborative Coalition activities. This DRAFT Joint Annual Report includes individual Annual Reports organized by MS4 type, numerically (see order below) 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)





Stormwater Coalition of Albany County, 112 State Street, Room 720, Albany, NY 12207 518-447-5645 518-447-5622 (fax) www.stormwateralbanycounty.org

PORT FORMAT

MS4 Annual Report Cover Page

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

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

SPE	DES	ID				
Ν	Y	R	2	0		

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Na		of M														
																i l
	-			-	 								 	 		

OR

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

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

Name of Single Entity

|--|

OR

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

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

Name of Coalition

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

SPI	DES	ID						
Ν	Y	R	2	0	А	3	5	9
SPI	DES	ID						
Ν	Y	R	2	0	A	2	3	4
SPI	DES	ID						
Ν	Y	R	2	0	А	4	6	4
SPI	DES	ID						
Ν	Y	R	2	0	A	5	5	0
SPI	DES	ID						
Ν	Y	R	2	0	А	2	0	8
SPI	DES	ID						
Ν	Y	R	2	0	A	2	4	3

SPE	DES	ID													
Ν	Y	R	2	0	А	1	9	0							
SPE	DES	ID													
Ν															
SPI	SPDES ID														
Ν	N Y R 2 0 A 3 7 7														
SPI	DES	ID													
Ν	Y	R	2	0	А	2	1	1							
SPE	DES	ID													
Ν	Y	R	2	0	Α	1	4	4							
SPL	DES	ID													
Ν	Y	R	2	0	Α	4	6	3							

SPI	DES	ID						
Ν	Y	R	2	0	А	0	8	7
SPI	DES	ID						
Ν	Y	R	2	0	Α			
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID						
Ν	Y	R	2	0	А			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	А			

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.

							1
SPI	DES	ID					
Ν	Y	R	2	0	Α		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
	DES	ID					·J
Ν	Y	R	2	0	А		
SPI	DES	ID			·	·	
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID			·		·
Ν	Y	R	2	0	А		
						•	·

ODI		ID					1	
	DES		0	0	-			
Ν	Y	R	2	0	A			
<u> </u>	DES	_	_	_	_			
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	Α			
SPI	DES	ID						
Ν	Y	R	2	0	Α			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	ÞES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID						
Ν	Y	R	2	0	A			
SPI	DES	ID				·		
Ν	Y	R	2	0	A			
SPI	DES	ID		<u> </u>	I	I		
Ν	Y	R	2	0	A			
SPI	DES	ID			L	L	L	
Ν	Y	R	2	0	A			
	DES	ID		L	I	I	I	
N	Y	R	2	0	A			
	DES							
N	Y	R	2	0	A			
Ľ				-				

~~~~								
SPD			_		7			
Ν	Y	R	2	0	A			
SPD		_	0		-			
Ν	Y	R	2	0	A			
SPD		ID						
Ν	Y	R	2	0	Α			
SPD								
Ν	Y	R	2	0	Α			
SPD	DES	ID						
Ν	Y	R	2	0	Α			
SPD	ES	ID						
Ν	Y	R	2	0	Α			
SPD	ES	ID						
Ν	Y	R	2	0	А			
SPD	ES	ID						. <u> </u>
Ν	Y	R	2	0	А			
SPD	ES	ID						
Ν	Y	R	2	0	А			
SPD	ES	ID						
Ν	Y	R	2	0	Α			
SPD	ES	ID						
Ν	Y	R	2	0	А			
SPD	ES	ID						
Ν	Y	R	2	0	А			
SPD	ES	ID						
Ν	Y	R	2	0	А			
SPD	ES	ID						
Ν	Y	R	2	0	А			
SPD	<b>E</b> S	ID			·		·	]
Ν	Y	R	2	0	А			
SPD	ES	ID						
Ν	Y	R	2	0	А			
SPD	ES	ID	_		·	ı	·	]
Ν	Y	R	2	0	А			
SPD	ES	ID			L	I	L	
Ν	Y	R	2	0	А			
						I	L	

MS4 Municipal Compliance Certification	on	<b>(M</b>		C) 1	Form
MCC form for period ending March 9,	2	0	1	5	
			SF	DES	S ID

N Y R 2 0 A

5 5 0

Name of MS4 Village of Altamont

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	Т	0	R	М	W	A	Т	Ε	R	С	0	A	L	Ι	Т	Ι	0	Ν	0	f	A	L	В	A	Ν	Y
С	0	U	Ν	Т	Y																					

## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1

Name of MS4 Village of Altamont

SPDES ID N Y R 2 0 A

5 5 0

5

## Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	st Na	me		-	-								-	-	_	MI	_	Las	t Na	me						-			-		
J	А	Μ	Е	S														G	А	U	G	Н	А	Ν							
Titl	e																														
М	Α	Y	0	R																											
Add	lres	S																												 	
Ρ	0		В	0	Χ		6	4	3																						
City	y																			St	tate		Zip								
A	L	Т	А	М	0	Ν	Т													ľ	1 2	Z	1	2	0	0	9	-			
eMa	ail																														
g	g	h	n	j	m	@	a	0	1	•	С	0	m																		
Pho	ne																	Cou	inty												
(	5	1	8	)	8	6	1	-	8	5	5	4						A	L	В	A	Ν	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 <u>each</u> of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

Firs	t Na	ame			-		-	_	-	-	-			-		MI	_	Las	t Na	ame		_	-	-			-	-		
Ν	i	С	h	0	1	a	S											S	a	1	a									
Title	e																													
S	t	0	r	m	w	а	t	е	r		М	a	n	a	g	е	m	е	n	t										
Add	lres	s																											 	 
6	3	7	0		G	u	n		С	1	u	b		R	D															
City	7											-			-					S	tate		Zip					_		
Α	1	t	а	m	0	n	t													1	1 2	Y	1	2	0	0	9	–		
eMa	il																													
A	1	t	a	m	0	n	t	S	t	0	r	m	w	a	t	е	r	@	g	m	a	i	1		С	0	m			
Pho	ne												,					Coi	inty											
(	5	1	8	)	8	6	1	-	6	9	1	3						А	1	b	а	n	У							

## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1

Name of MS4 Village of Altamont

SPDES ID N Y R 2 0 A

5 5 0

5

## Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	t Na	ame		-	-		-		-			-				MI	_	Las	t Na	ame			_	_		_				_	
J	е	f	f	r	е	У												М	0	1	1	e	r								
Title	e																														
S	u	р	е	r	i	n	t	е	n	d	е	n	t		0	f		Ρ	u	b	1	i	С		W	0	r	k	ន		
Add	lres	S																													 _
1	1	5		М	a	i	n		S	t	r	е	е	t																	
City	/																			S	tate		Zip	)							
А	1	t	а	m	0	n	t													1	N I	Y	1	2	0	0	9	-			
eMa	ail																														
v	i	1	1	a	g	е	d	р	w	@	Ν	Y	С	А	Р	•	r	r	•	С	0	m									
Pho	ne																	Cou	inty												
(	5	1	8	)	8	6	1	-	8	5	5	4						A	1	b	a	n	У								

## 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?

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Par	tner	/Co	aliti	onN	Jam	e																		_	_			_				
S	t	0	r	m	w	а	t	е	r		С	0	a	1	i	t	i	0	n		0	f		A	1	b	a	n	У			
Par	tner	/Co	aliti	ionl	Nam	ne (c	on't	.)																SPI	DES	Pa	rtne	r ID	- If	app	olica	ble
С	0	u	n	t	У																			Ν	Y	R	2	0				
Ado	iress	5																														
1	1	2		S	t	a	t	е		S	t	r	е	е	t	,		R	0	0	m		7	2	0							
Cit	у																			St	ate		Zip									
A	1	b	a	n	У															N	1   7		1	2	2	0	7	-				
eM	ail																															
n	h	е	i	n	z	е	n	@	а	1	b	а	n	У	С	0	u	n	t	У	•	С	0	m								
Pho	ne		_	_				_					_						La	co.11	., D:	ndi	201	Agre	om	onti	in o		don	20		
(	5	1	8	)	4	4	7	-	5	6	4	5												2 Pa					Ye		0	No
117	ant	tool	20/1		2012	aib	:1:+:		0.100	ah	roc	1	ith	thic		nto	or	( o	. <b>\</b> /	ГЛ Л ^а	1 0	aha	~1 [·]	Dro	<b>CTPC</b>	ma	0.17	M	1+:+		Тас	lza)
vv	lat	las	KS/I	les	JOII	SIU.		esa	are	SII	uec	I W	1111	uns	s pa			e.g	, IV.		1.50		01.	FIO	gra		01	IVIL	ոսե	ле	1 as	sks)'
• 1	MМ	1	Ε	d	u	С	a	t	i	0	n		Μ	a	t	е	r	i	а	1		&		Р	r	0	g	r	a	m	ន	
		2	C	T.T	ъл	П	/	W	7\	V	Е	/	TAT	0	b		i	+	_		П		h	7	i	G		т	5	5		+
U I	MМ	2	S	W	Μ	Ρ	/	W	A	V	Ľ	/	W	е	D	S	Ţ	t	е	-	Ρ	u	b	1	1	С		I	n	р	u	t
	MМ	3	A	Ι	М	S	-	0	R	Ι		A	ន	ន	t	-	Ι	D	D	Е		Ρ	r	0	С	e	d	u	r	е	ន	
	мМ	4	Р			~		d				a		S		-				+												
	VIIVI	4	Р	r	0	С	е	a	u	r	е	S		5	u	р	р	0	r	t												
• 1	MМ	5	Ρ	r	0	С	е	d	u	r	е	S		S	u	р	р	0	r	t												
• 1	ΜМ	6	Т	r	a	i	n	1	g	_	F	a	С	i	1	i	t	У		A	u	d	i	t		S	u	p	р	0	r	t
					_				5			-	_				_	4			-	-					_	L.	Τ.	-		

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 Certificati	ion(	MC	C) l	For	·m					
MCC form for period ending March 9	, 2	0 1	5							
		SI	DES	S ID						
Name of MS4 Village of Altamont		N	I 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	MI	Last Na	me						
James		GA	UG	H A	Ν				
Title (Clearly print title of individual signing report)									
M A Y O R									
Signature					ate	/	,		

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

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

This report is being submitted for the rep	rting 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 Villag

illage of Altamont	
--------------------	--

## Water Quality Trends

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

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

How many MS4s are contributed to this report?

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

Yes • No

5

5 0

0 A

SPDES ID

NYR2

If Yes, choose one of the following

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

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

URI				 						 		 			
URI	·														
URI					 						 	 			
URI															

#### 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

## Minimum Control Measure 1. Public Education and Outreach

SPDES ID

0 A

5 5 0

N Y R 2

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

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

How many MS4s contributed to this report?

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

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

$\bigcirc$ Construction Sites											0	Pesti	cide	a	nd 1	Fertil	izer	·A	ppli	cati	on	
• General Stormwater	Manag	gement	Info	ormat	ion							Pet V	Vast	e	Ma	nage	men	ıt				
○ Household Hazardou	us Wast	te Disp	osal	1							0	Recy	clin	g								
○ Illicit Discharge Det	tection	and Eli	min	ation							0	Ripa	rian	С	orri	dor	Prot	tect	ion/	Res	tora	ation
○ Infrastructure Main	tenance										0	Tras	h M	an	age	ment						
○ Smart Growth															ashi	ing						
O Storm Drain Markin	rm Drain Marking														serv	vatio	1					
○ Green Infrastructure	orm Drain Marking een Infrastructure/Better Site Design/Low Impact Development														rote	ction						
○ Other:											0	Non	e									
Other																						
2. Specific audience	es targ	geted d	luri	ing tl	his 1	epo	rtin	g pe	riod	l:												
• Public Employees	$\bigcirc$ Cor	ntractor	S																			
○ Residential	○ Dev	velopers	5																			
○ Businesses	Susinesses • General Public																					
$\bigcirc$ Restaurants	Restaurants   O Industries																					
○ Other:	Other: O Agricultural																					

Other

**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
-----------------------	---------------------

Education

SPI	DES	ID							
Ν	Y	R	2	0	Α	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:

Direct Mailings     #Mailings	7	6	6
Kiosks or Other Displays     # Locations		1	5
○ List-Serves # In List			
○ Mailing List # In List			
<ul> <li>Newspaper Ads or Articles</li> <li># Days Run</li> </ul>			
O Public Events/Presentations # Attendees			
○ School Program # Attendees			
O TV Spot/Program # Days Run			
○ Printed Materials: Total # Distributed			
Locations (e.g. libraries, town offices, kiosks)			
O Other:			
Web Desse Desside marific such addresses not have none. Continue on port none if additional			:~
Web Page: Provide specific web addresses - not home page. Continue on next page if additional needed.	spa	ace	15
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	a	/	
	g	/	0.
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	е	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		

## 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

SPL	DES	ID						
Ν	Y	R	2	0	A	5	5	0

	Web Page con't.: Provide specific web addresses - not home page.										
	T										
	L										
	L										
JRL											
	L										
JRL											

#### This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1$ 5

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

Village of Altamont Name of MS4/Coalition

#### 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 a and theme is not the file will continued to be manifered to and if additi

#### 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  $\bigcirc$  No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? • Yes  $\bigcirc$  No

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

The 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.





#### 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.

Village of Altamont

 SPDES ID

 N
 Y
 R
 2
 0
 A
 5
 5
 0

## Minimum Control Measure 2. Public Involvement/Participation

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

• On behalf of an individual MS4

 $\bigcirc$  On behalf of a coalition

How many MS4s contributed to this report?

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

○ Cleanup Events #Events										
• Comments on SWMP Received #Comments										
Community Hotlines	Phone # ( )									
Phone # $( 5 1 8 ) 8 6 1 - 6 9 1 3$	Phone # ( )									
Phone # ( )	Phone # ( )									
Phone # ( )	Phone # ( )									
Phone # ( )	Phone # ( )									
Phone # ( )	Phone # ( )									
○ Community Meetings	# Attendees									
○ Plantings	Sq. Ft.									
$\bigcirc$ Storm Drain Markings	# Drains									
$\bigcirc$ Stakeholder Meetings	# Attendees									
$\bigcirc$ Volunteer Monitoring	# Events									
• Other: A l t a m o n t s t o r m v	a t e r @ g m a i l . c o m									

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

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

 $\bigcirc$  Web Page URL: Enter URL(s) on the following two pages.

MCM 2 Page 1 of 6

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

SPI	DES	ID						
Ν	Y	R	2	0	А	5	5	0

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

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

URI		_															 						 
	JRL																						
	Ī																						
	<u> </u>																						
URI																							
	-																						
URI																							
URI			1					1				1	1	1	1					1			 
	T																						
	Ī																						
URI	Í																						
	$\vdash$		<u> </u>																				
URI																 							
			_																				

## 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
-----------------------	---------------------

SPI	DES	ID						
Ν	Y	R	2	0	А	5	5	0

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

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

UR	L												 	 	 	 	 			 	 	 
															 	 	 	_	 			
UR																						
																		_	 			
UR																						
	-																					 
UR																						
															 	 	 	_	 			
UR	L																					 
UR	L																					 
UR																						
																		_				

### 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
-----------------------	---------------------

SPI	DES	ID						
Ν	Y	R	2	0	А	5	5	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														A	nnu	al 1	Rep	ort		S	WN	1P 1	Plar	ı		Con	nme	ents		
	Dep	parti	nen	t																-										,,	
	S	t	0	r	m	w	a	t	е	r		0	f	f	i	С	е		/		D	P	W								
	Ado	lres	s																										·		
	6	3	7	0		G	u	n		С	1	u	b		R	D															
	City	/																г				Zip							·		
	Α	1	t	а	m	0	n	t											N	Y		1	2	0	0	9	-				
	Pho	ne			1																										
	(	5	1	8	)	8	6	1	-	6	9	1	3																		
$\cap I$ ih	•	7														C			1 . 1	Dava	~t	C		1171	ر ۱	01	_	$\sim$	Car		
○ Lib	Ado	ires	s															nnu		Rep	ort		) S'	VV IV			1			nme	mis
	City	Y				I		I				I	I					-	1		I	Zip							I		
																											-				
	Pho	ne			I													L													
	(								_																						
	(				,																										
• Oth	er																A	nnu	al 1	Rep	ort		S	WN	1P 1	Plar	ı	$\bigcirc$	Con	nme	ents
	Ado																														
	1	1	5		Μ	а	i	n		S	t	r	е	е	t																
	City																	Г				Zip							1		
	А	1	t	а	m	0	n	t											Ν	Y		1	2	0	0	9	-				
	Pho	ne																													
	(	5	1	8	)	8	6	1	-	8	5	5	4																		
	`													I																	
○ We	b Pa	age	UR	L:				-					•				) A	nnı	ial I	Rep	ort	0	> S'	WN	1P 1	Plar	1	0	Con	nme	ents
	Ple	ase	e pr	ovi	ide	spe	cifi	ic a	ddr	ess	of	pa	ge v	whe	ere	rep	ort	cai	n be	e ac	ces	sed	l - r	not	hor	ne	pag	ge.	I		
○ eMa			1			1						1 (	0			1												-	Cor	nme	ents
	L																												<u> </u>	Щ	

This report is being submitted for the reporting period ending Marc	ch 9, 2 0 1	5
If submitting this form as part of a joint report on behalf of a coalition leave	e SPDES ID bl	ank.
SPDES	S ID	
Name of MS4/Coalition     Village of Altamont     N     Y	R 2 0 A	5 5 0
4.a. If this report was made available on the internet, what date was it post	ed?	
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 repo	ort, answer 5.	b
<b>5.a. Was an Annual Report public meeting held in this reporting period?</b> If Yes, what was the date of the meeting?		es O No
If No, is one planned?	$\circ$ Ye	es O No
5.b. Was an Annual Report public meeting held for all MS4s contributing t this reporting period?	to this repor O Ye	
If No, is one planned for each?	$\circ$ Ye	es O No
<b>6.</b> Were comments received during this reporting period? If Yes, attach comments, responses and changes made to	$\circ$ Ye	es O No

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

#### 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

#### 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?

(ex.: samples/participants/events)

2

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

• Yes  $\bigcirc$  No

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

• Yes O No

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

-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.

SPI	DES	ID						
Ν	Y	R	2	0	А	5	5	0

#### 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.

SPDES ID

0 A

3 9 #

5

5 0

0 %

1 0

N Y R 2

Name of MS4/Coalition Village of Altamont

## Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?

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

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

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

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

	SPDES ID
Name of MS4/Coalition Village of Altamont	N Y R 2 0 A 5 5 0
3.b.What types of illicit discharges have	been found during this reporting period?
$\bigcirc$ Broken Lines From Sanitary Sewer	$\bigcirc$ Industrial Connections
$\odot$ Cross Connections	$\bigcirc$ Inflow/Infiltration
$\bigcirc$ Failing Septic Systems	$\bigcirc$ Pump Station Failure
$\odot$ Floor Drains Connected To Storm Sewers	$\bigcirc$ Sanitary Sewer Overflows
○ Illegal Dumping	$\bigcirc$ Straight Pipe Sewer Discharges
<ul> <li>Other:</li> <li>4. How many illicit discharges/potentia reporting period?</li> </ul>	None   I illegal connections have been detected during this

- 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?

0

○ No

O No

○ No

• Yes

• Yes

÷

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

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

Ρ	A	S	S	W	0	R	D		Ρ	R	0	Т	Е	С	Т	Ε	D		(	0	u	t	f	a	1	1	S	)		
W	W	W	•	a	i	m	S	g	i	S	•	0	r	g	/	W	е	b	m	a	р									
*	*	R	е	S	t	r	i	С	t	е	d		А	С	С	е	ន	ន	*	*										
URL	,																													

### 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.

		SPL	DES	ID						
Name of MS4/Coalition	Village of Altamont	Ν	Y	R	2	0	A	5	5	0

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

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

		_	 	 									 				
URL	 _																
URL	· · ·																
URL	_																
URL	• • •																
													_				

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

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

7 5 8

#### 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.

SPDES ID

N Y R 2 0 A 5 5 0

Name of MS4/Coalition Village of Altamont

#### 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?

(ex.: samples/participants/events)

1

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

• Yes  $\bigcirc$  No

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

• Yes O No

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

-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 w	ater staff will work	with the village	Mayor and B	oard of Truste	es to
establish a schedule for adopt	ing the IDDE local	law.			

#### 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

SPI	DES	ID						
Ν	Y	R	2	0	A	5	5	0

0

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

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

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

How many MS4s contributed to this report?

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

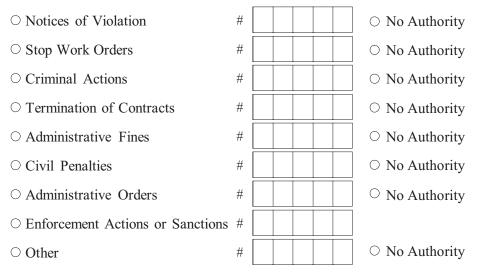
If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  $\bigcirc 09/2004 \ \bigcirc 03/2006 \ \bigcirc NT$ 

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

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

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? • Yes • No

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



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

SPI	DES	ID						
Ν	Y	R	2	0	А	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
- $\bigcirc$  On behalf of a coalition

How many MS4s contributed to this report?

- 1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?
- 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
- 3. What percent of active construction sites were inspected during this reporting period?  $\odot$  NT
- 4. What percent of active construction sites were inspected more than once?  $\bigcirc$  NT
- 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Orgent of Notice Orgent o

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

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

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

SPE	DES	ID						
Ν	Y	R	2	0	А	5	5	0

#### 6. con't.:

Submit additional pages as needed.

#### $\bigcirc$ MS4/Coalition Office

De	epart	men	t																											,,
A	ddres	s																												
Ci	ty														·		·		. <u> </u>		Zip			·		·	·			
																										-				
Ph	one							1					1													-				, <u> </u>
(				)				-																						
) Librai	ry																													
A	ddres	s								1	1							1												
Ci	ty										-		-						_		Zip					1				
																										-				
Ph	one							,					1																	
(				)				–																						
O Other																														
A	ddres	s																1												,
Ci	ty																				Zip			·		·				
																										-				
Ph	one																									-				
(				)				–																						
O Web I	Page	UR	RL(s	5):	Р	leas	se p	rov	ide	spe	ecif	ic a	ddr	ess	whe	ere	SW	'PPI	Ps c	can	be a	acce	esse	- d	not	hoi	me	pag	e.	
UR	L							1																						
	+																													
UR	L																													
			I				L	L	L	I	L	I	I	I						L	L				L			1		

#### 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.

SPDES ID

N Y R 2 0 A 5 5 0

Name of MS4/Coalition Village of Altamont

#### 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 O No

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

The 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.

#### 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.

SPDES ID

ΝY

R 2

A 5 5

0

0

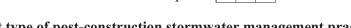
Name of MS4/Coalition Village of Altamont

## Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?



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

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

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

○ Overlay Districts ○ Open Space Preservation Program

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

															i
															i

#### 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.

		SPI	DES	ID						
Name of MS4/Coalition	Village of Altamont	Ν	Y	R	2	0	А	5	5	0

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

 $\bigcirc$  Yes  $\bigcirc$  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?

#### **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.

SPDES ID

N Y R 2 0 A 5 5 0

Name of MS4/Coalition Village of Altamont

#### 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 O No

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

The 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.

#### 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



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

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

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

How many MS4s contributed to this report?



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

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

#### 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.

		SPI	DES	ID	-		-			
Name of MS4/Coalition	Village of Altamont	Ν	Y	R	2	0	А	5	5	0

0

1 5

6

%

2

0 1 1 5

#### 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
$\odot$ Catch Basins Inspected and Cleaned Where Necessary	#	
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#	
O Phosphorus Applied In Chemical Fertilizer	# Lbs.	
O Nitrogen Applied In Chemical Fertilizer	# Lbs.	
<ul> <li>Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)</li> </ul>	# Acres	•
3. How many stormwater management trainings have been provided to during this reporting period?	o municipa	al employees

- 4. What was the date of the last training?
- 5. How many municipal employees have been trained in this reporting period?
- 6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 7 5

#### 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

#### 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?

(ex.: samples/participants/events)

2

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

• Yes  $\bigcirc$  No

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

• Yes O No

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

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.

SPI	DES	ID						
Ν	Y	R	2	0	A	5	5	0

#### 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

## Minimum Control Measure 1. Public Education and Outreach

1 3

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	• Pesticide and Fertilizer Application
• General Stormwater Management Information	Pet Waste Management
$\bigcirc$ Household Hazardous Waste Disposal	$\bigcirc$ Recycling
O Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
• Infrastructure Maintenance	○ Trash Management
• Smart Growth	• Vehicle Washing
○ Storm Drain Marking	$\bigcirc$ Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	$\bigcirc$ Wetland Protection
<pre>Other: C o a l i t i o n W e b s i t e - W h a Other</pre>	None       t     Y     o     u     C     a     n     D     o
2. Specific audiences targeted during this reporting period:	
Public Employees     Contractors	
Residential     O Developers	

- Businesses General Public
- $\bigcirc$  Restaurants  $\bigcirc$  Industries
- Other: O Agricultural

							0												
S	t	u	d	e	t	ន													
Ot	her																		

#### 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

S	PI	DES	ID				
N	1	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:

• Cor	nstru	ıcti	on	Site	e Oj	pera	ator	s T	rain	ed										# Trained			3	5
○ Dir	ect	Ma	ilin	gs																# Mailings				
• Kio	sks	or	Otł	ler 1	Dis	play	ys													# Locations				8
• List	t-Se	rve	5																	# In List		4	5	8
○ Ma	iling	g Li	st																	# In List				
○ Nev	vsp	ape	r A	ds (	or A	Arti	cles													# Days Run				
Put	olic	Eve	ents	s/Pr	ese	ntat	tion	S												# Attendees		1	5	3
Sch	ool	Pro	ogra	ım																# Attendees		1	6	6
○ TV	Sp	ot/P	rog	ran	n															# Days Run				
• Prin									~											Total # Distributed		6	4	2
	Loca	tion	s (e	.g. l	1bra	ries,	, tow	n of	fices	, k10	osks				-		-	_		1				
	Α	1	t	а	m	0	n	t		F	a	i	r											
														 		_	-		 	1				

С	i	t	У	А	1	b	a	n	У	S	С	h	0	0	1	Ρ	r	0	g
Ν	0	r	m	a	n	S	k	i	1	1	С	r	е	е	k				
G	I		С	0	d	е	R	е	v	i	е	W	Ρ	r	0	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.

UKI																														 
w	w	w	•	S	t	0	r	m	w	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У	•	0	r	g	

URL

UN	-															

#### 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

SPI	DES	ID			 	-	
Ν	Y	R	2	0			

#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

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  $\bigcirc$  No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?** • Yes • No

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

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).

#### 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

Minimum Control Measure 2. Public Involvement/Participation

SPDES ID

NY

R 2 0

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:

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

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

Program (SWMP) Plan provided?	۲	Ye	s	0	No
List-Serve     # In List			4	5	8
○ Newspaper Advertising # Days Run					
○ TV/Radio Notices # Days Run					
O Other:					

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

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

SPL	DES	ID				
Ν	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	0	r	m	w	a	t	е	r	a	1	b	а	n	У	С	0	u	n	t	У	0	r	g		
JRI							I											I												
																													·	
																													I	
JRI																														
																													L	
URI																														Γ
																													L	
																													L	
JRI																														Γ
URL	Í																													
URI																														
																													ļ	
																													<u> </u>	

#### 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.

• MS					offic	e											A	nnu	al l	Rep	ort		S	WN	1P ]	Plar	1	• (	Con	nme	ents
	Dep		nen												_								_	-						,	
	S	t	0	r	m	W	a	t	е	r		С	0	a	1	i	t	i	0	n	-	Α	1	b	а	n	У	С	n	t	У
	Ado																		_					_							
	1	1	2		S	t	a	t	е		S	t	r	е	е	t	1		R	0	0	m		7	2	0					
	City A	1	b	a	n	37												Г	N	Y		Zip 1	2	2	0	7	]_				
	 Pho		D	a	11	У												Ľ		1		-	2	2	0	/	_				
	(	5	1	8	)	4	4	7	_	5	6	4	5																		
$\cap \mathbf{I}$ ib	(				/									J		C			- 1 1	D	4	C		( <b>1</b> .7 <b>)</b>		D1.	_	$\sim$	<b>a</b>		
○ Lib	Ado	lres	s															nnu		Rep	ort		5	WN			1		_on	nme	ents
	City	/						1											·	·		Zip					, 1			·	
																											-				
	Pho	ne			1	·								1													,				
	(				)				-																						
0.04																C	•		- 1 1	D	4	C		( <b>1</b> .7 <b>)</b>		D1.		$\sim$	<b>a</b>		
○ Oth	er Ada	lres	s													C	A	nnu	aii	Rep	ort	C	5	WN	IP I	Plai	1	$\bigcirc$ (	_on	nme	ents
	City	/																				Zip								i	
																											-				
	Pho	ne																L									1				
	(				)				-																						
<b>A XX</b> 7 <b>1</b>			I ID	T															.11	Rep	out		C.	WN	/ <b>D</b> 1	Dlar		•	C	nme	mta
• Wel		_																		_							.1				
	W	W	W	•	S	t	0	r	m	W	а	t	е	r	а	1	b	a	n	У	С	0	u	n	t	У	•	0	r	g	
	Ple	ease	e pr	ovi	de	spe	cifi	ic a	ddr	ess	of	pa	ge v	whe	ere	rep	ort	car	ı be	e ac	ces	sed	l - 1	lot	hor	ne	pag	ge.	L		
• eMa			1			Ŧ						1 (	-			1													Con	nme	ents
	s	W	С	0	a	1	i	t	i	0	n	@	a	1	b	a	n	У	С	0	u	n	t	У		С	0	m			

#### 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. SPDES ID N Y R 2 0 Stormwater Coalition of Albany County Name of MS4/Coalition 4.a. If this report was made available on the internet, what date was it posted? Leave blank if this report was not posted on the internet. 2 0 5 0 1 0 1 5 4.b. For how many days was/will this report be posted? 4 1 If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b.. 5.a. Was an Annual Report public meeting held in this reporting period? ○ Yes ○ No If Yes, what was the date of the meeting? If No, is one planned? ○ Yes O No 5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? ○ Yes No If No, is one planned for each? • No ○ Yes 6. Were comments received during this reporting period? ○ Yes $\bigcirc$ No If Yes, attach comments, responses and changes made to

SWMP in response to comments to this report.

#### This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1$ 5

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

SPDES ID Y R 2 0

N

Stormwater Coalition of Albany County Name of MS4/Coalition

#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

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?

(ex.: samples/participants/events)

1

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

• Yes  $\bigcirc$  No

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

• Yes  $\bigcirc$  No

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

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.

#### 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.

SPDES ID Υ R 2 0

#

%

Ν

Stormwater Coalition of Albany County Name of MS4/Coalition

### Minimum Control Measure 3. Illicit Discharge Detection and Elimination

1 3

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

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

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

#### This report is being submitted for the reporting period ending March 9, 2 0 1 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	SPDES ID           County         N         Y         R         2         0
3.b.What types of illicit discharges have	e been found during this reporting period?
$\bigcirc$ Broken Lines From Sanitary Sewer	$\bigcirc$ Industrial Connections
○ Cross Connections	$\bigcirc$ Inflow/Infiltration
○ Failing Septic Systems	$\bigcirc$ Pump Station Failure
○ Floor Drains Connected To Storm Sewers	$\bigcirc$ Sanitary Sewer Overflows
○ Illegal Dumping	$\bigcirc$ Straight Pipe Sewer Discharges
<ul> <li>Other:</li> <li>4. How many illicit discharges/potentia</li> </ul>	○ None
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?

No

O No

 $\bigcirc$  No

• Yes

• Yes

÷

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

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

URL																							 	 	 	 	
Ρ	A	S	S	W	0	R	D		Ρ	R	0	Т	Ε	С	Т	Ε	D										
W	w	W	•	a	i	m	S	g	i	S	•	0	r	g	/	W	е	b	m	a	р	/					
*	*	R	е	ន	t	r	i	С	t	е	d		A	С	С	е	ß	S	*	*							
URL																											

#### 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.

SPDES ID

R 2

0

NY

Name of MS4/Coalition Stormwater Coalition of Albany County

#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

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?

(ex.: samples/participants/events)

4

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

• Yes  $\bigcirc$  No

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

• Yes  $\bigcirc$  No

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

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.

#### This report is being submitted for the reporting period ending Marc

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

Stormwater Coalition of Albany County Name of MS4/Coalition

#### 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?

O Yes  $\bigcirc$  No

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

○ Yes O No

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

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.

SPI	DES	ID				
Ν	Y	R	2	0		

ch 9,	2	0	1	5	

#### This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1$ 5

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

SPDES ID Y R 2 0

N

Stormwater Coalition of Albany County Name of MS4/Coalition

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

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

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

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  $\bigcirc$  No

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

• Yes  $\bigcirc$  No

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

The 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.

#### 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

SPI	DES	ID				
Ν	Y	R	2	0		

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

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

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

How many MS4s contributed to this report?



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

			Self-Assess	ment
		<u>O</u>	peration/Activi	ty/Facility
		pe	rformed withir	n the past 3
<b>Operation/Activity/Facility</b>	Addressed in	<u>n SWMP?</u>	<u>vears?</u>	, -
Street Maintenance	O Yes	○ No	O Yes	$\bigcirc$ No
Bridge Maintenance	O Yes	○ No	• Yes	$\bigcirc$ No
Winter Road Maintenance		○ No	○ Yes	$\bigcirc$ No
Salt Storage	O Yes	○ No	• Yes	$\bigcirc$ No
Solid Waste Management	O Yes	○ No	····· · Yes	$\bigcirc$ No
New Municipal Construction and Land Disturba	ance $\bigcirc$ Yes	○ No	○ Yes	$\bigcirc$ No
Right of Way Maintenance	O Yes	○ No	○ Yes	$\bigcirc$ No
Marine Operations	O Yes	○ No	○ Yes	$\bigcirc$ No
Hydrologic Habitat Modification	O Yes	○ No	• Yes	$\bigcirc$ No
Parks and Open Space	• Yes	○ No	○ Yes	$\bigcirc$ No
Municipal Building	○ Yes	○ No	○ Yes	$\bigcirc$ No
Stormwater System Maintenance	O Yes	○ No	• Yes	$\bigcirc$ No
Vehicle and Fleet Maintenance		○ No	○ Yes	$\bigcirc$ No
Other	○ Yes	○ No	○ Yes	$\bigcirc$ No

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

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

SPDES ID

Y R 2

0

Ν

1 0

9

2 0 1 4

1 3 0

%

Name of MS4/Coalition	Stormwater Coalition of Albany County
Name of Mis4/Coamon	

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

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

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

#### This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1$ 5

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

SPDES ID Y R 2 0

N

Stormwater Coalition of Albany County Name of MS4/Coalition

#### 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?

(ex.: samples/participants/events)

4

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

• Yes  $\bigcirc$  No

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

• Yes  $\bigcirc$  No

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

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

SPDES ID

NYR

2

0 A

2 0 8

Name of MS4 Town of Bethlehem

Each MS4 must submit an MCC form.

#### Section 1 - MCC Identification Page

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

○ An Annual Report for a single MS4

○ A Single Entity (Per Part II.E of GP-0-10-002)

• A Joint Report

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

If Joint Report, enter coalition name:

S	t	0	r	m	W	a	t	е	r	С	0	a	1	i	t	i	0	n	0	f	P	. 1	b	a	n	У
C	0	u	n	t	У																					

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

MCC form for period ending March 9, 2 0 1

Name of MS4 Town of Bethlehem

SPI	DES	ID					_	
N	Y	R	2	0	A	2	0	8

5

#### Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

• Principal Executive Officer/Chief Elected Official

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

Firs	t Na	ame										_				MI		Las	t Na	ame		-	-	-	1	-	-		-	-	-	T	-
В	r	е	n	t														Μ	e	r	e	d	i	t	h								
Titl	e																	_				_					_	r				-	-
S	u	р	е	r	i	n	t	е	n	d	е	n	t		0	f		H	i	g	h	W	a	У	S								
Ade	ires	S										-				r		_		-					r -	-	1	T	1		-	-	7
4	4	5		D	e	1	a	W	a	r	e		A	v	е																		
Cit	y																			S	tate	2	Zi	-	-		-	٦.			-	-	
D	e	1	m	a	r															] [1	N	Y	1	2	0	) 5	4	-	·L				
eM	ail								s											1							_	<u> </u>	1			-	
b	m	e	r	e	d	i	t	h	@	t	0	W	n	0	f	b	e	t	h	1	e	h	e	m		0	r	g					
Pho	one				1								1	1		1-75	ð 10	Co	unty	Y		-	-	<u></u>	1		1						
(	5	1	8	])	4	3	9	-	4	9	5	5						A	1	b	a	n	У		1								

5690581587

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

SPDES ID

NYR

2

0 A

208

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

Name of MS4 Town of Bethlehem

#### Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

O Principal Executive Officer/Chief Elected Official

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

Firs	t Na	ame														MI		Las	t Na	me									T -		r	4
в	r	i	a	n										4.5				K	i	S	e			3								Ш
Titl	e																_								_							
Α	s	ន	t	•		Е	n	g	i	n	е	е	r											- 3								
Ad	dres	s		1			1		_									_				_								-	-	++-
4	4	5		D	е	1	a	w	a	r	e		A	v	е							-										
Cit	y						-					1								S	tate	_	Zip	-	-			-	_		T.	$\parallel$
D	e	1	m	a	r															I	N .	Y	1	2	0	5	4					
eM	ail	1																							_	_			1	1	_	1
b	k	i	s	e	e	t	0	w	n	0	f	b	e	t	h	1	h	e	m		0	r	g		:							Ш
Phe	one																	Cou	inty									_		_	-	
(	5	1	8	)	4	3	9	-	4	9	5	5						A	1	b	a	n	У									Ш

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

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

SPDES ID

NYR2

0 A

2 0 8

Name of MS4 Town of Bethlehem

#### Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

O Principal Executive Officer/Chief Elected Official

O Duly Authorized Representative

Local Stormwater Public Contact

O Stormwater Management Program (SWMP) Coordinator

O Report Preparer

Firs	t Na	ime														MI		Last	t Na	me									-	-			1
Ρ	a	u	1															Ρ	е	n	m	a	n										
Titl	e																	_		_		_										-	
т	0	W	n		Ε	n	g	i	n	е	e	r																					ĺ.
Add	ires	s		-																	_	_			_	-			r		-	$\mathbb{H}$	1
4	4	5		D	e	1	a	w	a	r	е		A	v	e									2									
Cit	v																			S	tate	_	Zip	)						-	-		-
D	e	1	m	a	r															] []	N .	Y	1	2	0	5	4	] -				1	
eM	ail																													r-	-		1
p	p	e	n	m	a	n	e	t	0	w	n	0	f	b	e	t	h	1	h	e	m		0	r	g					_		Щ_	
Pho	one	-			10 10		19											Cou	unty	/				-			-	-			-		7
(	5	1	8	)	4	3	9	-	4	9	5	5						A	1	b	a	n	У									Ш.	
		±.	ni z obela s												M	C	Pag	re 2															

### 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?

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Par	tner	/Co	aliti	ion N	Jam	e																										
S	t	0	r	m	w	а	t	е	r		С	0	a	1	i	t	i	0	n		0	f		A	1	b	a	n	У			
Par	tner	/Co	alit	ionl	Nam	ne (c	on't	.)		•			•										•	SPI	DES	Pa	rtne	r ID	- If	app	olica	ble
C	0	u	n	t	У																			Ν	Y	R	2	0				
Ad	dres	s																														
1	1	2		S	t	a	t	е		S	t	r	e	е	t	,		R	0	0	m		7	2	0							
Cit	y																			St	tate		Zip					_				
A	1	b	a	n	У															N	1 Z	7	1	2	2	0	7	-				
eM	ail																															
n	h	е	i	n	z	е	n	@	a	1	b	а	n	У	С	0	u	n	t	У	•	С	0	m								
Pho 1	one 5	1	8	] \	4	4	7	]_	5	6	4	5	]							<u> </u>	-		<u> </u>	Agre								N
(	5	-	0	)	-	Ţ	/	] –		0	T	5	]						W1	th G	iP-0	-08	-002	2 Pa	rt I	V.G	.?	C	) Ye	es	0	No
W	hat	tas	ks/i	resp	on	sib	iliti	es	are	sha	arec	l w	ith	this	s pa	rtn	er	(e.g	g. N	1M	1 S	cho	ol	Pro	gra	ms	or	Мı	ıltip	ole	Tas	sks)?
• ]	MM	1	Ε	d	u	С	a	t	i	0	n		М	a	t	е	r	i	a	1		&		Ρ	r	0	g	r	a	m	ន	
• ]	MM	2	S	W	М	Ρ	/	W	А	V	Ε	/	W	е	b	S	i	t	е	-	Ρ	u	b	1	i	С		I	n	р	u	t
• ]	MM	3	A	I	М	S	-	0	R	I		A	S	S	t	-	I	D	D	Е		Р	r	0	С	е	d	u	r	е	S	
• ]	MM	4	Ρ	r	0	С	е	d	u	r	е	S		S	u	р	р	0	r	t												
• ]	MM	5	Ρ	r	0	С	е	d	u	r	е	S		S	u	р	р	0	r	t												
• ]	MM	6	Т	r	a	i	n	I	g	-	F	a	С	i	1	i	t	У		A	u	d	i	t		S	u	р	р	0	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

SPDES ID

Ν

Y R 2

0 A

2

0 8

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

Name of MS4 Town of Bethlehem

#### 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.

Fire	t Na	ame								_					I	MI	į	Last	Na	me				-			 -	1	 	
в	r	e	n	t														М	е	r	е	d	li	t	h					
Tit	e	(Cle	arly	pri	nt ti	itle o	of in	ndiv	idua	l sig	gnin	g re	port	)													 		 -1	
S	u	p	e	r	i	n	t	e	n	d	е	n	t		0	f		Η	i	g	h	W	a	У	S					
Sig	natu	ire	A3							<u>, 12</u>													Da	te	]/	-		/		

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

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

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

#### Water Quality Trends

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

O On behalf of an individual MS4

On behalf of a coalition

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

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

Yes 🔍 No

SPDES ID

0 A

2 0 8

If Yes, choose one of the following

O Report(s) attached to the annual report

O Web Page(s) where report(s) is/are provided below

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

URL	 											T 1				-1	
						T			Î				0 <u> </u>				
	_											+			_		+
URL		L				1		1		<u> </u>							
	 		+++	-		++					-			-	T		1
																-	
												-					
URL	L	1	<u> </u>														
ORL			TT			TT											
						+		++									+
				_1			_	1		1		_		_			
URL	 <u> </u>		1 1	-1		<u> </u>				1			T T	1		-	
	 			_						+			++-				+
					÷ .												
	 	ober 1					1										

Water Quality Trends Page 1 of 1

## 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.

SPDES ID

N Y R 2 0 A 2 0 8

Name of MS4/Coalition Town of Bethlehem

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

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

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

How many MS4s contributed to this report?

1.	Targeted	Public ]	Education	and	Outreach	Best	Management	Practices
----	----------	----------	-----------	-----	----------	------	------------	-----------

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

<ul> <li>Construction Sites</li> </ul>		• Pesticide and Fertilizer Application
• General Stormwater	Management Information	Pet Waste Management
• Household Hazardou	s Waste Disposal	○ Recycling
O Illicit Discharge Dete	ection and Elimination	$\bigcirc$ Riparian Corridor Protection/Restoration
O Infrastructure Mainte	enance	○ Trash Management
○ Smart Growth		• Vehicle Washing
○ Storm Drain Marking	5	$\bigcirc$ Water Conservation
• Green Infrastructure/	Better Site Design/Low Impact Development	O Wetland Protection
O Other:		○ None
2. Specific audienc	es targeted during this reporting period:	
Public Employees	Contractors	
○ Residential	Developers	
○ Businesses	General Public	2
○ Restaurants	○ Industries	
○ Other:	O Agricultural	
Other		

MCM 1 Page 1 of 4

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	

SPI	DES	ID						
N	Y	R	2	0	Α	2	0	8

# Trained

#Mailings

# Locations

# In List

# In List

# Days Run

# Attendees

# Attendees

# Days Run

Total # Distributed

5

1 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

- O Direct Mailings
- Kiosks or Other Displays
- List-Serves

O Mailing List

O Newspaper Ads or Articles

O Public Events/Presentations

○ School Program

- TV Spot/Program
- Printed Materials:

В	u	i	1	d	i	n	g		D	е	р	t					
E	n	g	i	n	е	е	r	i	n	g		D	е	р	t	•	
)ther:																	

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

URL 1 1 h or f th е e m g b t t p t n 0 е . W W W 0 W h : . Μ a g e m e n t a n t r S m w a е -1 7 2 / t 0 r

w	W	w		s	t	0	r	m	w	a	t	е	r	a	1	b	a	n	У	C	0	u	n	t	У	•	0	r	g	
	-		-	-				1	1														Γ							
																-								-				-		

# 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.

	SPDES ID
Name of MS4/Coalition	N Y R 2 0

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

URL	
URL	
URL	
URL	
URL	

#### 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



#### 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?

(ex.: samples/participants/events)

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

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

4961183103														
MS4	Annual Repo	rt ]	For	m										
This report is being submitted for	the reporting	per	iod	endi	ng N	Aar	ch	9,	2	0	1	5		
If submitting this form as part of a jo	int report on beh	alfo	ofac	oaliti		eave			ES I	Db	olan	k.		
Name of MS4/Coalition Town of Bethlehem					E		1	- 1	2	0	A	2 0	0 8	в
Minimum Control Measure	ure ? Public	. In	vol	vem	ent	/Pa	rt	ici	nat	tio	n	<u> </u>		
The information in this section is being report				v ciii	CIIC									
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition How many MS4s contributed</li> </ul>														
•				_ 										
1. What opportunities were provided for development, evaluation and improv (SWMP) Plan during this reporting	ement of the S	tori	nwa	ter N	Ian	eme age	ent	ent	)n, Pro	ogr	am	ı		
Cleanup Events						1	# E	vent	s	Τ				3
O Comments on SWMP Received						#Co	mr	nent	s					
<ul> <li>Community Hotlines</li> </ul>	Phon	e#	([	5 1	8	)[	4	3	9	-[	4	9	5	5
Phone # ( ) -	Phon	e#	(			)[				-[				
Phone # ( )	Phon	e#	(			)[				-[				
Phone # ( ) -	Phon	e#	(			)[				-[				
Phone # ( )	Phon	e#	(			)[				-				
Phone # ( )	Phon	e#	(			)[				- [				
• Community Meetings						# A	tte	ndee	es [					
○ Plantings							5	Sq. F	t. [					
O Storm Drain Markings							# I	Drain	ıs [					
O Stakeholder Meetings						# A	Atte	endee	es [					
O Volunteer Monitoring							# E	Even	ts					
O Other:														
2. Was public notice of availability of Program (SWMP) Plan provided?	this annual rep	oort	and	Stor	mw	ate	er 1	Mar	nag	em C	nen Ye	t es	01	Nc
List Same							#	In Li	ist					

List-Se	rve																		# 1I	1 LI	st	_	_	_	_	_
O Newsp	ape	r A	dve	ertis	ing													# D	Days	s Ru	m					
○ TV/Ra	dio	No	tice	es													 	# D	Days	s Rı	ın					
• Other:	Ρ	0	S	t	е	d	i	n	Т	0	W	n	H	а	1	1										

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

#### MCM 2 Page 1 of 6

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

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

1.2.2.1	1.1.1	1.000	1		-		-	~
N	IY.	R	2	0	A	2	0	8

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

Name of MS4/Coalition

Town of Bethlehem

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

URI							_		-							r			r							-	_			
W	W	w		s	t	0	r	m	W	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У	•	0	r	g	
	1	-				-	-		1	1.														1						
		_			_					_		_						ļ	<u> </u>		l	-	L	<u> </u>			1	<u> </u>		_
		1							1		1		1	-																
URI	í	-		1					1	1			1		[		T			1				1		[	<u> </u>			1
											<u> </u>							<u> </u>	_	-	-		_	-	-	<u> </u>	-			
			•																											
-	1	1	1	1		1			1	T	-	1	1	1		1	1		1	Ī						Γ				
	1		I			I		<u> </u>	1	1											L		1	_		1		L	J	
UR	L									_												-		-	1		T		-	
																	ľ													
	+	+	-	+	+	+	1	+	+	1	1	-	1	T	T	T	1	1	1	1	T	1		T	1	Ì	T			
	ļ		_		-	_		-	-	<u></u>	-	-	-	-	-	+	-	+	+		-	-	-	-	+	-		+	+	
	1				1.000		1000																							
UR		-	1	T	1		1		1	T	1		T	1	Τ	T	Т	T	T	1	Γ	Г	1	T	Γ	Τ	Τ	1	Τ	
										1	1		1	_	1	_	-		_	-	-	-		<u> </u>	-	-	-	-	<u> </u>	+ +-
							1																							
-	+	1	T	1	T	t	T		1	1	1	1	T	1	T	1	T	T	T	T			1		1	1	Τ		T	Π
			1		1				1	_	-		1		1		1		_	1	1	_	-	_	1		_		1	
UR	L																						-	-	_	-				<del></del>
	5			24																					1					
-	+	+	+	1	+	1	T	1	+	+	+	T	T	1	1	1	T	1	T	T	1	T	T	1		1	T			
L	1	-	_	_		_	1	_	-		-	+	-	+	+	-		-	+	+	+	+	+	+	+	+	+-	+	+-	+++
	1																													
		- L	-				-					_																		
UR	1	1	T	T	1	1		Т	Т	T	T	Т	Τ	T	T	Τ	Τ	Т	T	1			Τ	Τ	1	T				
	_	_		_	-		_	+	-	-	+	-	+	+	-		+	+	+	+-	+	+	+	+	+	+-	+	+	+	++
	T		T	1	T	T	T		1			1			1	Τ			T	T			1							
L	1	_							-	-		1		1-		1	_		_	_	-		1-				_			ول بنول
UF	RT							_	-		-	-	-	-	-1-	-	1		-	-	1	-	1	-	-		Т	Т	T	
F	T			T	T	T	T				T	T		T																
_	_		_	_	-	1	-	-	-	-	-	-	+	+	+		-	+	+		-	-	-	+		+	+	+	+	++
1																					1									1

## 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.

	SPDES ID
Name of MS4/Coalition	 N Y R 2 0
Ivalle of Mot Coantion	

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

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

URL						-		_							_							-	r	-		- 1			
												ļ																	
	++		+		-	+	+	+	-	-		-			-	-		1	-		-	1					1	1	7
														_							_		_				_	_	_
																				-				-					
URL							r	r																			-		
															3														
			1		T				T											1									
			-		_	-	_	_		_		_											_	_				-	-
L			-				-			-						<u> </u>													
URL				_		-1							_		-										-		:		_
																												-	
	1		-							-																			
						_			_		_				_														-
										-	1	-	1000																
URL								_				-	-		_	1	-	<u> </u>						-			1		
			1-	1								1						1											
			_	L						_		_	_		-	-		-						-	<u> </u>	-			
										È.,		1			ļ														
				-	I								Lanne			1.1.1.1.1													
URL				-	1 1						-	-		1	1	Ē	T	1	<u> </u>		-	<u> </u>		<u> </u>	Γ.	1	Т		
							-																						
			Τ	1							-											1							
	_		-	-					-	-	-	-	-		+	+	+	+	-			-	-	1	1	1	1		-
					1																								
											11.556	di internet																	
URL				T	ГТ		1	1	Γ	-	1	1	1	1	1	T	T	T	1.				T	Τ	1		1		
						- 65								-	_	1	-	1	-	-		-	-	-	+	-	+-	+	-
													1	1	1				1				e .						
			+	+	+		1	-		-	T	-	1	T	-	+	1	1	1	1	1	T	1	1	T	T	1	T	
											-	1		1		1				1				1		1			L
UDI																													
URL				T	T	-	1	1	T	Γ	Г	T	1	1	1	T	T												
							_	-	-	-	-		-	-	-	+		-	1	-	-	-	+		-	+	+	+	+
																				1									
-+		+		-	1	-	1	1	1	-	1	T	T	T	T		1	T	1	T	1	T	T	T		T		T	
						1	1	1	1 .	1				1			1			1	1	1				1		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.
SPDES ID           Town of Bethlehem         N         Y         R         2         0         A         2         0         8
ame of MS4/Coalition
. 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 Department Office Department
DPW - Engineering Division
Address
4 4 5 D e l a w a r e A v e n u e Zip
Delmar NY 12054 -
Phone
Chinary O Annual Report O SWMP Plan O Comments
City Zip
Phone
Other Address Annual Report SWMP Plan Comments
112 State Street Room 720
City Zip
A l b a n y     N Y     1 2 2 0 7 -
Phone I I I I I I I I I I I I I I I I I I I
( 5 1 8 ) 4 4 7 - 5 6 4 5
Web Page URL: Annual Report SWMP Plan O Comment
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 -
program de la composición de
Please provide specific address of page where report can be accessed - not home page.
• eMail
s w c o a l i t i o n @ a l b a n y . c o m

# 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.

	SPDES ID
Name of MS4/Coalition Town of Bethlehem	N Y R 2 0 A 2 0 8
4.a. If this report was made available on the internet, what date w	vas 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?	14
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? O Yes • No
If Yes, what was the date of the meeting?	
If No, is one planned?	O Yes ● No
5.b. Was an Annual Report public meeting held for all MS4s con	tributing 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? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.	O Yes ♥ No

#### 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

SPL	DES	ID						
N	Y	R	2	0	Α	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?

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period? • Yes O No

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

• Yes O No

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

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.

 $\bigcirc$  Sewersheds:

#### **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.

SPDES ID

Name of MS4/Coalition Town of Bethlehem	N Y R 2 0 A 2 0 8
Minimum Control Measure 3. Il	llicit Discharge Detection and Elimination
The information in this section is being reported (c	heck one):
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition How many MS4s contributed to the</li> </ul>	is report?
1. Enter the number and approx. percent o	f outfalls mapped: 7 0 0 # 1 0 0 %
2. How many of these outfalls have been sc reporting period (outfall reconnaissance	reened for dry weather discharges during this inventory)?
3.a.What types of generating sites/sewershee reporting period?	ds were targeted for inspection during this
○ Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	O Marinas
○ Churches	O Metal Plateing Operations
○ Commercial Carwashes	○ Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	○ Printing
○ Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
• Other: O R I b a s e d o n	O None r o t a t i n g s c h e d u l e

## 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										
	been found during this reporting period?										
• Broken Lines From Sanitary Sewer	O Industrial Connections										
• Cross Connections	○ Inflow/Infiltration										
O Failing Septic Systems	Pump Station Failure										
O Floor Drains Connected To Storm Sewers	<ul> <li>Sanitary Sewer Overflows</li> </ul>										
Illegal Dumping	○ Straight Pipe Sewer Discharges										
• Other: Construction	O None sitedischarge										
4. How many illicit discharges/potentia reporting period?	al illegal connections have been detected during this										
5. How many illicit discharges have be	en confirmed during this reporting period?										
period?	connections have been eliminated during this reporting										
If No, approximately what percent was	cen completed in this reporting period.										
8. Is the above information available in Is this information available on the If Yes, provide URL(s):											
Please provide specific address of page	e where map(s) can be accessed - not home page.										

#### 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.

	SPDES ID
Name of MS4/Coalition	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 URL URL URL URL

- 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report?
- 10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? • Yes ONO ONT

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

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

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

CDDDC ID

			SPDESID							
Name of MS4/Coalition	Town of Bethlehem	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.:	sam	oles,	/par	tici	pant	: s/ev	/ents)

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

• Yes O No

- E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
- Yes O No
- F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

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

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

<b>MS4</b> Annual	<b>Report Form</b>
-------------------	--------------------

#### 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

N Y R 2 0 A 2 0 8	~ ~ ~	)ES							
	Ν	Y	R	2	0	A	2	0	8

0

CDDEC ID

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

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

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

How many MS4s contributed to this report?

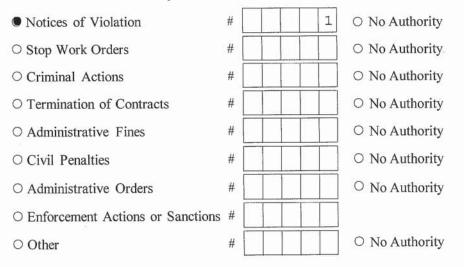
- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?

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

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

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

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? • • No 6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:



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

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

		C12011
Name of MS4/Coalition	Town of Bethlehem	

	1				1000		100
TA	V	D	2	0	2	0	Q

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

TI	information in this section is hains concerted (sheet ano);		
Ine	e information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1.	How many construction projects have been authorized for disturbances of one a during this reporting period?	icre or n	nore 16
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	r jurisdi	<b>ction</b> 1 6
3	What percent of active construction sites were inspected during this reporting p	period?	O NT
5.	what percent of active construction sites were inspected during interreptions	10	0 %
4	What percent of active construction sites were inspected more than once?		O NT
	, and per control of the second s	1 0	0 %
5.	Do all inspectors working on behalf of the MS4s contributing to this report use	the NY	S
	Construction Stormwater Inspection Manual? • Yes	O No	
6.		ntion Pla	ans
	(SWPPPs) of construction projects that are subject to MS4 review and approva	d?	
		O No	
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made av	O Yes	
	public review?	U res	O NO

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

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

- 14 (

SPDES IDNYR20A

2 0 8

#### 6. con't.:

Submit additional pages as needed.

Department         Address	O MS4/Coalition Office	
City       Zip         Phone	Department	
Phone	Address	
Phone		
( )	City Zip	
( )		
O Library   Address   City   Phone   (      O Other   Address   City   City  <	Phone	
Address		
Address   City   Phone   (                                              City    City    City    City    City    City    City    City   City    City   City    City   City    City   City    City   City   City   City    City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City   City <td>○ Library</td> <td></td>	○ Library	
Phone ( Phone		
Phone ( Phone		
<pre>( )</pre>	City Zip	
<pre>( )</pre>		
Address	Phone	
Address		
Address	$\bigcirc$ Other	
City Zip   Phone -   ( )     O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.   URL   URL		
Phone		
( ) Please provide specific address where SWPPPs can be accessed - not home page.	City	
( ) Please provide specific address where SWPPPs can be accessed - not home page.		
( ) Please provide specific address where SWPPPs can be accessed - not home page.	Phone	
URL		
URL	O Web Bases LIBL (c); Places provide specific address where SWPPPs can be accessed - not home page	
		+

### 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



#### 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.

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?

(ex.: samples/participants/events)

• Yes

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

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

• Yes O No

O No

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

The 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.

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

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

Name of MS4/Coalition	Town of Bethlehem

SPI	DES	ID						
Ν	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

 $\bigcirc$  On behalf of a coalition

of a coalition		-
How many MS4s contributed to this report?		

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

	# Inventoried	# Inspections	# Times Maintained	
O Alternative Practices	1 2	1	1	
<ul> <li>Filter Systems</li> </ul>	1	1	0	
○ Infiltration Basins				
• Open Channels	2	1	1	
• Ponds	6	1	1	
$\bigcirc$ Wetlands				
○ Other				

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

O Open Space Preservation Program O Overlay Districts

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

MCM 5 Page 1 of 3

MIS4 Annual Report Form	
This report is being submitted for the reporting period e	nding March 9, 2 0 1 5
If submitting this form as part of a joint report on behalf of a co	alition leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition Town of Bethlehem	N Y R 2 0 A 2 0 8
4a. Are the MS4s contributing to this report involved in a regional/wa	atershed wide planning effort? • Yes O No
4b. Does the MS4 have a banking and credit system for stormwater n	nanagement practices?
	○ Yes ● No
<ul> <li>4c. Do the SWMP Plans for each MS4 contributing to this report incl and approval of banking and credit of alternative siting of a storn</li> <li>4d. How many stormwater management practices have been implement reporting period?</li> </ul>	nwater management practice? O Yes ● No
5. What percent of municipal officials/MS4 staff responsible for pro- training on Low Impace Development (LID), Better Site Design ( Infrastructure principles in this reporting period?	ogram implementation attended BSD) and other Green
	а 1

### 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.

ODDEC ID

		SPI	JES	ID						
Name of MS4/Coalition T	own of Bethlehem	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?

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period? • Yes • O No

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

```
• Yes O No
```

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

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.

### 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

SPD	ES	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

 $\bigcirc$  On behalf of a coalition

How many MS4s contributed to this report?

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

		Operati	and a loss of the	<u>ment</u> ty/Facility the past 3
<b>Operation/Activity/Facility</b>	Addressed in	n SWMP?	years?	
Street Maintenance	• Yes	O No	Yes	O No
Bridge Maintenance		• No	○ Yes	No
Winter Road Maintenance		0 No	Yes	O No
Salt Storage	• Yes	0 No	Yes	O No
Solid Waste Management		0 No	• Yes	O No
New Municipal Construction and Land Disturban		0 No	Yes	O No
Right of Way Maintenance		0 No	Yes	O No
Marine Operations	0.17	• No	O Yes	• No
Hydrologic Habitat Modification		• No	O Yes	• No
Parks and Open Space		0 No	• Yes	O No
Municipal Building		0 No	• Yes	O No
Stormwater System Maintenance		0 No	• Yes	O No
Vehicle and Fleet Maintenance		0 No	• Yes	O No
Other	O 17	• No		• 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.

		SPI	DES	ID	10.0					
Name of MS4/Coalition	Town of Bethlehem	N	Y	R	2	0	A	2	0	8

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

<ul> <li>Parking Lots Swept (Number of acres X Number of times swept)</li> </ul>	# Acres				7
• Streets Swept (Number of miles X Number of times swept)	# Miles		3	5	0
O Catch Basins Inspected and Cleaned Where Necessary	#				
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#				4
O Phosphorus Applied In Chemical Fertilizer	# Lbs.				
O 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 t	o municipa	al emp	oloy	rees	1

during this reporting period? 1

> 2 0 1 5

> > 3 9

2

0

0 4

- 4. What was the date of the last training?
- 5. How many municipal employees have been trained in this reporting period?
- 6. What percent of municipal employees in relevant positions and departments receive 1 0 0 % stormwater management training?

## 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

#### 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?

(ex.: samples/participants/events)

1

2 0 8

D. Has your MS4 made progress toward this measurable goal during this reporting period? • Yes • O No

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

- Yes O No
- F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

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.

#### 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

## Minimum Control Measure 1. Public Education and Outreach

1 3

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	• Pesticide and Fertilizer Application
• General Stormwater Management Information	• Pet Waste Management
$\bigcirc$ Household Hazardous Waste Disposal	○ Recycling
O Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
• Infrastructure Maintenance	O Trash Management
• Smart Growth	• Vehicle Washing
○ Storm Drain Marking	$\bigcirc$ Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	$\bigcirc$ Wetland Protection
<pre> Other: C o a l i t i o n W e b s i t e - W h a Other </pre>	O NonetYouCanDo
2. Specific audiences targeted during this reporting period:	
Public Employees     Contractors	
• Residential O Developers	

• Businesses • General Public

- $\bigcirc$  Restaurants  $\bigcirc$  Industries
- Other: O Agricultural

								-												
S	t	u	d	е	n	t	S													
Ot	her																			

### 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

S	PI	DES	ID				
N	ſ	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:

<ul> <li>Construction Site Operators Trained</li> </ul>	# Trained 3 5
○ Direct Mailings	# Mailings
• Kiosks or Other Displays	# Locations 8
• List-Serves	# In List 4 5 8
○ Mailing List	# In List
$\bigcirc$ 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 # Distributed642
Locations (e.g. libraries, town offices, kiosks)	

А	1	L	a		0	11	L		T.	a	<u>т</u>	T							
С	i	t	У	А	1	b	a	n	У	S	С	h	0	0	1	Ρ	r	0	g
Ν	0	r	m	a	n	S	k	i	1	1	С	r	е	е	k				
G	I		С	0	d	е	R	е	v	i	е	w	Ρ	r	0	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.

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

URL

UN	-															

#### **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

SPL	JES	ID				
Ν	Y	R	2	0		

#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

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  $\bigcirc$  No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?** • Yes • No

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

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).

#### 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

 O

## Minimum Control Measure 2. Public Involvement/Participation

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

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

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

○ Cleanup Events											
• Comments on SWMP Received		# Comments					0				
• Community Hotlines	<b>(</b> 518 <b>)</b> 447	-	5	6	4	5					
Phone # ( )	Phone #		- [								
Phone # ( )	Phone #		-								
Phone # ( )	Phone #		-								
Phone # ( ) – –	Phone #		-								
Phone # ( )	Phone #		- [								
$\bigcirc$ Community Meetings		# Attendees									
$\bigcirc$ Plantings		Sq. Ft.									
○ Storm Drain Markings		#Drains									
$\bigcirc$ Stakeholder Meetings		# Attendees									
Volunteer Monitoring     # Events											
O Other:											

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

Program (SWMP) Plan provided?	۲	Ye	es	$s \circ N$	
List-Serve     # In List			4	5	8
O Newspaper Advertising # Days Run					
○ TV/Radio Notices # Days Run					
O Other:					

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

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

SPL	DES	ID				
Ν	Y	R	2	0		

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

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

URI	_																														
W	W	W	•	s	t	0	r	m	w	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У	•	0	r	g		
JRI				L		L			I		I		L				L	I				I	<u> </u>							L	L
																															F
																															F
ID I	<u> </u>					ļ			<u> </u>		<u> </u>		ļ				ļ	<u> </u>				<u> </u>									L
JRI																															
																															F
																															L
URI																															Γ
																														<u> </u>	
URI	Í																													<u> </u>	Г
URI	Í			I		I																									Γ
																														<u> </u>	
URI																															Γ
																														L	

#### 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

## 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										
	Dep											~			-							_	-					~			
	S	t	0	r	m	W	a	t	е	r		С	0	а	1	i	t	i	0	n	-	A	1	b	а	n	У	С	n	t	У
	Add										~								-					-							
	1 City	1	2		S	t	a	t	е		S	t	r	е	е	t	1		R	0	0	m		7	2	0					
	A	1	b	a	n	У												]	N	Y		Zip 1	2	2	0	7	_				
	Pho					1												Ľ						_	•		ļ				
	(	5	1	8	)	4	4	7	-	5	6	4	5																		
○ Lib	rary	7														C	A	nnu	al I	Rep	ort	C	S	WN	1P 1	Plar	ı	$\circ$ (	Con	nme	ents
	Ađo	lres	S																	r			~				_				
	City	/																Г				Zip					1				
																											-				
	Pho	ne			1	·			1 1	L.				1																	
	(				)				-																						
○ Oth	~**															C		0011	1 I	Rep	ort	C	1 61	WN	/D 1	Dlar	•	$\circ$ (	~ on	nma	nta
0 Otil	Ado	lres	s		_	_	_	_					_	_				iiiiu		кср	on		0	VV IV	11 1	1 1 1 1 1	1				
	City	/																				Zip					1				
																											-				
	Pho	ne																L									I				
	(				)				-																						
• Wel	D D	200	IIP	τ.														nnıı	a1 1	Rep	ort		S	WN	1P 1	Plar	ı		Con	nme	ents
		_		L.	G	+		r	m	5.7	2	t		r	2	1	b	a	n	_							-				
	W	W	W	•	S	t	0	r	m	W	a	L	е	r	a		d	a	11	У	С	0	u	n	t	У	•	0	r	g	
		ease	e pr	ovi	de	spe	cif	ic a	ddr	ess	of	pag	ge v	whe	ere	rep	ort	car	ı be	e ac	ces	sed	l - r	ot	hor	ne	pag				
• eMa	ail																											• (	Con	nme	ents
	Ŋ	W	С	0	a	1	i	t	i	0	n	@	a	1	b	a	n	У	С	0	u	n	t	У	•	С	0	m			

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		
4.a. If this report was made available on the internet, what date was it posted?		
Leave blank if this report was not posted on the internet. $05/01/2$	2 0 1	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	5.b	
5.a. Was an Annual Report public meeting held in this reporting period?       O Y         If Yes, what was the date of the meeting?       If Yes, what was the date of the meeting?	les (	⊃ No
If No, is one planned?	les (	⊃ No
5.b. Was an Annual Report public meeting held for all MS4s contributing to this reporting period?	Yes	• No
If No, is one planned for each?	(es (	• No
<b>6.</b> Were comments received during this reporting period? O Y If Yes, attach comments, responses and changes made to	les (	⊃ No

SWMP in response to comments to this report.

#### This report is being submitted for the reporting period ending Marc

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

Stormwater Coalition of Albany County Name of MS4/Coalition

#### 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?

(ex.: samples/participants/events)

1

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

• Yes  $\bigcirc$  No

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

• Yes  $\bigcirc$  No

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

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.

SPI	DES	ID				
Ν	Y	R	2	0		

ch 9,	2	0	1	5	

#### 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.

SPDES ID Υ R 2 0

#

%

Ν

Stormwater Coalition of Albany County Name of MS4/Coalition

## Minimum Control Measure 3. Illicit Discharge Detection and Elimination

1 3

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

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

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

#### This report is being submitted for the reporting period ending March 9, 2 0 1 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 C	County SPDES ID
3.b.What types of illicit discharges have	been found during this reporting period?
$\bigcirc$ Broken Lines From Sanitary Sewer	$\bigcirc$ Industrial Connections
○ Cross Connections	$\bigcirc$ Inflow/Infiltration
○ Failing Septic Systems	○ Pump Station Failure
○ Floor Drains Connected To Storm Sewers	○ Sanitary Sewer Overflows
○ Illegal Dumping	○ Straight Pipe Sewer Discharges
Other:	○ None

- 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?

No

O No

O No

÷

○ Yes

• Yes

• Yes

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

reporting period?

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

URI																										 	
Ρ	А	S	S	W	0	R	D		Р	R	0	Т	Е	С	Т	Е	D										
W	w	W	•	a	i	m	S	g	i	s	•	0	r	g	/	W	е	b	m	а	р	/					
*	*	R	е	ន	t	r	i	С	t	е	d		А	С	С	е	S	s	*	*							
URI																											

#### 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.

SPDES ID

R 2

0

NY

Name of MS4/Coalition Stormwater Coalition of Albany County

#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

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?

(ex.: samples/participants/events)

4

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

• Yes  $\bigcirc$  No

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

• Yes  $\bigcirc$  No

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

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.

#### This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1$ 5

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

SPDES ID Y R 2 0

N

Stormwater Coalition of Albany County Name of MS4/Coalition

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

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

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

BMP 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?

O Yes  $\bigcirc$  No

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

○ Yes O No

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

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.

#### This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1$ 5

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

SPDES ID Y R 2 0

N

Stormwater Coalition of Albany County Name of MS4/Coalition

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

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

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

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  $\bigcirc$  No

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

• Yes  $\bigcirc$  No

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

The 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.

#### 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

SPI	DES	ID		-	_	_	
Ν	Y	R	2	0			

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

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

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

How many MS4s contributed to this report?



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

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

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

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

SPDES ID

Y R 2

0

Ν

1 0

9

2 0 1 4

1 3 0

%

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

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

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

SPL	DES	ID			_	
Ν	Y	R	2	0		

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

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

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

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?

(ex.: samples/participants/events)

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

• Yes O No

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

• Yes O No

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

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	l
--------------------------------------------------	---

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

		SPE	DES	ID						
Name of MS4 Ci	ity of Cohoes	Ν	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	0	r	m	w	a	t	е	r	С	0	a	1	i	t	i	0	n	0	f	А	1	b	a	n	У
С	0	u	n	t	У																					

## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1

Name of MS4 City of Cohoes

SPDES ID N Y R 2 0 A 2

4 3

5

## Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	First Name															MI	_	Las	t Na	me		-								
G	е	0	r	g	е											Ε		Ρ	r	i	m	е	а	u		S	r	•		
Titl	e																													
Μ	а	У	0	r																										
Add	Ires	S																											 	
9	7		М	0	h	a	w	k		S	t	r	е	е	t															
City	/																			St	tate		Zip							
С	0	h	0	е	S															ľ	1 7	Ζ	1	2	0	4	7	-		
eMa	ail			•			•	•													•									
m	a	У	0	r	@	С	i	•	С	0	h	0	е	ន	•	n	У	•	u	s										
Pho	ne																	Cou	inty											
(	5	1	8	)	2	3	3	-	2	1	1	9						A	1	b	a	n	У							

## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1

Name of MS4 City of Cohoes

SPDES ID N Y R 2 0 A 2

4 3

5

## Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

O Principal Executive Officer/Chief Elected Official

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

First N	i       t       y       E       n       g       i       n       e       e       r       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n       n																												
G a	r	r	У												F		Ν	a	t	h	a	n							
Title																													
Cİ	t	У		Е	n	g	i	n	е	е	r																		
Addres	ss																											 	 
9 7		Μ	0	h	a	W	k		S	t	r	е	е	t															
City		r       y       F       N       a       t       h       a       n       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i																											
Co	h	0	е	ß															ľ	1 7	Z	1	2	0	4	7	-		
eMail																													
g n	a	t	h	a	n	@	С	i	•	С	0	h	0	е	ន	•	n	У	•	u	S								
Phone																	Cou	inty											
<b>(</b> 5	1	8	)	2	3	3	-	2	1	3	1						Α		b	a	n	У							

## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1

Name of MS4 City of Cohoes

SPDES ID N Y R 2 0 A 2

4 3

5

## Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	$\begin{array}{c c c c c c c c c c c c c c c c c c c $																															
М	е	1	i	S	S	а										А		С	h	е	r	u	b	i	n	0						
Titl	e																															
D	i	r	е	С	t	0	r		0	f		В	u	i	1	d	i	n	g		a	n	d		Ρ	1	a	n	n	i	n	g
Add	lres	s																														
9	7		М	0	h	a	W	k		S	t	r	е	е	t																	
City	/																			S	tate		Zip									
С	0	h	0	е	S															ľ	1 2	Y	1	2	0	4	7	-				
eMa	ail																															
m	С	h	е	r	u	b	i	n	0	@	С	i	•	С	0	h	0	е	S	•	n	У	•	u	S							
Pho	ne																	Cot	inty													
(	5	1	8	)	2	3	3	-	2	1	3	0						A	1	b	a	n	У									

## 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?

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Par	tner	Co	aliti	onN	Jam	e											_															
S	t	0	r	m	w	а	t	е	r		C	0	a	1	i	t	i	0	n		0	f		A	1	b	а	n	У			
Par	tner	/Co	aliti	ion l	Nam	ne (c	on't	.)											•		•			SPI	DES	Pa	rtne	r ID	- If	app	olica	ıble
С	0	u	n	t	У																			Ν	Y	R	2	0				
Ado	lress	3																					,									
1	1	2		S	t	а	t	е		S	t	r	е	е	t	,		R	0	0	m		7	2	0							
Cit	y																			St	ate		Zip	•								
A	1	b	a	n	У															N	1 A		1	2	2	0	7	-				
eMa	ail																															
n	h	е	i	n	z	е	n	@	a	1	b	a	n	У	С	0	u	n	t	У	•	С	0	m								
Pho	one																		La	1	D	ndi	na	\ ara	am	ont	in of	ccor	dan	00		
(	5	1	8	)	4	4	7	-	5	6	4	5								th G									Ye		0	No
<b>W</b> /1	not	tac	20/1	PORT	on	oih	;1;+;	00	ora	ch	rac	1	ith	thia	n	rtn	or l		. <b>N</b> /	ſМ ⁻	1 5	cho	<u></u>	Dro	aro	ma	or	M	ltir	ماد	Та	sks)?
**1	Iat	las	K 5/ 1	Col		.510.				5110		1		uns	s pe			.c.g	,• 1V.				01.		gra		01	IVIC	ոսե	ЛС	1 as	
• 1	MМ	1	Ε	d	u	С	a	t	i	0	n		Μ	a	t	е	r	i	a	1		&		Р	r	0	g	r	a	m	s	
•	ΜМ	2	S	W	М	Р	/	W	A	V	E	/	W	е	b	s	i	t	е	_	Р	u	b	1	i	С		I	n	р	u	t
• 1	VIIVI	2	0		1.1	-	/		11	v		/		0	2		-		<u> </u>		-	u	2	-	-			-	11	Р	u	
• 1	MM	3	А	Ι	Μ	S	-	0	R	Ι		А	ន	ន	t	-	I	D	D	Е		Ρ	r	0	С	e	d	u	r	е	S	
<b>•</b> 1	ΜМ	4	Ρ	r	0	С	e	d	u	r	e	S		S	u	р	р	0	r	t												
• 1	VIIVI	+	T	-	0	C		u	u	-	C	D		D	u	Р	Р		-													
• 1	MМ	5	Ρ	r	0	С	е	d	u	r	е	ß		S	u	р	р	0	r	t												
	ΜМ	6	Т	r	a	i	n	ı	g	_	F	a	С	i	1	i	t	У		A	u	d	i	t		S	u	p	р	0	r	t
-		-	-	_					ر.				-	_	-			1										12	Ľ	_	_	

#### 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 Certificati	ion(]	MCC	C) I	For	m					
MCC form for period ending March 9	, 2	0 1	5							
		SP	DES	ID						
Name of MS4 City of Cohoes		N	Y	R	2	0	A	2	4	3

## Section 4 - Certification Statement

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

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

First Name     G   e   o   r   g   e	MI E	Last Nam Pri	e a	u	S	r	•		
M       a       y       o       r       Image: second secon									
Signature									
			Dat	e /			/[		

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

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

This report is being submitted for the reporting period ending March 9,	2	0	1	5	
This report is sening sustinuou for the reporting period ending trut on y		-		-	

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

SPDES ID

Y R 2

N

2

4 3

No

0 A

Name of MS4/Coalition City of Cohoes

1

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

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

How many MS4s are contributed to this report?

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

If Yes, choose one of the following

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

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


#### 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 1. Public Education and Outreach

1

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

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

How many MS4s contributed to this report?

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

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

• Construction Sites		• Pesticide and Fertilizer Application
• General Stormwater	Management Information	Pet Waste Management
• Household Hazardou	us Waste Disposal	$\bigcirc$ Recycling
• Illicit Discharge Det	tection and Elimination	O Riparian Corridor Protection/Restoration
• Infrastructure Maint	tenance	○ Trash Management
$\bigcirc$ Smart Growth		• Vehicle Washing
○ Storm Drain Markin	g	$\bigcirc$ Water Conservation
• Green Infrastructure	Better Site Design/Low Impact Development	$\bigcirc$ Wetland Protection
<ul> <li>Other:</li> <li>Other</li> <li><b>2. Specific audience</b></li> </ul>	es targeted during this reporting period:	○ None
• Public Employees	Contractors	
• Residential	○ Developers	
○ Businesses	• General Public	
• Restaurants	$\bigcirc$ Industries	
• Other:	○ Agricultural	

Other

S

t u d e n t

S

Name of MS4/Coalition

## **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.

	SPE	DES	ID						
	Ν	Y	R	2	0	А	2	4	(,)

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

$\circ$ (	Cons	stru	ictio	on S	Site	Op	era	tors	s Tr	aine	ed													ŧ	# Tr	aine	ed					
• 1	Direc	ct l	Mai	ling	gs																			#	Ma	ilin	gs					5
• ŀ	Cios	ks	or (	Oth	er I	Disp	olay	S																# ]	Loca	atio	ns					3
ΟI	.ist-	Sei	ves	5																					# I	n Li	st					
• N	/Iail	ing	Li	st																					# I	n Li	st		4	3	9	9
$\circ$ N	Jew	spa	per	Ac	ls c	or A	rtic	eles																#]	Day	s Rı	ın					
• F	ubl	ic	Eve	ents	/Pre	eser	itati	ions	5															# /	Atte	nde	es			4	7	3
• s	cho	ool	Pro	gra	m																			# /	Atte	nde	es				1	5
Οľ	TV S	Spc	ot/P	rog	ram	1																		#]	Day	s Rı	ın					
• F																						То	otal	# D	istri	bute	ed			3	1	0
				s (e.	g. li					ices,		sks)		_																		
		P	r	0	p	е	r	t	i	е	S		a	1	0	n	g															
	-	s	t	r	е	a	m		С	0	r	r	i	d	0	r																
$\circ$ (	∟ )the	er:																														
	Γ																															
• V	Veb	Pa	ige:			vid dec	-	peci	fic	weł	o ac	ldre	sse	s -	not	hor	ne p	oage	e. (	Con	tinu	ie o	n ne	ext	pag	e if	ado	litio	onal	l sp	ace	is
]	URL				nee		1.																									
	h	t	t	р	:	/	/	w	w	W	•	С	0	h	0	е	S	•	С	0	m	/	С	i	t	-	е	-	А	С	С	е
	S	ន	/	W	е	b	р	a	g	е	•	С	f	m	?	Т	I	D	=	3	4	&	Т	Ρ	Ι	D	=	9	8	9	8	

URL

w	w	W	•	f	a	С	е	b	0	0	k	•	С	0	m	/	С	0	h	0	е	S	S	t	0	r	m	W	а	t	е
r	Е	d	u	С	a	t	i	0	n																						

## 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

SP	DES	ID						
Ν	Y	R	2	0	А	2	4	3

																			_			l	1	I	 L	
		Page	con	't.:		Pro	ovio	de s	spec	cifi	c w	eb	add	lres	ses	- n	ot	hor	ne j	pag	e.					
JRL	,																									
																										Ē
																										F
JRL	,																									-
JRL	,																									_
JRL	,			1		1																		1	 	-
JRL	,			1	1	1			1		1													1	 	-
JRL	,					-																			 	1

URL																

#### **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

#### 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?

(ex.: samples/participants/events)

 $\bigcirc$  No

 $\bigcirc$  No

• Yes

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

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

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

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.

SPI	DES	ID	-		-		-	
Ν	Y	R	2	0	A	2	4	3

		1	
 1000	 iai	nont	~



#### 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.

SPDES ID

0 A

2 4 3

N Y R 2

Name of MS4/Coalition	City of Cohoes

## Minimum Control Measure 2. Public Involvement/Participation

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

• On behalf of an individual MS4

 $\bigcirc$  On behalf of a coalition

How many MS4s contributed to this report?

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

• Cleanup Events							# E	lven	ts					4
$\bigcirc$ Comments on SWMP Received						#C	Com	men	ts					
• Community Hotlines	Phone #	(	5	1	8	)	4	4	7	-	5	6	4	5
Phone # ( )	Phone #	(				)				-				
Phone # ( )	Phone #	(				)				-				
Phone # ( )	Phone #	(				)				-				
Phone # ( )	Phone #	(				)				-				
Phone # ( )	Phone #	(				)				-				
○ Community Meetings						#.	Atte	nde	es					
○ Plantings							S	Sq. F	Ŧt.					
$\bigcirc$ Storm Drain Markings							# D	Draii	ns					
$\bigcirc$ Stakeholder Meetings						#.	Atte	nde	es					
$\bigcirc$ Volunteer Monitoring							# E	lven	ts					
O Other:														

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

Program (SWMP) Plan provided?	• Yes	○ No
○ List-Serve # In List		
○ Newspaper Advertising # Days Run [		
○ TV/Radio Notices # Days Run [		
$\bullet \text{ Other: } \begin{array}{c c c c c c c c c c c c c c c c c c c $		

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

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

SPI	DES	ID			-	-		
Ν	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	р	:	/	/	w	W	w	•	С	0	h	0	е	S	•	С	0	m	/	C	i	t	-	е	-	А	С	С	e
S	S	/	w	е	b	р	a	g	е	•	С	f	m	?	Т	Ι	D	=	3	4	&	Т	Ρ	Ι	D	=	9	8	9	8	
																															<u> </u>
URL		I	I	I	I		I													I											
																															L
URL																															
																														L	
URI	Í																														
																														I	
																														<u> </u>	
URI	_														1						1										
URI	_																														
URL								L		L		L		L	I						I				I						
																															Ē
																													(	1	Ĺ

## 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

SPI	DES	ID						
Ν	Y	R	2	0	А	2	4	3

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

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

UR	Ļ	 		 		 			 								
UR																	
UR	L							 				 					
																]	
UR																	
UR	L							 									
UR	L				 			 									
UR																	]

#### 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. SPDES ID

Name of MS4/Coalition	n City of Cohoes
-----------------------	------------------

<b>51 L</b>		ID							
Ν	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.

• MS	4/C	oali	itio	n O	offic	e											A	nnu	al l	Rep	ort		S	WN	1P 1	Plar	ı	• (	Con	nme	ents
	Dep	artr	nen	t																											
	Ε	n	g	i	n	е	e	r	li	n	g		D	е	р	а	r	t	m	е	n	t									
	Add	lres	s																												
	9	7		Μ	0	h	a	W	k		S	t	r	е	е	t															
	City	/																Г				Zip									
	С	0	h	0	е	S												]	N	Y		1	2	0	4	7	-				
	Pho								1																						
	(	5	1	8	)	2	3	3	-	2	1	3	1																		
○ Libi	rary Ado	lres	8													С	) A	nnu	al l	Rep	ort	C	S S	WN	1P I	Plar	1	0 (	Con	nme	ents
	City	7																	I			Zip									]
	Ĩ																										-				
	Pho	ne																L													
	(				)				-																						
• Oth	er Add	Iros	7													C	A	nnu	al l	Rep	ort		S	WN	1P 1	Plar	1	• (	Con	nme	ents
	1	1	2		S	t	_	t			S	t	70		~	t		R		_			7	2	0						
	⊥ City		2		5	L	a	L	е		Б	L	r	е	е	L		R	0	0	m	Zip	/	2	0						
	A	1	b	a	n	У												]	N	Y		1	2	2	0	7	-				
	Pho	ne				-																									]
	(	5	1	8	)	4	4	7	-	5	6	4	5																		
• Wel	h Pe	are	IIR	1.													A	ກກນ	al l	Rep	ort		S	WN	1P 1	Plar	ı	• (	Con	nme	ents
• • • • •		-		L.		-						ь	-							_							-				
	W	W	W	•	S	t	0	r	m	W	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У	•	0	r	g	
	Ple	ease	e pr	ovi	de	spe	cif	ic a	ddr	ess	of	pa	ge v	whe	ere	rep	ort	car	ı be	e ac	ces	sed	l - r	ot	hor	ne	pag	ge.			
• eMa			1			1						1 、				1											1 0	-	Con	nme	ents
	ល	W	С	0	a	1	i	t	i	0	n	@	a	1	b	a	n	У	С	0	u	n	t	У	•	С	0	m			

#### **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. SPDES ID Name of MS4/Coalition City of Cohoes NYR 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. 2 0 2 7 0 1 5 4 4.b. For how many days was/will this report be posted? 4 1 If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b.. 5.a. Was an Annual Report public meeting held in this reporting period? • Yes ○ No If Yes, what was the date of the meeting? 2 5 1 3 0 1 4 0 If No, is one planned? ○ Yes $\bigcirc$ No 5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? ○ Yes • No If No, is one planned for each? ○ Yes • No ○ Yes $\bigcirc$ No

6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

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

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

City of Cohoes Name of MS4/Coalition

#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

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?

(ex.: samples/participants/events)

1

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

• Yes  $\bigcirc$  No

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

• Yes  $\bigcirc$  No

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

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

SPI	PDES	ID						
Ν	NY	R	2	0	A	2	4	3

5

#### **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.

SPDES ID

0 A

0 #

2 4 3

0 %

0

NYR2

1

Name of MS4/Coalition	City of Cohoes
-----------------------	----------------

## Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

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

### 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.

	SPDES ID
Name of MS4/Coalition City of Cohoes	N Y R 2 0 A 2 4 3
3.b.What types of illicit discharges have	been found during this reporting period?
$\bigcirc$ Broken Lines From Sanitary Sewer	$\bigcirc$ Industrial Connections
○ Cross Connections	$\bigcirc$ Inflow/Infiltration
○ Failing Septic Systems	$\bigcirc$ Pump Station Failure
$\bigcirc$ Floor Drains Connected To Storm Sewers	• Sanitary Sewer Overflows
• Illegal Dumping	$\bigcirc$ Straight Pipe Sewer Discharges
• Other:	○ None
A n i m a l F e c e s	
	l illegal connections have been detected during this
reporting period?	1 3
5. How many illicit discharges have been	en confirmed during this reporting period?

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

No

18

 $\bigcirc$  No

 $\bigcirc$  No

• Yes

• Yes

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

   If No, approximately what percent was completed in this reporting period?
   If No, approximately what percent was completed in this reporting period?
- 8. Is the above information available in GIS? Is this information available on the web? If Yes, provide URL(s):

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

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

### 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.

		_	SPI	DES	ID						
Name of MS4/Coalition	City of Cohoes		Ν	Y	R	2	0	A	2	4	3

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

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

OR	-	 	 	 					 			 	 		 	 				 
UR																				
UR			 														 		I	
UR	L																			
UR	L			<u> </u>	<u> </u>			<u> </u>	<u> </u>		<u> </u>		<u> </u>	<u> </u>			<u> </u>			
										I										

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

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

2 0 %

#### 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

#### 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?

(ex.: samples/participants/events)

1 3

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

• Yes  $\bigcirc$  No

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

• Yes O No

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

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



9. 2 0 1 5

on City of Cohoes

#### 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

SPL	DES	ID						
Ν	Y	R	2	0	A	2	4	3

3

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

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

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

How many MS4s contributed to this report?

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory<br/>mechanism that provides equivalent protection to the NYS SPDES General Permit for<br/>Stormwater Discharges from Construction Activities?• Yes• No

1

1b.Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? • Yes • No • NT

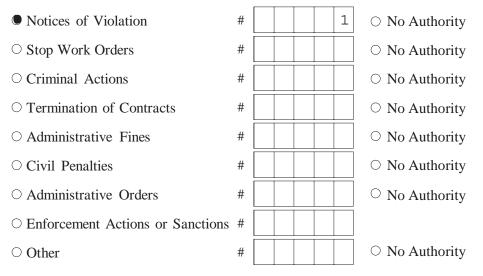
If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. 09/2004 • 03/2006 • NT

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

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

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? • Yes • No

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



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

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

1

SPDES ID

NYR

2

0 A 2 4 3

1 0 0 %

0 %

0

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

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

How many MS4s contributed to this report?

- 1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?
- 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
- 3. What percent of active construction sites were inspected during this reporting period?  $\odot$  NT
- 4. What percent of active construction sites were inspected more than once?  $\bigcirc$  NT
- 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?
- 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?

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

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

I Y R 2 0 A 2 4	4 3

#### 6. con't.:

Submit additional pages as needed.

#### $\bigcirc$ MS4/Coalition Office

	Depa	rtme	nt																		,									
4	Addr	ess																			· · ·								· · ·	
(	City		_																		Zip					1				
																										-				
I	Phon	e		_													ļ									1				
	(			)				-																						
) Libr	ary								,																					
	Addr	ess					1			T				1		I		I												
(	City																		-		Zip					1				
																										-				
F	Phon	e	_	-				1																						
	(			)				-																						
⊖ Othe	er																													
	Addr	ess																												
(	City				L														_		Zip									
																										-				
I	Phon	e																								1				
	(			)				-																						
⊖ Web	Pac	e II	RI (	<u>s</u> ).	P	lea	se n	rov	ide	sne	cifi	ic a	ddre	200	whe	ore !	SW	<b>PP</b>	Psc	an	be a	ICCE	SSP	d -	not	hoi	ne i	nao	P	
	JRL	,	112(	57.		ieu	o <b>c</b> p	10,	140	op.		ie u		000			0 11			, uni	000		000	u	1101	1101	iie j	pug		
L [			1													_														
	_	_	-	-																			_							
L																														
_	JRL				,										,,						,		,							
Ĺ				1																										
t [											-																			
[																														

#### **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

#### 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?

(ex.: samples/participants/events)

1 0

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

• Yes  $\bigcirc$  No

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

• Yes O No

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

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

SPE	DES	ID			-				
Ν	Y	R	2	0	A	2	4	3	

### **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.

SPDES ID

ΝY

R 2

A 2

4 3

0

Name of MS4/Coalition City of Cohoes

## Minimum Control Measure 5. Post-Construction Stormwater Management

1

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

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

How many MS4s contributed to this report?

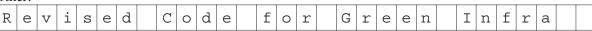
1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
• Alternative Practices	1		1
$\bigcirc$ Filter Systems			
$\bigcirc$ Infiltration Basins			
$\bigcirc$ Open Channels			
• Ponds	3	2	1
$\bigcirc$ Wetlands			
$\bigcirc$ Other			

- 2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? O 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
- $\bigcirc$  Watershed Plans  $\bigcirc$  Other Comprehensive Plan
- Other:



### 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.

		SPE	DES	ID						
Name of MS4/Coalition	City of Cohoes	Ν	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  $\bigcirc$  No

• No

%

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

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

$\bigcirc$ Yes	No

○ Yes

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

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

#### 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 hot 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?

(ex.: samples/participants/events)

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

• Yes O No

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

• Yes O No

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

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



				3	
n	les/	nart	ici	nant	

#### **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



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

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

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

How many MS4s contributed to this report?



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

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

Nam

## **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.

		SPI	DES	ID						
e of MS4/Coalition	City of Cohoes	Ν	Y	R	2	0	А	2	4	3

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

Г

_

• 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
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#					2
$\bigcirc$ Phosphorus Applied In Chemical Fertilizer	# Lbs.					
$\bigcirc$ Nitrogen Applied In Chemical Fertilizer	# Lbs.					
<ul> <li>Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)</li> </ul>	# Acres					
3. How many stormwater management trainings have been provided to	o municipa	al er	np	loy(	ees	

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

MCM 6 Page 2 of 3

0 8

2 8

2 0 1 4

2 3

0 %

#### **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

#### 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?

(ex.: samples/participants/events)

2 0

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

• Yes O No

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

• Yes O No

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

Continue to hold these events and encourage residenst 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.

SPE	DES	ID							
Ν	Y	R	2	0	A	2	4	3	

#### 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

## Minimum Control Measure 1. Public Education and Outreach

1 3

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	• Pesticide and Fertilizer Application
• General Stormwater Management Information	• Pet Waste Management
$\bigcirc$ Household Hazardous Waste Disposal	○ Recycling
O Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
• Infrastructure Maintenance	O Trash Management
• Smart Growth	• Vehicle Washing
○ Storm Drain Marking	$\bigcirc$ Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	$\bigcirc$ Wetland Protection
<pre> Other: C o a l i t i o n W e b s i t e - W h a Other </pre>	O NonetYouCanDo
2. Specific audiences targeted during this reporting period:	
Public Employees     Contractors	
• Residential O Developers	

• Businesses • General Public

- $\bigcirc$  Restaurants  $\bigcirc$  Industries
- Other: O Agricultural

								-												
S	t	u	d	е	n	t	S													
Ot	her																			

## 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

S	PI	DES	ID				
N	ſ	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:

<ul> <li>Construction Site Operators Trained</li> </ul>	# Trained 3 5
○ Direct Mailings	# Mailings
• Kiosks or Other Displays	# Locations 8
• List-Serves	# In List 4 5 8
○ Mailing List	# In List
$\bigcirc$ 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 # Distributed642
Locations (e.g. libraries, town offices, kiosks)	

А	1	L	a		0	11	L		T.	a	<u>т</u>	T							
С	i	t	У	А	1	b	a	n	У	S	С	h	0	0	1	Ρ	r	0	g
Ν	0	r	m	a	n	S	k	i	1	1	С	r	е	е	k				
G	I		С	0	d	е	R	е	v	i	е	w	Ρ	r	0	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.

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

URL

UN	-															

#### 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

SPL	JES	ID				
Ν	Y	R	2	0		

#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

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  $\bigcirc$  No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?** • Yes • No

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

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).

#### 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

 O

## Minimum Control Measure 2. Public Involvement/Participation

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

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

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

○ Cleanup Events		# Events					
• Comments on SWMP Received		# Comments					0
• Community Hotlines	Phone #	<b>(</b> 518 <b>)</b> 447	-	5	6	4	5
Phone # ( )	Phone #		- [				
Phone # ( )	Phone #		-				
Phone # ( )	Phone #		-				
Phone # ( ) – –	Phone #		-				
Phone # ( )	Phone #		- [				
$\bigcirc$ Community Meetings		# Attendees					
$\bigcirc$ Plantings		Sq. Ft.					
○ Storm Drain Markings		#Drains					
$\bigcirc$ Stakeholder Meetings		# Attendees					
• Volunteer Monitoring		# Events					3
O Other:							

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

Program (SWMP) Plan provided?	۲	Ye	es	0	No
List-Serve     # In List			4	5	8
O Newspaper Advertising # Days Run					
○ TV/Radio Notices # Days Run					
O Other:					

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

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

SPL	DES	ID				
Ν	Y	R	2	0		

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

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

URI	_																														
W	W	W	•	s	t	0	r	m	w	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У	•	0	r	g		
JRI				L		L			I		I		L				L	I				I	<u> </u>							L	L
																															F
																															F
ID I	<u> </u>			ļ		ļ			<u> </u>		<u> </u>		ļ				ļ	<u> </u>				<u> </u>									L
JRI																															
																															F
																															L
URI																															Γ
URI	Í																													<u> </u>	Г
URI	Í					I																									Γ
																														<u> </u>	
URI																															Γ
																														L	

### 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

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

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

• MS					offic	e											A	nnu	al l	Rep	ort		S	WN	1P ]	Plar	1	• (	Con	nme	ents
	Dep											~			-							_	-					~			
	S	t	0	r	m	W	a	t	е	r		С	0	а	1	i	t	i	0	n	-	A	1	b	а	n	У	С	n	t	У
	Add				a						~								-					-	_						
	1 City	1	2		S	t	a	t	е		S	t	r	е	е	t	1		R	0	0	m		7	2	0					
	A	1	b	a	n	У												]	N	Y		Zip 1	2	2	0	7	]_				
	Pho					7												Ľ						_	•		J				
	(	5	1	8	)	4	4	7	-	5	6	4	5																		
○ Lib	rary	7														C	A	nnu	al I	Rep	ort	C	S	WN	1P 1	Plar	ı	$\circ$ (	Con	nme	ents
	Ađo	lres	S																	r			~								
	City	/																Г				Zip					1				
																											–				
	Pho	ne			1					L.				1																	
	(				)				-																						
○ Oth	~**															C		0011	1 I	Rep	ort	C	1 61	WN	/D 1	Dlar	2	$\circ$ (	~ on	nma	nta
0 Otil	Ado	lres	s		_	_		_					_	_				iiiiu		кср	on		0	VV IV	11 1	1 1 1 1 1	1				
	City	/																				Zip					1				
																											-				
	Pho	ne																L									1	L			
	(				)				-																						
• Wel	D	200	IID	т·														nnıı	a1 1	Rep	ort		S	WN	1P 1	Plar	า		Con	nme	ents
		_		L.	G	+		r	m	5.7	2	t		r	2	1	b	a	n	_							-				
	W	W	W	•	S	t	0	r	m	W	a	L	е	r	a		d	a	11	У	С	0	u	n	t	У	•	0	r	g	
		ease	e pr	ovi	de	spe	cifi	ic a	ddr	ess	of	pag	ge v	whe	ere	rep	ort	car	ı be	e ac	ces	sed	l - r	ot	hor	ne	pag				
• eMa	ail																											• (	Con	nme	ents
	Ŋ	W	С	0	a	1	i	t	i	0	n	@	a	1	b	a	n	У	С	0	u	n	t	У	•	С	0	m			

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 II	D blank	
Name of MS4/CoalitionStormwater Coalition of Albany CountySPDES IDNYR2		
4.a. If this report was made available on the internet, what date was it posted?		
Leave blank if this report was not posted on the internet. $05/01/$	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, answe	er 5.b	
5.a. Was an Annual Report public meeting held in this reporting period?       C         If Yes, what was the date of the meeting?       / / / / / /	Yes	○ No
If No, is one planned?	Yes	○ No
	p <b>ort du</b> ) Yes ) Yes	■ <b>ring</b> ● No
	) yes	
<b>6. Were comments received during this reporting period?</b> If Yes, attach comments, responses and changes made to	) Yes	○ No

SWMP in response to comments to this report.

#### This report is being submitted for the reporting period ending Marc

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

Stormwater Coalition of Albany County Name of MS4/Coalition

#### 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?

(ex.: samples/participants/events)

1

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

• Yes  $\bigcirc$  No

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

• Yes  $\bigcirc$  No

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

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.

SPI	DES	ID				
Ν	Y	R	2	0		

ch 9,	2	0	1	5	

#### 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.

SPDES ID Υ R 2 0

#

%

Ν

Stormwater Coalition of Albany County Name of MS4/Coalition

## Minimum Control Measure 3. Illicit Discharge Detection and Elimination

1 3

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

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

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

#### This report is being submitted for the reporting period ending March 9, 2 0 1 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 C	County SPDES ID
3.b.What types of illicit discharges have	been found during this reporting period?
$\bigcirc$ Broken Lines From Sanitary Sewer	$\bigcirc$ Industrial Connections
○ Cross Connections	$\bigcirc$ Inflow/Infiltration
○ Failing Septic Systems	$\bigcirc$ Pump Station Failure
$\bigcirc$ Floor Drains Connected To Storm Sewers	$\bigcirc$ Sanitary Sewer Overflows
○ Illegal Dumping	○ Straight Pipe Sewer Discharges
Other:	O None           I illegal connections have been detected during this

- 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?

No

O No

O No

÷

○ Yes

• Yes

• Yes

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

reporting period?

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

URI																											
Ρ	А	S	S	W	0	R	D		Р	R	0	Т	Е	С	Т	Е	D										
W	W	W	•	a	i	m	S	g	i	s	•	0	r	g	/	W	е	b	m	а	р	/					
*	*	R	е	IJ	t	r	i	С	t	е	d		А	С	С	е	S	s	*	*							
URI																											

#### 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.

SPDES ID

R 2

0

NY

Name of MS4/Coalition Stormwater Coalition of Albany County

#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

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?

(ex.: samples/participants/events)

4

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

• Yes  $\bigcirc$  No

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

• Yes  $\bigcirc$  No

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

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.

#### This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1$ 5

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

SPDES ID Y R 2 0

N

Stormwater Coalition of Albany County Name of MS4/Coalition

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

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

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

BMP 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?

O Yes  $\bigcirc$  No

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

○ Yes O No

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

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.

#### This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1$ 5

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

SPDES ID Y R 2 0

N

Stormwater Coalition of Albany County Name of MS4/Coalition

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

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

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

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  $\bigcirc$  No

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

• Yes  $\bigcirc$  No

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

The 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.

#### 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

SPI	DES	ID		-	_	_	
Ν	Y	R	2	0			

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

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

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

How many MS4s contributed to this report?



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

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

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

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

SPDES ID

Y R 2

0

Ν

1 0

9

2 0 1 4

1 3 0

%

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

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

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

SPL	DES	ID			_	
Ν	Y	R	2	0		

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

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

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

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?

(ex.: samples/participants/events)

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

• Yes O No

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

• Yes O No

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

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

_		SPI	DES	ID						
Name of MS4	Town of Colonie	Ν	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	0	r	m	w	a	t	е	r	С	0	a	1	i	t	i	0	n	0	f	A	1	b	a	n	У
С	0	u	n	t	У																					

## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1

Name of MS4 Town of Colonie

SPDES ID N Y R 2 0 A 1 9

0

5

## Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	t Na	ame			-	_	-		-							MI	_	Las	t Na	me		-	-					-		
Ρ	a	u	1	а												A		М	a	h	a	n								
Titl	e																													
S	u	р	е	r	v	i	S	0	r																					
Add	lres	s																												
5	3	4		L	0	u	d	0	n		R	0	а	d																
City	/																			St	tate		Zip							
Ν	е	W	t	0	n	v	i	1	1	е										N	1 7	Ζ	1	2	1	2	8	–		
eMa	ail																													
S	u	р	е	r	v	i	S	0	r	@	С	0	1	0	n	i	е	•	0	r	g									
Pho	ne																	Cou	nty											
(	5	1	8	)	7	8	3	-	2	7	2	8						Α	1	b	a	n	У							

## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1

Name of MS4 Town of Colonie

SPDES ID N Y R 2 0 A 1 9

0

5

## Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	t Na	ame			-	-		-		-			-			MI	_	Las	t Na	me		-		-		_			_	-	
J	0	h	n													Η		С	u	n	n	i	n	g	h	a	m				
Titl	e																														
С	0	m	m	i	ន	ß	i	0	n	е	r		0	f		Ρ	u	b	1	i	С		W	0	r	k	S				
Add	lres	s																													 
3	4	7		0	1	d		Ν	i	S	k	а	У	u	n	a		R	0	а	d										
City	/																			S	tate		Zip								
L	а	t	h	а	m															ľ	1 7	Ζ	1	2	1	1	0	-			
eMa	ail																														
С	u	n	n	i	n	g	h	a	m	j	@	С	0	1	0	n	i	е	•	0	r	g									
Pho	ne																	Cou	inty												
(	5	1	8	)	7	8	3	-	6	2	9	2						A	1	b	a	n	У								

## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1

Name of MS4 Town of Colonie

SPDES ID N Y R 2 0 A 1 9

0

5

## Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	t Na	ame					-	_		-		-		-		MI	_	Las	t Na	me		-	_					_				
J	0	h	n													J		D	z	i	a	1	0									
Titl	e																															
S	t	0	r	m	w	а	t	е	r		Μ	а	n	а	g	е	m	е	n	t		С	0	0	r	d	i	n	a	t	0	r
Add	lres	S																														
3	4	7		0	1	d		Ν	i	S	k	a	У	u	n	a		R	0	а	d											
City	/																			S	tate		Zip	)								
L	a	t	h	а	m															1	1 2	Y	1	2	1	1	0	-				
eMa	ail																															
d	Z	i	a	1	0	j	@	С	0	1	0	n	i	е	•	0	r	g														
Pho	ne												,					Cou	inty													
(	5	1	8	)	7	8	3	-	2	7	5	8						A	1	b	a	n	У									

## 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?

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Par	tner	/Co	aliti	ion N	Jam	e																										
S	t	0	r	m	w	а	t	е	r		C	0	a	1	i	t	li	0	n		0	f		A	1	b	a	n	У			
Par	tner	/Co	aliti	ionl	Nam	ne (c	on't	.)																SPI	DES	Paı	rtne	r ID	- If	app	olica	ble
С	0	u	n	t	У																			Ν	Y	R	2	0				
Ad	dres	S																					-							,		
1	1	2		S	t	a	t	е		S	t	r	e	e	t	,			R	0	0	m		7	2	0						
Cit	у								_											St	ate		Zip					_				
A	1	b	a	n	У															N	1 7	7	1	2	2	0	7	-				
eM	ail																															
n	h	е	i	n	z	е	n	@	a	1	b	a	n	У	С	0	u	n	t	У	•	С	0	m								
Pho	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$																															
(	5	1	8	)	4	4	7	-	5	6	4	5																			0	No
W	hat	tas	ks/1	rest	non	sih	iliti	65	are	sh	arec	1 w	ith	this	s ns	artn	er	é o	, N	1M ⁻	1.5	cho	പ	Pro	σra	me	or	Mı	ıltir	əle	Тас	ks)'
••	mai	ius.	<b>K</b> 5/1	i Col	5011	510		05	are	5110		1 11	1111	um	, br			U.E	,• 1•					1 10	510		01	1010	*****	510	1 45	<u></u>
	MM	[1	Е	d	u	С	a	t	i	0	n		М	a	t	e	r	i	a	1	S		&		Ρ	r	0	g	r	a	m	S
		10	C	T.7	ъл	П	/	T.7	7	τ7	17	/	TAT		h	G	:	+	_		П		h	1	i	a		<b>–</b>	-	-		+
	MM	12	S	W	Μ	Ρ	/	W	A	V	E	/	W	е	b	S	li	t	е	-	Ρ	u	b	1	T	С		I	n	р	u	t
	MM	[3	А	Ι	М	S	_	0	R	Ι		А	S	s	t	-	I	D	D	Е		Ρ	r	0	С	е	е	d	u	r	е	S
		r A				~		d				~																				
	MM	14	Ρ	r	0	С	е	a	u	r	е	S		S	u	р	р	0	r	t												
														-						1										1		
	MM	[5	Ρ	r	0	С	е	d	u	r	е	S		S	u	р	р	0	r	t												
	MM MM		P T	r r	o a	c i	e n	d ı	u g	r -	e F	s a	C	s i	u 1	p i	p t	o y	r	A	u	d	i	t		S	u	p	p	0	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 Certificati	on(I	ЛСС	C) I	For	<u>m</u>					
MCC form for period ending March 9	, 2	) 1	5							
		SPI	DES	ID						
Name of MS4 Town of Colonie		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     l   a	MI A	Last Name M a h a n
Superint vite of individual signing report		
Signature		Date

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

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

This r	eport is being	submitted f	or the re	norting n	eriod ending	March 9	2	0	1	5	
I IIIS I	eport is being	submitted I	or the re	porung p	eriou enumg	, march 9,				5	

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

SPDES ID NYR

2

0 A

1 9 0

○ No

Name of MS4/Coalition

n Town of Colonie	
-------------------	--

## Water Quality Trends

1

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

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

How many MS4s are contributed to this report?

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

If Yes, choose one of the following

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

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

URL																				 		 	
URL																							
URL	, ,																				 		
URI	. <u> </u>																						

#### 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

 SPE	DES	ID						
Ν	Y	R	2	0	А	1	9	0

## Minimum Control Measure 1. Public Education and Outreach

1

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

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

Other

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:

• Pesticide and Fertilizer Application
Pet Waste Management
$\bigcirc$ Recycling
O Riparian Corridor Protection/Restoration
○ Trash Management
• Vehicle Washing
$\bigcirc$ Water Conservation
$\bigcirc$ Wetland Protection
O None

Name of MS4/Coalition

## **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.

	SPE	DES	ID						
	Ν	Y	R	2	0	А	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:

• 0	Con	stru	ctio	on S	Site	Op	era	ators	5 T1	ain	ed													ŧ	# Tr	aine	ed				3	8
ΟĽ	Dire	ct l	Mai	iling	gs																			#	Ma	ilin	gs					
• K	Cios	sks	or (	Oth	er I	Disp	olay	/S																# I	Loca	atio	ns					2
ΟL	.ist-	-Sei	ves	5																					# I	n Li	st					
ON	Iai	ling	Li	st																					# I	n Li	st					
ON	Jew	vspa	per	A	ils c	or A	rtic	cles																#1	Day	s Rı	ın					
• P	ubl	lic	Eve	ents	/Pre	esen	ntat	ions	5															# 4	Atte	nde	es				7	4
⊖ s	cho	ool	Pro	ogra	m																			# /	Atte	nde	es					
ОТ	V.	Spc	ot/P	rog	ram	1																		#1	Day	s Rı	ın					
• P																						То	otal	# D	istri	bute	ed					
	L	locat	tions	s (e.	g. li	brar	ies,	town	1 off	ices	, kio	sks)	)																			
		P	u	b	1	i	С		0	p	е	r	a	t	i	0	n	s														
		С	е	n	t	е	r																									
	Ī																															
• 0	L Dthe	er:																														
	ſ	S	i	g	n	s		a	t		S	t	r	е	а	m	Х	i	n	g	s											
• v	Veb		ige:			ovid edec		peci	fic	we	b ac	ldre	esse	es -	not	hoi	ne j	pag	e. (	Con	tint	ie o	n ne	ext	pag	e if	ado	ditio	onal	l spa	ace	is
ſ	w	w	w		С	0	1	0	n	i	e		0	r	g																	
Ĺ				-	_																											
ļ											<u> </u>		<u> </u>		<u> </u>	_	<u> </u>															
	L	i	n	k		t	0		C	0	a	1	li	t	li	0	n		W	е	b	S	i	t	е							

URL

~																							

## 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

SPL	DES	ID						
Ν	Y	R	2	0	А	1	9	0

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

#### **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.

SPDES ID

N Y R 2 0 A 1 9 0

Name of MS4/Coalition

#### 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.

 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.
 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?

(ex.: samples/participants/events)

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

• Yes O No

 $\bigcirc$  No

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

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

1)	The	Town	will have	three	more	Hazardous	Waste	Drop	off	ev	ents	in	20	15.	
•															

2) The plants will be split and more plants will be added if needed. Mulch will be added in the Spring.

#### **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.

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

## Minimum Control Measure 2. Public Involvement/Participation

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

• On behalf of an individual MS4

 $\bigcirc$  On behalf of a coalition

How many MS4s contributed to this report?

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

○ Cleanup Events		# Events
$\bigcirc$ Comments on SWMP Received		# Comments
Community Hotlines	Phone #	<b>(</b> 518 <b>)</b> 783-5879
Phone # ( )	Phone #	
Phone # ( )	Phone #	
Phone # ( )	Phone #	
Phone # ( )	Phone #	
Phone # ( )	Phone #	
○ Community Meetings		# Attendees
Plantings		Sq. Ft. 6 0 0
○ Storm Drain Markings		# Drains
$\bigcirc$ Stakeholder Meetings		# Attendees
○ Volunteer Monitoring		# Events
O Other:		

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

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

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

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

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

Name of MS4/Coalition

SPI	DES	ID			-	-		
Ν	Y	R	2	0	A	1	9	0

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

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

w	W	W		С	0	1	0	n	i	e		0	r	g														
1	i	n	k		t	0		С	0	a	1	i	t	i	0	n		w	е	b	s	i	t	е				
URL		1				1		I		I		I	Į	I	Į		Į		Į									]
URI																												
URL																												
URI	_																											
URI	Í																											
URI																												
																											$\square$	

### 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

SPI	DES	ID						
Ν	Y	R	2	0	А	1	9	0

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

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

UR	Ļ			 	 			 	 	 	 		 	 	 	 	 	 
URI	 [.					-												
			 														 _	
URI																		
			 										 				_	 
URI																		
UR															1			 
UR	L																	
URI	Ĺ	I			 				 									
			 														_	
	$\mathbf{T}$																	
1	1 1				1	1	1		1	1		1		i	1			

#### **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

SPI	DES	ID						
Ν	Y	R	2	0	А	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.

• MS	4/C Dep				Offic	e										C	A	nnu	al l	Rep	ort	C	) S'	WN	1P I	Plar	1	$\circ$ (	Con	nme	ents
	S	t t	o	ı r	m	w	a	t	е	r		М	a	n	a	g	е	m	е	n	t		0	f	f	i	С	е			
	Add			-			<u> </u>	0	0	-			<u> </u>		<u> </u>	9	0		0		0		-	-	-	-	0				
	3	4	7		0	1	d		Ν	i	S	k	a	У	u	n	a		R	0	a	d									
	City L	a	t	h	a	m												T	N	Y		Zip 1	2	1	1	0					
	 Pho		C		u													Ľ		-			2	-	-	0					
	(	5	1	8	)	7	8	3	-	2	7	5	8																		
○ Lib	rary Ado	lres	s													C	A	nnu	al l	Rep	ort	C	) S'	WN	1P I	Plar	1	00	Con	nme	ents
	City	7																			1	Zip					ļ				
																											-				
	Pho	ne			1.									1																	
	(				)				-																						
○ Oth	er Add	lres	s													C	A	nnu	al l	Rep	ort	C	) S'	WN	1P I	Plar	1	0	Con	nme	ents
	City	7				ļ														L		Zip						·			
																											-				
	Pho	ne			·	·								1													,				
	(				)				-																						
• Wel	b Pa	ige	UR	L:													A	nnu	al l	Rep	ort		S	WN	1P I	Plar	1	• (	Con	nme	ents
	w	w	w		С	0	1	0	n	i	е		0	r	g																
	1	i	n	k	e	d		t	0		A	1	b	a	n	У		С	0	a	1	i	t	i	0	n					
	w	е	b	s	i	t	e																								
	Ple	ase	e pr	ovi	de	spe	cifi	ic a	ddr	ess	of	pag	ge v	whe	ere	rep	ort	car	n be	e ac	ces	sec	l - r	ot	hor	ne	pag	ge.			
⊖eMa	ail														_												_	00	Con	nme	ents

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 SI	PDES ID blank.
Name of MS4/Coalition     Town of Colonie     SPDES ID       N     Y     R	
4.a. If this report was made available on the internet, what date was it posted	?
Leave blank if this report was not posted on the internet. $05/0$	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
<b>5.a. Was an Annual Report public meeting held in this reporting period?</b> If Yes, what was the date of the meeting?	○ Yes ● No /
If No, is one planned?	○ Yes ● No
5.b. Was an Annual Report public meeting held for all MS4s contributing to t this reporting period?	his report during ○ Yes ● No
If No, is one planned for each?	○ Yes ● No
6. Were comments received during this reporting period?	$\bigcirc$ Yes $\bigcirc$ No

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

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

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

Name of MS4/Coalition

#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

1) 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 ware 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

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

• Yes  $\bigcirc$  No

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

• Yes  $\bigcirc$  No

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

1) 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.



(ex.: samples/participants/events)

Town of Colonie

#### **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.

SPDES ID

8 0 0 #

0 A

1 9 0

0 %

1 0

NYR2

1

Name of MS4/Coalition	n Town of Colonie
-----------------------	-------------------

## Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

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

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

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

		SPDES	S ID				
Name of MS4/Coalition Town of Colonie		N Y	R 2	2 0	A 1	19	0
3.b.What types of illicit discharges have	been found during this repor	ting p	eriod	?			
$\bigcirc$ Broken Lines From Sanitary Sewer	$\bigcirc$ Industrial Connections						
○ Cross Connections	$\bigcirc$ Inflow/Infiltration						
○ Failing Septic Systems	Pump Station Failure						
○ Floor Drains Connected To Storm Sewers	• Sanitary Sewer Overflows						
Illegal Dumping	O Straight Pipe Sewer Discharge	2S					
• Other: G r e a s e t a n k o	<pre>O None v e r f l o w</pre>						
4. How many illicit discharges/potential	l illegal connections have beer	1 dete	cted d	luriı	ng th	is	

- 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?

• Yes

• Yes

• Yes

○ No

 $\bigcirc$  No

 $\bigcirc$  No

%

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

reporting period?

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

URI																						 				 
Ρ	a	S	S	W	0	r	d		р	r	0	t	е	С	t	е	d									
W	W	W	•	a	i	m	S	g	i	S	•	0	r	g	/	W	е	b	m	а	р					
URI																						 			 	 

### This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 5 \end{vmatrix}$

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

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

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

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

OK	<u> </u>		 	 	 			 			 							
UR	I.	 																 
	1																	
F	+																	
UR	T							 					 					
UR	L.																	
UR	L	 		 														 
<u>ــــــــــــــــــــــــــــــــــــ</u>		 				I	!		I	I	!							

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

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

0 0 %

1

#### **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

#### 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?

(ex.: samples/participants/events)

1

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

• Yes  $\bigcirc$  No

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

• Yes O No

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

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.

SPI	DES	ID						
Ν	Y	R	2	0	А	1	9	0

#### 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

S	PI	DES	ID						
1	Ν	Y	R	2	0	A	1	9	0

1 2

4

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

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

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

How many MS4s contributed to this report?

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory<br/>mechanism that provides equivalent protection to the NYS SPDES General Permit for<br/>Stormwater Discharges from Construction Activities?• Yes• No

1

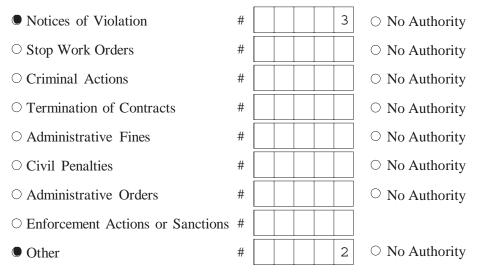
1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?

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

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

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

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? • Yes O No 6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:



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

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

SPDES ID

ΝY

R 2

0 A 1

1 0 0 %

0 %

9

0

Name of MS4/Coalition Town of Colonie

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

1

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

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

How many MS4s contributed to this report?

1.	How many construction projects have been authorized for disturbances of one acre of	)r n	nor	re	
	during this reporting period?		1	8	8

- 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
- 3. What percent of active construction sites were inspected during this reporting period?  $\odot$  NT

4.	What percent of active construction sites were inspected more than once?	$\odot$ NT

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

   Yes
   No
   NT

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

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

### **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

SPL	DES	ID						
Ν	Y	R	2	0	А	1	9	0

#### 6. con't.:

Submit additional pages as needed.

#### • MS4/Coalition Office

	Dep	artn	nen	t																											
	S	t	0	r	m	w	a	t	e	r		Μ	а	n	а	g	е	m	е	n	t		0	f	f	i	С	е			
	Add	Iress	5																												
	3	4	7		0	1	d		N	i	s	k	а	У	u	n	a		R	0	a	d									
	City	7																		_		Zip									
	L	a	t	h	a	m												N	IY			1	2	1	1	0	-				
	Pho	ne																													
	(	5	1	8	)	7	8	3	-	2	7	5	8																		
⊖ Lib	rary	7																													
		lress	5																												
	City	7																		_	-	Zip									
																											-				
	Pho	ne																	-												
	(				)				-																						
○ Oth	or																														
		lress																													
			,																												
	City	7																				Zip									
																											-		-		
	Pho	ne																													
	(				)				-																						
○ We	b Pa	age	UR	L(s	5):	Р	leas	se p	rov	ide	spe	cifi	c a	ddre	ess	whe	ere S	SW	PPI	Ps c	can	be a	icce	sse	d -	not	hoi	me r	Jag	e.	
	URL			``	,			1			I																	1	0		
																													=	Ħ	
																												$ \rightarrow$	$\square$	=	
	URL																														
						_								_																	
																												=	=	$\exists$	

#### 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.

Town of Colonie Name of MS4/Coalition

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

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

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

1) by 3/92015 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?

(ex.: samples/participants/events)

1

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

• Yes  $\bigcirc$  No

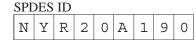
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

• Yes  $\bigcirc$  No

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

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"



60	, ·		

#### **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.

SPDES ID

ΝY

R 2

Α

1 9 0

0

Name of MS4/Coalition Town of Colonie

## Minimum Control Measure 5. Post-Construction Stormwater Management

1

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

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

How many MS4s contributed to this report?

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

	# Inventoried	# Inspections	# Times Maintained
<ul> <li>Alternative Practices</li> </ul>	5	5 0	1
• Filter Systems	2	2 0	1
Infiltration Basins	7	8 0	5
• Open Channels	7	2 0	7
Ponds	6	5 0	0
$\bigcirc$ Wetlands			
$\bigcirc$ Other			

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

○ Building Codes ● Municipal Comprehensive Plans

• Overlay Districts • Open Space Preservation Program

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

~ m																				
S	t	r	е	а	m	В	u	f	f	е	r	s								

#### 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.

			SPD	ES I	D					
Name of MS4/Coalition	The Town of Colonie		Ν	YF	2	0	A	1	9	0
4a. Are the MS4s co	ntributing to this report involved in a regional	/watershe	d wi	ide I	olan		,	<b>fort</b> ?		No

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

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

○ Yes

 $\bigcirc$  Yes

• No

• No

%

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

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

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

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

SPDES ID

N Y R 2 0 A 1 9 0

Name of MS4/Coalition Town of Colonie

#### 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?

(ex.: samples/participants/events)

1

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

• Yes  $\bigcirc$  No

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

• Yes O No

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

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

#### **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



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

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

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

How many MS4s contributed to this report?



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

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

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

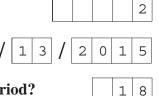
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPE	DES	ID						
Name of MS4/Coalition	Town of Colonie	Ν	Y	R	2	0	А	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
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#			3	7
Phosphorus Applied In Chemical Fertilizer	# Lbs.				0
• Nitrogen Applied In Chemical Fertilizer	# Lbs.	9	0	5	6
<ul> <li>Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)</li> </ul>	# Acres			•	

- 3. How many stormwater management trainings have been provided to municipal employees during this reporting period?
- 4. What was the date of the last training?
- 5. How many municipal employees have been trained in this reporting period?
- 6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 7



0 2 Г



%

#### **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

#### 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. Coninue 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?

(ex.: samples/participants/events)

1

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

• Yes  $\bigcirc$  No

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

• Yes O No

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

The Town will update the inventory of all municipal owned facilities by 3/9/2016.
 Continue to monitor the Town Landfill's Multi Sector General Permit for compliance with the MSGP.



March	У,	2	0	
			-	



#### 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

## Minimum Control Measure 1. Public Education and Outreach

1 3

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	• Pesticide and Fertilizer Application						
• General Stormwater Management Information	• Pet Waste Management						
$\bigcirc$ Household Hazardous Waste Disposal	○ Recycling						
O Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration						
• Infrastructure Maintenance	○ Trash Management						
• Smart Growth	• Vehicle Washing						
○ Storm Drain Marking	$\bigcirc$ Water Conservation						
O Green Infrastructure/Better Site Design/Low Impact Development	$\bigcirc$ Wetland Protection						
<pre> Other: C o a l i t i o n W e b s i t e - W h a Other </pre>	O NonetYouCanDo						
2. Specific audiences targeted during this reporting period:							
Public Employees     Contractors							
• Residential O Developers							

• Businesses • General Public

- $\bigcirc$  Restaurants  $\bigcirc$  Industries
- Other: O Agricultural

								-												
S	t	u	d	е	n	t	S													
Ot	her																			

#### 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

S	PI	DES	ID				
N	ſ	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:

<ul> <li>Construction Site Operators Trained</li> </ul>	# Trained 3 5
○ Direct Mailings	# Mailings
• Kiosks or Other Displays	# Locations 8
• List-Serves	# In List 4 5 8
○ Mailing List	# In List
$\bigcirc$ 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 # Distributed642
Locations (e.g. libraries, town offices, kiosks)	

А	1	L	a		0	11	L		T.	a	<u>т</u>	T							
С	i	t	У	А	1	b	a	n	У	S	С	h	0	0	1	Ρ	r	0	g
Ν	0	r	m	a	n	S	k	i	1	1	С	r	е	е	k				
G	I		С	0	d	е	R	е	v	i	е	w	Ρ	r	0	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.

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

URL

UN	-															

#### **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

SPL	JES	ID				
Ν	Y	R	2	0		

#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

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  $\bigcirc$  No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?** • Yes • No

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

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).

#### 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

 O

#### Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report? | 1 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:

○ Cleanup Events		# Events					
• Comments on SWMP Received		# Comments					0
• Community Hotlines	Phone #	<b>(</b> 518 <b>)</b> 447	-	5	6	4	5
Phone # ( )	Phone #		- [				
Phone # ( )	Phone #		-				
Phone # ( )	Phone #		-				
Phone # ( ) – –	Phone #		-				
Phone # ( )	Phone #		- [				
$\bigcirc$ Community Meetings		# Attendees					
$\bigcirc$ Plantings		Sq. Ft.					
○ Storm Drain Markings		#Drains					
$\bigcirc$ Stakeholder Meetings		# Attendees					
• Volunteer Monitoring		# Events					3
O Other:							

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

Program (SWMP) Plan provided?	۲	Ye	es	0	No
List-Serve     # In List			4	5	8
O Newspaper Advertising # Days Run					
○ TV/Radio Notices # Days Run					
O Other:					

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

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

SPL	DES	ID				
Ν	Y	R	2	0		

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

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

URI	_																														
W	W	W	•	s	t	0	r	m	w	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У	•	0	r	g		
JRI				L		L			I		I		L				L	I				I								L	L
																															F
																															F
ID I	<u> </u>			ļ		ļ			<u> </u>		<u> </u>		ļ				ļ	<u> </u>				<u> </u>									L
JRI																															
																															F
																															L
URI																															Γ
																														<u> </u>	
URI	Í																													<u> </u>	Г
URI	Í			I		I																									Γ
URI																															Γ
																														L	

#### 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

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

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

• MS					offic	e											A	nnu	al l	Rep	ort		S	WN	1P ]	Plar	1	• (	Con	nme	ents
	Dep											~			-							_	-					~			
	S	t	0	r	m	W	a	t	е	r		С	0	а	1	i	t	i	0	n	-	A	1	b	а	n	У	С	n	t	У
	Add										~								-					-							
	1 City	1	2		S	t	a	t	е		S	t	r	е	е	t	1		R	0	0	m		7	2	0					
	A	1	b	a	n	У												1	N	Y		Zip 1	2	2	0	7	_				
	Pho					1												Ľ						_	•		ļ				
	(	5	1	8	)	4	4	7	-	5	6	4	5																		
⊖ Libı	○ Library Address ○ Annual Report ○ SWMP Plan ○ Comments											ents																			
	Ađo	lres	S																	r			~				_				
	City	/																Г				Zip					1				
																											-				
	Pho	ne			1	·			1 1	L.				1																	
	(				)				-																						
○ Oth	~**															C		0011	1 I	Rep	ort	C	1 61	WN	/D 1	Dlar	•	$\circ$ (	~ on	nma	nta
0 Otil	Ado	lres	s		_	_	_	_					_	_				iiiiu		кср	on		0	VV IV	11 1	1 1 1 1 1	1				
	City	/																				Zip					1				
																											-				
	Pho	ne																L									I				
	(				)				-																						
• Wel	D D	200	IIP	т·														nnıı	a1 1	Rep	ort		S	WN	1P 1	Plar	ı		Con	nme	ents
		_		L.	G	+		r	m	5.7	2	t		r	2	1	b	a	n	_							-				
	W	W	W	•	S	t	0	r	m	W	a	L	е	r	a		d	a	11	У	С	0	u	n	t	У	•	0	r	g	
		ease	e pr	ovi	de	spe	cif	ic a	ddr	ess	of	pag	ge v	whe	ere	rep	ort	car	ı be	e ac	ces	sed	l - r	ot	hor	ne	pag				
• eMa	ail																											• (	Con	nme	ents
	Ŋ	W	С	0	a	1	i	t	i	0	n	@	a	1	b	a	n	У	С	0	u	n	t	У	•	С	0	m			

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		
4.a. If this report was made available on the internet, what date was it posted?		
Leave blank if this report was not posted on the internet. $05/01/2$	2 0 1	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	5.b	
5.a. Was an Annual Report public meeting held in this reporting period?       O Y         If Yes, what was the date of the meeting?       If Yes, what was the date of the meeting?	les (	⊃ No
If No, is one planned?	les (	⊃ No
5.b. Was an Annual Report public meeting held for all MS4s contributing to this reporting period?	Yes	• No
If No, is one planned for each?	(es (	• No
<b>6.</b> Were comments received during this reporting period? O Y If Yes, attach comments, responses and changes made to	les (	⊃ No

SWMP in response to comments to this report.

#### This report is being submitted for the reporting period ending Marc

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

Stormwater Coalition of Albany County Name of MS4/Coalition

#### 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?

(ex.: samples/participants/events)

1

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

• Yes  $\bigcirc$  No

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

• Yes  $\bigcirc$  No

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

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.

SPDES ID										
Ν	Y	R	2	0						

ch 9,	2	0	1	5	

#### 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.

SPDES ID Υ R 2 0

#

%

Ν

Stormwater Coalition of Albany County Name of MS4/Coalition

#### Minimum Control Measure 3. Illicit Discharge Detection and Elimination

1 3

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

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

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

#### This report is being submitted for the reporting period ending March 9, 2 0 1 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 C	County SPDES ID												
3.b.What types of illicit discharges have been found during this reporting period?													
$\bigcirc$ Broken Lines From Sanitary Sewer	$\bigcirc$ Industrial Connections												
○ Cross Connections	$\bigcirc$ Inflow/Infiltration												
○ Failing Septic Systems	○ Pump Station Failure												
$\bigcirc$ Floor Drains Connected To Storm Sewers	$\bigcirc$ Sanitary Sewer Overflows												
○ Illegal Dumping	○ Straight Pipe Sewer Discharges												
Other:	○ None												

- 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?

No

O No

O No

÷

○ Yes

• Yes

• Yes

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

reporting period?

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

URI																										 	
Ρ	А	S	S	W	0	R	D		Р	R	0	Т	Е	С	Т	Е	D										
W	W	W	•	a	i	m	S	g	i	s	•	0	r	g	/	W	е	b	m	а	р	/					
*	*	R	е	ន	t	r	i	С	t	е	d		А	С	С	е	S	s	*	*							
URI																											

#### 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.

SPDES ID

R 2

0

NY

Name of MS4/Coalition Stormwater Coalition of Albany County

#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

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?

(ex.: samples/participants/events)

4

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

• Yes  $\bigcirc$  No

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

• Yes  $\bigcirc$  No

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

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.

#### This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1$ 5

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

SPDES ID Y R 2 0

N

Stormwater Coalition of Albany County Name of MS4/Coalition

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

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

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

BMP 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?

O Yes  $\bigcirc$  No

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

○ Yes O No

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

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.

#### This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1$ 5

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

SPDES ID Y R 2 0

N

Stormwater Coalition of Albany County Name of MS4/Coalition

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

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

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

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  $\bigcirc$  No

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

• Yes  $\bigcirc$  No

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

The 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.

#### 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

SPI	DES	ID				
Ν	Y	R	2	0		

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

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

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

How many MS4s contributed to this report?

1 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.

			Self-Assess	<u>ment</u>
		Oper	ration/Activi	ity/Facility
		perfo	ormed within	the past 3
<b>Operation/Activity/Facility</b>	Addressed i	n SWMP?	<u>vears?</u>	
Street Maintenance	O Yes	○ No	O Yes	$\bigcirc$ No
Bridge Maintenance	○ Yes	○ No	O Yes	$\bigcirc$ No
Winter Road Maintenance		○ No	O Yes	$\bigcirc$ No
Salt Storage	O Yes	○ No	O Yes	$\bigcirc$ No
Solid Waste Management	O Yes	○ No	O Yes	$\bigcirc$ No
New Municipal Construction and Land Disturba	ance $\bigcirc$ Yes	○ No	○ Yes	$\bigcirc$ No
Right of Way Maintenance	O Yes	○ No	○ Yes	$\bigcirc$ No
Marine Operations	O Yes	○ No	• Yes	$\bigcirc$ No
Hydrologic Habitat Modification	O Yes	○ No	O Yes	$\bigcirc$ No
Parks and Open Space	····· O Yes	○ No	○ Yes	$\bigcirc$ No
Municipal Building		○ No	○ Yes	$\bigcirc$ No
Stormwater System Maintenance		○ No	O Yes	$\bigcirc$ No
Vehicle and Fleet Maintenance		○ No	○ Yes	$\bigcirc$ No
Other	○ Yes	○ No	○ Yes	$\bigcirc$ No

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

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

SPDES ID

Y R 2

0

Ν

1 0

9

2 0 1 4

1 3 0

%

$\bigcirc$ Parking Lots Swept (Number of acres X Number of times swept)	# Acres						
$\bigcirc$ Streets Swept (Number of miles X Number of times swept)	# Miles						
$\bigcirc$ Catch Basins Inspected and Cleaned Where Necessary	#						
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#						
O Phosphorus Applied In Chemical Fertilizer	# Lbs.						
O Nitrogen Applied In Chemical Fertilizer	# Lbs.						
<ul> <li>Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)</li> </ul>	# Acres						
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?
- 5. How many municipal employees have been trained in this reporting period?
- 6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

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

SPL	DES	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?

(ex.: samples/participants/events)

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

• Yes O No

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

• Yes O No

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

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.

#### 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.

Stormwater Coalition of Albany County Name of MS4/Coalition

#### SPDES ID Ν Υ R 2 0

### Additional Watershed Improvement Strategy Best Management Practices

3 1

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?

MS4s must answer the	questions or	check NA as	indicated in	the table below.
----------------------	--------------	-------------	--------------	------------------

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

#### 1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? ○ Yes

○ No ● N/A

### 2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?

○ Yes ○ No

• N/A

%

%

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

Estimate what percentage was mapped in this reporting period.

Additional BMPs Page 1 of 3

#### 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.

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

- 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? O Yes O No O 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
- 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

#### 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

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