FINAL

Stormwater Coalition of Albany County Joint Annual Report

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

> <u>Reporting Period</u> March 10, 2017 to March 9, 2018

BACKGROUND

A requirement of all regulated "MS4" municipalities is the submission of an Annual Report to the New York State Department of Environmental Conservation (NYSDEC) due in FINAL form by June 1. As stated in SPDES General Permit No. GP-0-15-003, Part V. C. 2 and referenced in the MS4 Annual Report Form, "MS4s" may submit a Joint Annual Report provided they have a legally binding agreement with other regulated "MS4s".

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

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

HOW TO SUBMIT COMMENTS

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

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

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

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

OTHER INFORMATION

Hard copies of this Joint Annual Report are located at the Stormwater Coalition office, 175 Green Street, Albany, NY 12202 and at local MS4/municipal offices

For the address of local MS4/municipal offices, go to the Annual Report of interest, MCM 2 Page 4 of 6.

JOINT ANNUAL REPORT FORMAT

The Annual Report document is a form developed by NYSDEC and as such provides a snapshot of program activities pertaining to individual member and collaborative Coalition activities. This Joint Annual Report includes individual Annual Reports organized by MS4 type, see order below with shared Coalition data inserted at the end of each individual report. The SPDES Permit No. of each MS4 is in parenthesis. Goals for the upcoming year are based on an updated Joint Stormwater Management Program Plan document completed in April, 2018 (SWMP Doc 2018-2019). 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. Town of Bethlehem (NYR20A208)

5. City of Cohoes (NYR20A243)

6. Town of Colonie (NYR20A190)

7. Village of Colonie (NYR20A076)

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



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

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 8

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

SPE	DES	ID				
Ν	Y	R	2	0		

Choose one:

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

Fill in SPDES ID in upper right hand corner.

N	ame	of M	IS 4																		
		-	1	-	-	-	-	-	-	-								-	-		

OR

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

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

Name of Single Entity

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

OR

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

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

Name of Coalition

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

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

N Y R 2 0 A 0 7 6 SPDES ID N Y R 2 0 A 3 7 7 SPDES ID N Y R 2 0 A 2 1 1 SPDES ID N Y R 2 0 A 1 4 4 SPDES ID
N Y R 2 0 A 3 7 7 SPDES ID ID ID ID ID ID ID N Y R 2 0 A 2 1 1 SPDES ID ID ID ID ID ID ID ID N Y R 2 0 A 1 4 4
SPDES ID N Y R 2 0 A 2 1 1 SPDES ID N Y R 2 0 A 1 4 4
N Y R 2 0 A 2 1 1 SPDES ID N Y R 2 0 A 1 4 4
SPDES ID N Y R 2 0 A 1 4 4
N Y R 2 0 A 1 4 4
SPDES ID
N Y R 2 0 A 4 6 3
SPDES ID
N Y R 2 0 A 0 8 7

SPI	DES	ID	

Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPE	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					
Ν	Y	R	2	0	А		

Cover Page 1 of 2

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 8

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

							1
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					
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		
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					
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	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	А		
SPI	DES	ID			I	!	· · · · · · · · · · · · · · · · · · ·
Ν	Y	R	2	0	A		
L	I				L	I	

SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	PES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID				 	
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	ÞES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID				 	
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID			<u> </u>	 	
Ν	Y	R	2	0	A		
SPI	DES	ID				 	
Ν	Y	R	2	0	A		
SPI	DES	ID					·1
Ν	Y	R	2	0	A		
•	-						

N Y R 2 0 A	SPD	ES	ID					
N Y R 2 0 A				2	0	A		
SPDES ID N Y R 2 0 A	SPD	ES	ID					
N Y R 2 0 A	Ν	Y	R	2	0	А		
SPDES ID N Y R 2 0 A	SPD	ES	ID					
N Y R 2 0 A	Ν	Y	R	2	0	А		
SPDES ID N Y R 2 0 A	SPD	ES	ID					
N Y R 2 0 A	Ν	Y	R	2	0	А		
SPDES ID N Y R 2 0 A	SPD	ES	ID					
N Y R 2 0 A	Ν	Y	R	2	0	Α		
SPDES ID N Y R 2 0 A	SPD	ES	ID				 1	
N Y R 2 0 A	Ν	Y	R	2	0	Α		
SPDES ID N Y R 2 0 A	SPD	ES	ID					
N Y R 2 0 A	Ν	Y	R	2	0	А		
SPDES ID N Y R 2 0 A	SPD	ES	ID					
N Y R 2 0 A	Ν	Y	R	2	0	А		
SPDES ID N Y R 2 0 A	SPD	ES	ID				 	
N Y R 2 0 A	Ν	Y	R	2	0	А		
SPDES ID N Y R 2 0 A	SPD	ES	ID				 1	
N Y R 2 0 A	Ν	Y	R	2	0	А		
SPDES ID N Y R 2 0 A	SPD	ES	ID				 	
N Y R 2 0 A	Ν	Y	R	2	0	А		
SPDES ID N Y R 2 0 A	SPD	ES	ID					
N Y R 2 0 A	Ν	Y	R	2	0	А		
SPDES ID N Y R 2 0 A	SPD	ES	ID				 1	
N Y R 2 0 A	Ν	Y	R	2	0	А		
SPDES ID N Y R 2 0 A	SPD	ES	ID					
N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A	Ν	Y	R	2	0	А		
SPDES ID N Y R 2 0 A	SPD	ES	ID					
N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID	N	Y	R	2	0	А		
SPDES ID N Y R 2 0 A SPDES ID	SPD	ES	ID					
N Y R 2 0 A SPDES ID	Ν	Y	R	2	0	Α		
SPDES ID	SPD	ES	ID				 	
	Ν	Y	R	2	0	Α		
N Y R 2 0 A	SPD	ES	ID				 	
	Ν	Y	R	2	0	A		

MCC form for period ending March 9, 2 0 1 8

SPDES ID

Ν

YR

2

0 A 3 5 9

Name of MS4 ALBANY COUNTY

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:

	_		.	<u> </u>																							
S	Т	0	R	M	W	A	Т	Е	R	C	0	A	L	Ι	Т	Ι	0	N	0	F		Α	L	в	A	Ν	Y
С	0	U	N	Т	Y																[$\overline{\square}$

MCC form for period ending March 9, 2 0 1 8

Name of MS4 ALBANY COUNTY

N Y R 2 0 A 3 5

9

SPDES ID

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

• Principal Executive Officer/Chief Elected Official

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

Firs	st Na	ame													-	МІ	,	Las	t Na	me	, ,								<u></u>	1	
D	A	N	Ī	E	L											Ρ		М	C	С	0	Y	l								
Titl	e																				···			r							
C	0	ប	Ν	Т	Y		E	Х	Е	С	U	Т	I	V	Ε													1			
Ado	dres	S										,	•											7					-		
1	1	2		S	Т	Α	Т	E		S	Т																				
Cit	Y													_						S	tate		Zip								
A	L	В	A	N	Y															I	A A	ŗ	1	2	2	0	7	_			
ėM	ail																														
D	A	N	I	Е	L		M	C	C	0	Y	@	A	L	В	А	N	Y	С	0	ប	Ν	Т	Y	Ν	Y	•	G	0	v	
Pho	ne																	Coi	inty							r.			,		
(5	1	8)	4	4	7] -	7	0	4	0] .					A	L	В	A	N	Y							ļ	

MCC Page 2

MCC form for period ending March 9, 2 0 1

Name of MS4 ALBANY COUNTY

SPDES ID

8

OA

3 5

9

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

O Principal Executive Officer/Chief Elected Official

O Duly Authorized Representative

- O Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator

O Report Preparer

Fir	st N	ame	<u>}</u>													ΜΙ		Las	st Na	ame												
L	I	S	Α													M		R	A	M	ΰ	N	D	0					T			
Titl	е														_		-		- 1 -1-1-1		. .		.1	1		1	1	·	ł	- I	1	1.1
Ċ	0	М	М	Ι	S	S	I	0	N	Е	R	-		P	U	в	L	I	С		W	0	R	ĸ	S		•					
Add	dres	s							•••		·			1		4	· · ·		<u> </u>				!						L		1	
4	4	9		N	Е	W		S	Α	L	Е	м		R	D																	
Cit	y																	1.		St	tate		Zip		<u>ا </u>	L{	····•· ·		I		ļ	Ll
v	0	0	R	H	È	Ε	S	v	I	L	L	Ē	1							N		Y	1	2	1	8	6] _			T	
eMa	ail															<u> </u>				L			L	•	.1		<u> </u>	1	L,	1	I	
L	I	S	Α	•	R	А	М	U	N	D	0	@	A	L	В	A	N	Y	С	0	U	N	T	Y	N	Y		G	0	v	-	
Pho	ne													-		1. 1		Cou	intv		I	!	I			I						. 1
1	5	1	8		7	6	5	[2	0	5	5						A	L		A	Ν			-	. 1					r	

5690581587

MCC form for period ending March 9, 2 0

Name of MS4 ALBANY COUNTY

 SPDES ID

 N
 Y
 R
 2
 0
 A
 3
 5
 9

1 8

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

O Principal Executive Officer/Chief Elected Official

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

Firs	t Na	me														М	_	Las	t Na	ame												
J	0	S	Η													А		н	A	R	М	0	N									
Title	e .																															
ន	т	0	R	М	Ŵ	A	Т	E	R		Р	R	0	G	R	A	Μ		Т	E	C	н	Ν	I	C	Ι	А	N				
Add	lres	5																			•											
4	4	9		Ν	Е	W		S	Α	L	Е	М		R	D									-			-					
City	,																			S	tate		Zip	ļ				_				
City V	, 0	0	R	H	Е	E	S	v	I	L	L	Е								S 1		Z	Zip 1	2	1	8	6] -				
V	0	0	R	Η	Ε		S	V	I	Г	\mathbf{L}	Е													1	8	6]-				
	0	0 S	R H	H	E			V	I R	L	L 0	E	@	A	L	В	A	N	Y						1 Y	8 N	6 Y]-	G	0	V	
V eMa	0 iil 0			I	I		•					I	@	A	L	В		N Cou		C	N N	Z	1	2	L	J	1]-	G	0	V	

MCC form for period ending March 9, 2 0 1

Name of MS4 ALBANY COUNTY

SPDES ID

8

0 A

3 5 9

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

O Principal Executive Officer/Chief Elected Official

O Duly Authorized Representative

Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

L A U R A R D E G A E T A N O	
Title	
SENIOR NATURAL RESOURCE PLANNER	
Address	
1 1 2 S T A T E S T R E E T	
City State Zip	
A L B A N Y	
eMail	
LAURA.DEGAETANO@ALBANYCOUNTYNY.	JO
Phone County	
(518)447-5670 ALBANY	

MCC Page 2

MCC form for period ending March 9, 2 0 1 8

Name of MS4 ALBANY COUNTY

SPDES ID

N Y R 2 0 A 3 5 9

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Par	tner/	Coa	aliti	onN	Jam	e																										
S	t	0	r	m	w	a	t	е	r		С	0	a	1	i	t	li	0	n		0	f										
Par	tner	/Co	aliti	on l	Nam	ne (c	on't	.)																SPI	DES	Pa	rtne	r ID	- If	app	olica	ble
A	1	b	а	n	У		C	0	u	n	t	У												N	Y	R	2	0				
Add	Iress	5																														
1	7	5		G	r	е	е	n		S	t	r	e	e	t	-	C	0	u	n	t	У	Η	e	а	1	t	h	в	1	d	g
Cit	y																			S	tate		Zip									
A	1	b	а	n	У															1	Y Y		1	2	2	0	2	-				
eMa	ail																											_				
Ν	a	n	С	У	•	Н	е	i	n	N	e	n	@	a	1	b	a	n	У	С	0	u	n	t	У	n	У	•	g	0	v	
Pho	ne			1				1					1						Ιe	oall	yВ	indi	no /	Aore	em	enti	in a	rcor	dan	ce		
(5	1	8)	4	4	7	-	5	6	4	5								-	GP-0		-	-					Ye		0	No
WI	nati	tasl	25/1	rest	non	sih	iliti	65	are	sha	arec	łw	ith	this	s na	artn	er l	(e o	τN	IM	15	chc	പ	Pro	ora	me	or	Mı	ıltiı	əle	Тас	sks)?
	iut		10/1			510.		05	ui C	SIIC					, p c						15				514		01		*111]	510	I u.	<u> </u>
• 1	MМ	1	Ρ	u	b	1	i	С	а	t	i	0	n	s	-	Р	r	0	g	r	a	m	s	-	W	е	b	s	i	t	е	
• 1	ИΜ	<u> </u>	S	W	М	Р	D	0	С	_	A	R	Р	u	b	1	i	С	I	n	p	u	t	_	W	A	V	Е	S	t	r	m
• I	V11V1	~ [5			-		0	0		11	10	-	u	~	-	-		-		Р	u				11	v				_	
• 1	MМ	3	S	W	Ι	М	М	а	р	р	е	r	-	0	R	I	ĸ	i	t	s	-	0	F	&	S	У	s	М	a	р	g	
•	ИΜ	4	S	w	I	М	М	a	р	р	е	r	_	L	a	У	r	U	р	d	a	t	e	_	М	e	t	a	d	a	t	a
- 1	• • • • • •	'			_				Р	г	-					2			Ŀ				-			-	-		-	<u> </u>		
• 1	MМ	5	S	W	I	М	М	а	р	р	е	r	-	P	r	0	g	М	a	р	g	-	Ρ	С	S	М	Ρ	s				
• 1	ΜМ	6	Ρ	r	0	g	М	a	р	-	F	a	С		Т	r	a	i	n	g	:	D	V	D	s	-	W	G	М	t	g	s
		l				_		••••	-			I				I	I	I	I	-	1	I	I	I	I	I	I	I		I		

Additional tasks/responsibilities

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2	01	8							
	SPL	DES	D						
Name of MS4 ALBANY COUNTY	Ν	Y	R	2	0	A	3	5	9

Section 4 - Certification Statement

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

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

First Name D A N I E	MI P	Last Name M C C Y
Title(Clearly print title of individual signing report) C O U N T Y E X E C U T I V E		
Signature Daniel P. Mc Conf		Date 0512312018

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

r	Fhis r If sub					nitted	l fo	r th		port	ing	pei	rioc	l er	ıdi	on		e S	PD	÷			[
Name of M	4S4/Coa	alition	n ALB	ANY C	DUNTY	C											N	Y		2	0	Α	3	5	9
						.y. =	Wa	<u>ter</u>	Qu	<u>alit</u>	уΊ	're	nd	S											
The infor	mation	in tl	his se	ction	is bei	ng rep	oorte	ed (c	check	one):											·			
 On bel On bel He 1. Has	nalf of ow ma	a coa .ny N	alition AS4s	are c	ontril				^		cun	nen	tin	g w	vat	er (lna	lity	y tr	en	ds	·	·		
relat One	ted to a	stori	mwat	ter?]	f not	t, ans	wer	·No	anc	l pro	ocee	ed t	o N	Tin	im	um	C	ont	rol	M					
If Yes, cl		me o	f the t	follow	ving																0	Ye	S	•	No
O Report						port																			
O Web P		wher	e repo	ort(s)	is/are	e prov				here	repo	ort(s) c	an	be	acc	ess	ed	- n	ot h	om	ie p	age	:.	
	URL																								
				;	•																				
	URL	r.							- T				· · · · [1							- 1		
										_						[
					$\frac{1}{1}$		+																		_
]						-		.	
	URL																								
							1																		
					\pm		1			1						<u> </u>									
	URL								l			l	. !			I	I						1	1	
·																									

Water Quality Trends Page 1 of 1

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

1

5 9

Name of MS4/Coalition ALBANY COUNTY N Y R 2 0 A 3

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	on and Outreach	n Best Management	Practices

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

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

MCM 1 Page 1 of 4

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 8$

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

Name of MS4/Coalition

ALBANY COUNTY

SPI	DES	ID						
N	Y.	R	2	0	A	3	5	9

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

Co:	nstr	ucti	ion	Site	e Oj	pera	ator	sТ	rair	led														# T	rain	ned					3
O Dir	ect	Ma	uilin	ıgs																			ŧ	‡Μa	ailir	ıgs				<u> </u>	
🔊 🍽 Kie	osks	or	Otł	ier]	Dis	play	/S																#	Loc	atic	ons		Ť	Ī		2
O Lis	t-Se	rve	s																					#]	In L	ist	Γ	Ī			
O Ma	ilin	g L	ist																					#1	In L	ist					
Nev	wsp	ape	r A	ds c	or A	Artic	cles																#	Day	/s R	un					7
O Puł	Public Events/Presentations # Attendees School Program # Attendees EV Spot/Program # Days Run															ees		<u> </u>													
⊖ Scł	ool	Pro	ogra	am																			#.	Atte	ende	ees					
O TV	Sp	ot/P	Prog	ran	1																		#	Day	/s R	un		<u> </u>			
○ Prin	nted Loca					ries.	tow	nofi	fices	kio	sksi	1									T	otal	# D	vistr	ibut	ed					
										,		<u> </u>																			
]														
ו 						<u></u>		\neg																							
Į					-					[1													
	.]																														
○ Oth	er:		- 1							- r	T			T						_											
• We	b Pa	ige:		Pro nee	vid	e sr	peci	fic	wel	o ad	ldre	esse	s - 1	not	hor	ne p	bage	e. (Con	tinu	le o	n ne	ext	pag	ge if	fad	ditio	ona	l sp	ace	is
URI	1				····	4. 		1	1			1			1		r 	r							-			·	·		
h	t	t	p	:	/	/	Ŵ	w	W	•	a	1	b	a	n	У	С	0	u	n	t	У	•	С	0	m	/	G	0	v	е
r	n	m	e	n	t	/	D	e	р	a	r	t	m	e	n	t	s	/	D	е	р	а	r	t	m	e	n	t	0	f	Р
u	b	1	i	С	W	0	r	k	ទ	/	S	t	0	r	m	W	a	t	е	r	М	а	n	a	g	e	m	е	n	t	.•
URI	í		r .							,											,										
a	s	р	x																												
																														Ť	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 8$

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

		SPDES	5 ID					
Name of MS4/Coalition	ALBANY COUNTY	 NY	R	2	A C	3	5	9

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

URL				,						,					_																'''
h	t	t	р	:	/	/	w	W	Ŵ	•	а	1	b	а	n	У	С	ο	u	n	t	У	•	С	0	m	1	G	0	v	е
r	n	m	е	n	t	1	D	е	p	а	r	t	m	е	n	t	ន	1	D	е	р	t		E	С	0	n	0	m	i	с
D	e	v	е	1	0	p	m	e	n	t	C	0	n	ន	е	r	v	a	t	i	0	n	а	n	d	Ρ	1	а	n	i	n
URL										.																-					,
g	1	S	ť	0	r	m	w	a	t	е	r	Ρ	r	0	g	r	а	m	С	0	0	r	d	i	n	a	t	0	r	•	a
ន	p	x													2																
URL							•																							· · ·	·
h	t	t	р	:	/	/	w	w	w		s	t	0	r	m	w	a	t	е	r	a	1	b	а	n	У	С	0	u	n	t
y	-	0	r	g	/	ន	t	o	r	m	w	а	t	e	r	-	С	0	а	1	i	t	i	0	n	1	m	u	n	i	С
i	p	a	1	li	t	li	е	s	1	a	1	b	a	n	У	-	С	0	u	n	t	У	1								
URI																				,	,			r		,	,	r			
																			l 												
	Ī																														
URI		L	F			L		,														F		,	1			r			,
	1														-																
URI			i				1	L	.1				L			,															
	Γ																														
										Ī																					
URI	L.	L	1	۱	1	1	.1			1		-			.I															-	
																								T							
			Ì				1	1		İ	ŀ					İ		T				T				Ī					

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition ALBANY COUNTY

SPDES ID	
N Y R 2 0 A 3	5 9

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.

An additional 10 storm drain markers will be placed in the Target Audience area. Other tasks from the Target Audience Analysis have been dropped, as the County plans to focus resources on employees as its primary public, consistent with the permit. An additional four announcements or tips will appear quarterly in the County Executive weekly newsletter. Location of existing display will rotate between different County facilities to ensure that as many employees as possible view it.

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

Stormwater Tip included in County Executives email newsletter to all 3000 County employees. Stormwater education poster was displayed at two County facilities for viewing purposes.

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

(ex.: samples/participants/events)

. O 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?

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

Albany County DPW will maintain website with current information regarding the stormwater program and role of staff involved with the program. County Stormwater Program Technician (SWPT) will incorporate a Stormwater tip every three months in the County Executives news letter. SWPT will display an educational poster for various County office buildings (every two-four weeks) highlighting water quality issues related to stormwater, SWPT will stencil at least 10 catchbasins.

MCM 1 Page 4 of 4

MS4 Annual Report Form	
This report is being submitted for the reporting period e	
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 ALBANY COUNTY	N Y R 2 0 A 3 5 9
Minimum Control Measure 2. Public Involv	ement/Participation
The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 	
 What opportunities were provided for public participation i development, evaluation and improvement of the Stormwate (SWMP) Plan during this reporting period? Check all that 	er Management Program
O Cleanup Events	# Events
O Comments on SWMP Received	# Comments
Community Hotlines Phone # ()
Phone # $(518) 424 - 4028$ Phone # $($	
Phone # () – Phone # (
Phone # (
Phone # () Phone # (
Phone # () Phone # (
Community Meetings	# Attendees
O Plantings	Sq. Ft.
O Storm Drain Markings	#Drains
O Stakeholder Meetings	# Drams # Attendees
O Volunteer Monitoring	#Events
O Other:	
2. Was public notice of availability of this annual report and S Program (SWMP) Plan provided?	tormwater Management
○ List-Serve	# In List
O Newspaper Advertising	# Days Run
O TV/Radio Notices	# Days Run
O Other:	
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 8

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

		,	SPI)ES	ID				•		
Name of MS4/Coalition	ALBANY COUNTY		N	Y	R	2	0	А	3	5	9

2. URL(s) con't.:

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

URL	í	r	r					r									r	1	r								r		F		
Ŵ	Ŵ	Ŵ	•	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	/	s
t	0	r	m	w	a	t	е	ŕ	-	С	0	а	1	li	t	i	0	n	1	а	n	n	u	a	1	-	r	e	р	0	r
t	/							•		.	<u> </u>				1																
URL															•																
																				-											
											·																				
URL			1						1				L	L .	1		1	I	L	I	Ļ	[I		Li	1		L	<u> </u>		
																					[
								<u> </u>						<u> </u>	<u> </u>																
L									 					<u> </u>																	
	L		Ι	L		L	l	L	L	L	<u> </u>			I	I		L	<u> </u>					<u> </u>	<u> </u>	1	L	l	L			i
URL																												<u> </u>			
L				 				<u>I</u>							 				<u> </u>		<u> </u> 				! 	L		F			
									 	 	L		[<u> </u>	<u> </u>	<u> </u>		I	1			 			ŀ						
L							l		I	L	l						<u> </u>			1						l		L	<u> </u>		l
URL	Í					İ																		[[[
L																-] 	 	[<u> </u>	
L						<u> </u>		<u> </u>					<u> </u>	<u> </u>	 	<u> </u> 		L	 		<u> </u>	 							<u> </u>	<u> </u>	<u> </u>
			L							<u> </u>											.		l	1		L					
URL	Í									1							<u> </u>														
	[L	1	 			L	L	 		$\frac{1}{1}$		
L			<u> </u> 	 				<u> </u>				 		<u> </u>		 		L	1	 					<u> </u>				$\frac{1}{1}$		
L			L	L																1											
URL														1			1	T		1											
L			<u> </u>	L	 	 		1		 	 	 	 	 						1	<u> </u>	<u> </u>	L	I		 		<u> </u>	<u> </u>	<u> </u>	<u> </u>
			 		 		 	<u> </u>		<u> </u>	 			 	<u> </u>		 		 		 		 	 }	<u> </u>	 	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
												· ·																			

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

																		7			SPI	DES	<u>ID</u>					,	
ne of MS	54/Co	aliti	on 4	\LBA	٩NY	CO	JNT	Y													Ν	Y	R	2	0	A	3	5	
URL(
Please	e pro	vid	e si	peci	ific	ad	dre	ess((es)	wl	ıer	e n	otic	ces	car	ıb	e ac	ces	ssec] -	not	ho	me	; na	ıge.				
URL	•						_																	1	8				
	İ				ĺ	<u> </u>	İ	<u> </u>	-				<u>† </u>		! 			 	<u> </u>				<u> </u>						=
	 			1		<u> </u>			1	1	<u> </u>		$\frac{1}{1}$	<u> </u> 			 	 											
						<u> </u>	l																						_
URL			1	r	1		1	1				1			Γ	[1	1							<u> </u>		_
					ļ	<u> </u>				 	<u> </u>	ļ				 													-
					-																							1	
																									100 H				
URL	I	_			1	1			1	- I	1.		1	1	L	I	1	1		1			L						-
		1		l			[["	Ţ	ľ															-
	<u> </u>					 	1		 		 						 	L						 					÷
			<u> </u>					<u> </u>					<u> </u>	ļ															_
																													_
URL																													
			1						1																				-
	+		<u> </u>	L	I					L	<u>!</u>	 		<u> </u>								 							-
						l																							_
URL			1	T	1	[r	1		1]								·····					T T		Т
			<u> </u>										ļ																İ
																													ן
JRL	I		!	L	!	L			<u> </u>	1	l		1.				L					{	1	l					-
																								•					1
		1		<u> </u>		L 	L]
		1							 																		\downarrow		1
JRL				,																									
									-																		T		
] .								``												Ħ	L					Į
		$\frac{1}{1}$		L					l															=					Ť

										ļ	MS	4	An	nu	al	Re	epo	ort	Fo)rn	1										
]	his													-		_	_				_				L	1	ł			
		If :	sut	mi	ttin	g tł	nis f	forn	1 as	pa	rt o	faj	oin	t re	por	t on	ı be	hal	f of	ac	oali	tior			SP] 3 ID	DE	S II) bl	ank.		
Name	of№	[\$4/0	Coa	litio	on A	λLΒ.	ANY	CO	JNT	Y													N	Y	R	2	0	A	3	5	9
3. W					_						-													Μ	ana	age	eme	nt			
	-	ran																													
																													anc	1	
w MS		her (пау	' De	su	om	nte	ua	ιm	al I	oca									~	es a AP 1						oto
		artm			·											4 <u>8</u>	9 A	.nnu	lai	Rep	ort	(90	WIN	/IP 1	Plai	n		Com	me	nts
	A Ad	L	В	A	Ν	Y		C	0	ប	N	Т	Y		D	Р	Ŵ		Е	Ν	G	I	Ν	Ε	Е	R	I	N	G		
	4	4	9		N	Е	W		S	Α	L	E	М		R	0	A	D													
	Cit V		0	R	Н	E	E	S	v	I	L	L	Е					Г	N	Y		Zip 1	2		0	C	1				
	∟∨ Phc		0	R.	[n	L.		<u> </u>	V	1	ш						J	Ľ		r			2	1	8	6	-]
	(5	1	8)	6	5	5	-	7	9	2	4																		
O Lib	rary Ado	, Iress											•			Ċ) A	nnı	ial I	Rep	ort	C) S'	WN	/IP I	Pla	n	0	Com	me	nts
	Cit	/			•	1	r	I	, I		,	1	и—. Г		L	ı	ı	Г	· ····			Zip			I	! 	 7	L	·		
] -				
	Phc (ne)	[-																						
0.04	`					L	t	L	. :	L	L		ł	;		6	. .		1)	n	4	C	<u>)</u>	173		D1		0	a		
○ Oth		lress				r			, <u> </u>									nnı		Rep	ort		18	W IV	/IP 1		n		Com	me	nts
	<u>Cit</u>	/]								i. I			Г				Zip]	[
	Phc	ne					!											L									-				;
	((1																						
○ Wel	۱ ۱ ۱ P			۲۰	,	L	I	L]		C) A	nnı	ua El	Rep	ort	C) S'	w/N	4P I	Pla	n	0	Com	me	nte
				<u> </u>			T																								
							1							 				I												_	
								 					<u> </u>								L										
• eMa		ase	pr	ovi	de	spe	cif	ic a	ddr	ess	of	pa	ge v	whe	ere	rep	ort	car	ı be	e ac	ces	sec	l - r	not	hor	ne			Com	me	nts
	L	A	σ	R	A	r	D	Е	G	Δ	F	т	A	N	0	@	Δ	L	в	A	M	Y	C	0	U	M	1		N		
	J			H		A		l r					N	[L	L	l			Y	1 Г		U		l I	L	N	 			· 0

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

		SPD	ES ID				
Name of MS4/Coalition ALBANY COUNTY]	N	YR	2	0 A	3	59
4.a. If this report was made available on the internet, what da Leave blank if this report was not posted on the internet.	ate was it		sted?	:	/		
4.b. For how many days was/will this report be posted?							
If-submitting a report for single MS4, answer 5.a If submitt	ing a join	t rej	port,	ans	wer 5	.b	
5.a. Was an Annual Report public meeting held in this report If Yes, what was the date of the meeting?	ting perio	d?	/		о ү / [es	No
If No, is one planned?					Ο¥	es	No
5.b. Was an Annual Report public meeting held for all MS4s this reporting period?	contribu	ting	g to tl	iis I	repor O Y		ring • No
If No, is one planned for each?					ΟΥ	es	🖲 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.					ОҮ	es	O No

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 8$

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

Name of MS4/Coalition ALBANY COUNTY

 SPDES ID

 N
 Y
 R
 2
 0
 A
 3
 5
 9

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.

The Stormwater Committee will meet at least quarterly to review policy and procedure implementation and permit compliance matters. Also, the Stormwater Program Technician will attend meetings of the Infrastructure and Capital Committees to identify green infrastructure policy implementation opportunities. The County will commence tracking of trash removal through its Trail Ambassador program on the Rail Trail. Response will be made to 100% of complaints.

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

Stormwater Program Technician coordinated 3 interdepartmental Stormwater Committee meetings to review policy and procedure implementation. Meetings also pertained to permit compliance matters and discussions to implement green infrastructure practices.

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

			1	
(ex.:	samples/	'partici	pant	s/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).

Albany County's Stormwater Program Technician (SWPT) will annually update the public contact information in the MS4 Permit Annual Report MCC form and in individual documents pertaining to the MS4 Stormwater Program. Both SWPT and Natural Resources Senior Planner will receive and respond to complaints from the public regarding stormwater issues. Coalition will post Joint Annual Report on website for public comment.

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

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

	1						
Name of MS4/Coalition ALBANY COUNTY N Y F	2	2	0	A	3	5	9

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

1

3 2 5 #

9

8 %

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?

O Auto Recyclers	O Landscaping (Irrigation)
Building Maintenance	O Marinas
○ Churches	O Metal Plateing Operations
○ Commercial Carwashes	O Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
Construction Vehicle Washouts	O Printing
O 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	○ Vehicle Maint./Repair Shops
Other:	O None
O Sewersheds:	

MCM 3 Page 1 of 4

This report is being submitted for the reporting period ending March 9, 2 0 1 8

If submitting this form as part of a j	oint report on behalf	of a coalition leave SPDE	S ID blank.
Name of MS4/Coalition ALBANY COUNTY		SPDES ID N Y R 2	20A359
3.b.What types of illicit discharges have	been found durin	g this reporting period	?
\bigcirc Broken Lines From Sanitary Sewer	○ Industrial Conne		
O Cross Connections	○ Inflow/Infiltration	n	
Failing Septic Systems	○ Pump Station Fai	ilure	
Floor Drains Connected To Storm Sewers	○ Sanitary Sewer C	Overflows	
○ Illegal Dumping	○ Straight Pipe Sew	wer Discharges	
Other: Washout of as	O None p h a l t	truck to	ditc
4. How many illicit discharges/potential reporting period?	illegal connection	as have been detected d	uring this
5. How many illicit discharges have been	n confirmed durin	ng this reporting period	? 5
 6. How many illicit discharges/illegal coperiod? 7. Has the storm sewershed mapping be lf No. approximately what percent was a several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several several sever	en completed in th	us reporting period?	• Yes • No
If No, approximately what percent was o	completed in this re	eporting period?	58
8. Is the above information available in Is this information available on the we If Yes, provide URL(s):	eb?		YesYesNoYesNo
Please provide specific address of page v	where map(s) can be	e accessed - not home pa	ige.
https://acvar	cgis.a	l b a n y c o u	nty.c
om/webmap/Pro	jects/	A I M S / L O g	in.as
$p \times ? R e t u r n U r 1 =$	% 2 fwebr		

р	x	?	R	e	t	u	r	n	U	r	1	=	0	2	f	w	е	b	m	а	q	0\0	2	f				-	I 	
URI	Ť-	-	r	1	-				·	1																				L
(a	b	0	v	е		i	s		р	a	s	s	W	0	r	d		р	r	0	t	е	С	t	e	d)		
					-																									
									[·									
									i																					

This report is being submitted for the reporting period ending March 9,	2	0	1	8
-------------------------------------------------------------------------	---	---	---	---

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

9

9 5

8

SP	DES	ΒD		_			
Name of MS4/Coalition ALBANY COUNTY	Y	R	2	0	A	3	5

8. URL(s) con't.:

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

UKL												-			1			-									1		1		~
																				Ī											
<u> </u>							 [1															*****	
								.																I							
URI							_																								·1
	[-															
L				l		L	I	<u> </u>	 [[
																											Ĺ			l	
URI							-						,	,	·												I		r	1	
																		_													
					1						ŀ																				
																		[[
	-			ĺ		l		I	L		I	<u> </u>		I	<u> </u>	L	l					L		ļ	l	L		1	1	,	L
URI	Ļ		T		1					·	1	1	1			1	<u> </u>	r	1	-	r			r —	1	-	T	1	r	<u> </u>	
				Γ								Ţ																			
\square				1	1		Ī																								
	1	<u> </u>	1		1	1		1	1	1	1	L	1	1		I	1	I		L	I	1	L	-	<u> </u>	<u> </u>		1	.	1	I
UR	<u>Լ</u>		1	1	T	1	1	-	1	1	1	1	T	1	1	r—	1			<u> </u>	1			Г		1	1		1		
																						1						 	<u> </u>		
			1		+		1	<u> </u>		1					İ					Ī				ł			Γ				
		L	1	l					<u> </u>	}			1		I		l		ł	I	I	Ι.	1		1	.l	I	1	_L		1

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

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, $2 \mid 0 \mid 1 \mid 8$

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

Name of MS4/Coalition ALBANY COUNTY

SPL	JE2	Ш						
N	Y	R	2	0	Α	3	5	9

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.

Completion of digitizing for field-mapped sections of CR157 and 52. Corrections to mapping of County Routes 203, 306 and 204. The 14 remaining outfalls will be evaluated to determine if access can be attained. ORI will be completed on remaining outfalls if feasible. Additional review of IDDE procedures will take place alongside County Health Department to identify overlap in responsibilities and streamline detection and enforcement both within and outside the urbanized area.

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

County has submitted new IDDE procedures to County Law Department for review and approval. Corrections to the mapping of County Routes 203, and 204 has been completed. County Route 306 mapping corrections are halfway through completion. Albany County SWPT thoroughly inspected 40 outfalls.

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 O No

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).

County DPW/SWPT, with Coalition staff will complete all system and program mapping for County and complete ORIs based on the mapping data obtained. County will finalize IDDE Program Procedures including overall County Stormwater Policy document and will communicate content to Stormwater Committee and relevant staff. Also, SWPT will implement developed methods of collecting illicit discharge information from multiple sources and organize such information into

MCM 3 Page 4 of 4

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

 Name of MS4/Coalition
 ALBANY COUNTY
 SPDES ID

 N
 Y
 R
 2
 0
 A
 3
 5
 9

<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

		1
How many MN/le contributed to this report?		(<u> </u>
How many MS4s contributed to this report?		

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

 Image: Control through either an attorney certification or using the NYSDEC Gap Imagement and Erosion Imagement Control through either an attorney certification or using the NYSDEC Gap Imagement Control through either an attorney certification or using the NYSDEC Gap Imagement Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either Control through either C

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

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

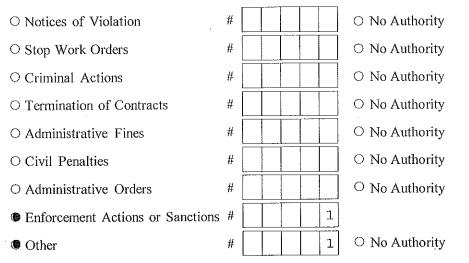
3

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

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

 3951056357

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	8
---------------------------------------------------------------------------	---	---	---

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

		 0.
Name of MS4/Coalition	ALBANY COUNTY	ľ

SPL	DES	ID						
Ν	Y	R	2	0	А	3	5	9

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

	withinfull Control Measure 4. Construction She Stormwater			
Th	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 during this reporting period?	f one a	acre or I	more
2.	How many construction projects disturbing at least one acre were active i during this reporting period?	n you	r jurisđ	iction 4
3.	What percent of active construction sites were inspected during this repor	rting j	period?	O NT
			10	0 %
4.	What percent of active construction sites were inspected more than once?			O NT
4.	What percent of active construction sites were inspected more than once?		10	O NT
			l	0 NT
	Do all inspectors working on behalf of the MS4s contributing to this report Construction Stormworker Inspection Means 19		the NY	0 NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report Construction Stormwater Inspection Manual? O Does your MS4/Coalition provide public access to Stormwater Pollution F	rt use Yes Preven	the NY No No No	○ NT 0 % 5 ○ NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report Construction Stormwater Inspection Manual?	rt use Yes Preven prova	the NY No No No	○ NT 0 % S ○ NT ans
5.	Do all inspectors working on behalf of the MS4s contributing to this report Construction Stormwater Inspection Manual?	rt use Yes Preven prova Yes	the NY No No No No No	○ NT 0 % S ○ NT ans ○ NT

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 8

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID NYR 2 5 0 A 3 9

6. con't.:

Submit additional pages as needed.

O MS4/Coalition Office

	Dep	artn	ien	t																											
	A	L	В	A	N	Y		C	0	U	Ν	Т	Y		D	Р	W														
	Add	Iress						-																							
	4	4	9		Ν	Ε	Ŵ		S	А	L	Ε	М		R	D															
:	City	, 	·····1			1											T	_	-	_	·	Zip				1				T	
	V	0	0	R	Η	Е	E	S	V	Ι	L	Ŀ	Ε					Ν	1 Y	,		1	2	1	8	6	-				
	Pho				.		1		1																						
	(5	1	8)	6	5	5	-	7	9	2	4																		
O Lib																															
	Add	iress	:							1	1		ł	ł	1	1	1	1	1							ł :				r	···]
														·																	
	City	7															1					Zip									
]					Ĺ					-				
	Pho	ne	1			- 1																									
	()				-																						
O Oth	er																														
	Add	Iress								1	1	1		1	1	1			1		1	1	F			1	r				ì
	City	,													r	<u> </u>	٦			-		Zip	r			1	1			<u>г</u>	
																											-				
	Pho	ne			:									1																	
	()				-																						
O We	b Pa	age	UR	L(9	5):	Р	leas	se p	rov	ide	spe	cifi	ic a	ddr	ess	wh	ere	SW	'PP	Ps c	an	be a	acce	esse	d -	not	hoi	me	pag	e.	
	URL							_			_																			T	
-																															
				-															[
		<u> </u>													<u> </u>	I 															╡
																			1							l :		-			
	URL									[[-												
															<u> </u>																
															_																
	•ť			l								· · · ·			 				·		·		•			• • •	•••••				

MCM 4 Page 2 of 3

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

epnee m

		 SUL	150							
Name of MS4/Coalition	ALBANY COUNTY	Ν	Y	R	2	0	Α	3	5	9

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.

Albany County will incorporate new language into its contract documents ensuring that no contractor or inspector will receive final payment for any job requiring coverage under GP-0-15-002 without the site attaining status at which a NOT can be successfully filed.

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

Albany County has not reviewed any SWPPs under this policy. However, all future projects will be subject to the enforcement of this policy.

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

				1	
(ex.:	sample	es/par	tici	pant	s/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).

For 2018/2019 Albany County's new SWPT will locate and review all existing documents pertaining to County oversight of Construction Activity Permits (GI Policy; County Program Guidance Document). SWPT will receive NYS DEC 4-Hour Erosion and Sediment Control Training. Also SWPT will assist County Planning Board with GML239 review of projects potentially needing Construction Activity Permit coverage.

This report is	being submitted	or the reporting	period ending	March 9,	2	0	1	8
----------------	-----------------	------------------	---------------	----------	---	---	---	---

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

Name of MS4/Coalition ALBANY COUNTY

 SPDES ID

 N
 Y
 R
 2
 0
 A
 3
 5
 9

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

ort?		1

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

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

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

O Overlay Districts O Open Space Preservation Program

O Zoning O Local Law or Ordinance

○ None ○ Land Use Regulation/Zoning

• • • Watershed Plans • • • Other Comprehensive Plan

• Other:

ounor.		
G I P O L I	СУ	

MCM 5 Page 1 of 3

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.

		SPE)ES	ID.						
Name of MS4/Coalition	ALBANY COUNTY	N	Y	R	2	0	A	3	5	9

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

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

🔿 Yes 🛛 🔍 No

No

O Yes

- 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?
 O 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 8

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

 Name of MS4/Coalition
 ALBANY COUNTY
 Image: Normal Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sec

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.

Albany County will commence implementation of the NYSDEC guidance document for post-construction stormwater management practice inspection and maintenance and will ensure that Level 1 inspections are up-to-date for all of its facilities. At least three practices that have not received full maintenance within the last three years will be maintained to ensure continued optimal function during this reporting year. 75% of all practices will be inspected for maintenance needs.

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

Albany County SWPT performed inspections on 34 Post Construction Stormwater Practices (Level 1) and also maintained six Post Construction Stromwater Practices.

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

(ex.: samples/participants/events)

5 9

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).

County DPW alongside Coalition staff will complete field mapping of all Post Construction Stormwater Practices, and will revise inventory based on needs. Albany County SWPT will update and maintain inventory of built stormwater practices which include Construction Permit Numbers associated with practices, locations of practices, types of practices, maintenance requirements/maintenance performed, and location (urbanized area or non-urbanized area).

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

5 9

	 	SPI	JES	-ID				
Name of MS4/Coalition		N	Y	R	2	0	Α	3

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

On behalf of an individual MS4

 \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

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

			<u>Self-Assessment</u>
			Operation/Activity/Facility
			performed within the past 3
Operation/Activity/Facility	Addressed	in SWMP?	<u>years?</u>
Street Maintenance	• Yes	0 No	🖲 Yes 🛛 No
Bridge Maintenance	👁 Yes	0 No	🔿 Yes 🛛 🛛 No
Winter Road Maintenance	• Yes	○ No	• Yes O No
Salt Storage	• Yes	0 No	• Yes O No
Solid Waste Management	• Yes	0 No	🖲 Yes 🛛 No
New Municipal Construction and Land Disturba	nce 🖲 Yes	O No	🕲 Yes 🛛 No
Right of Way Maintenance	🖲 Yes	· O No	• Yes O No
Marine Operations	⊖ Yes	🛡 No	OYes 🕲 No
Hydrologic Habitat Modification	• Yes	0 No	• Yes O No
Parks and Open Space	🖲 Yes	0 No	• Yes O No
Municipal Building	• Yes	O No	• Yes O No
Stormwater System Maintenance	• Yes	0 No	• Yes O No
Vehicle and Fleet Maintenance		O No	🕲 Yes 🛛 No
Other	• Yes	🖲 No 🛄	○ Yes ● No

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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	ALBANY COUNTY	N	Y	R	2	0	A	3	5	9

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		38
Catch Basins Inspected and Cleaned Where Necessary	#		8 2
Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#		5
Phosphorus Applied In Chemical Fertilizer	# Lbs.		1 2
Nitrogen Applied In Chemical Fertilizer	# Lbs.		9
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 	f # Acres		•
3. How many stormwater management trainings have been provided during this reporting period?	to municipa	al employ	ees 2
4. What was the date of the last training?	4 / 2 4	/ 2 0	1 7

- 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 7

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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 ALBANY COUNTY Name of MS4/Coalition	2	0	A	3	1

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.

Finalize priority of catchbasin cleanout zones and begin implementation with highest priority roadways. Update exact number of catchbasins based on planned revisions to mapping. Follow-up reassessments of three facilities that were self-audited in 2014-2015 reporting year. Finalize a municpal operations assessment form for activities not tied to fixed facilities. Implement new BMP to control discharge from salt loading area to a catchbasin at DPW New Scotland facility.

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

Albany County has cleaned and maintained 82 catchbasins throughout the County and has completed three facility assessments for County owned facilities. Albany County DPW also eliminated discharge from salt loading area to the above mentioned cathcbasin .

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

				1	
(ex.:	samples/	par	tici	pant	s/events)

9

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 ○ No

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

Of the 37 fixed facilities in Albany County (urbanized and non-urbanized areas), 9 of these facilities located within the City of Albany will be audited using the Stormwater Coalition Self Audit Form. Also DPW crews will sweep 50 miles of roads and 10 acres of parking lots throughout the County. County SWPT will conduct a training session with maintenance staff from the Times Union Center and Albany County DGS. Two DVDs will be shown: IDDE-A Grate Concern and RainCheck.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

R 2 0

N Y

1 2

Name of MS4/Coalition

Stormwater Coalition of Albany County

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

1	Targeted Public Education and	Outreach Best	Management	Practices
••	Turgettu Tushe Buutunon unu	Outreach Dest	Junugement	Indences

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 Hazardov	us Waste Disposal	○ Recycling
\bigcirc Illicit Discharge Det	tection and Elimination	Riparian Corridor Protection/Restoration
• Infrastructure Maint	tenance	\bigcirc Trash Management
• Smart Growth		• Vehicle Washing
○ Storm Drain Markin	ng	\bigcirc Water Conservation
○ Green Infrastructure	e/Better Site Design/Low Impact Development	\bigcirc Wetland Protection
• Other:		○ None
Coaliiti Other	on Website-Wha	t You Can Do
	ces targeted during this reporting period:	
Public Employees	Contractors	
• Residential	○ Developers	

Businesses
 General Public

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

G	е	n	е	r	а	1	Ρ	u	b	1	i	С	-	С	1	е	a	n	W	a	t	е	r	A	С	t	I	n	f	0	
Ot]	her																														

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 \\ 0 \end{vmatrix} \begin{vmatrix} 1 \\ 8 \end{vmatrix}$

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	

SPI	DES	ID				
Ν	Y	R	2	0		

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

• Coi	nstru	ıcti	on	Site	e Oj	pera	tors	s T1	ain	ed													÷	# Tı	rain	ed			1	1	6
○ Dir	ect	Ma	ilin	gs																			#	Ma	ilin	gs					
• Kic	sks	or	Oth	ner 1	Disj	play	/S																#]	Loc	atio	ns					8
• Lis	t-Se	rve	S																					# I	n Li	ist			1	8	1
○ Ma	iling	g L	ist																					# I	n Li	ist					
○ Nev	vspa	ape	r A	ds o	or A	Artic	cles																#]	Day	s Ri	un					
Put	olic	Ev	ents	s/Pr	ese	ntat	ions	5															#1	Atte	ende	es			1	6	3
○ Sch	ool	Pro	ogra	ım																			# /	Atte	ende	es					
• TV	Spo	ot/F	rog	ran	n																		#]	Day	s Ri	un					
• Pri																					To	otal	# D	istri	ibut	ed				9	7
	Loca C	tion W	ns (e P	.g. li	ibra: W	ries, e	tow b	n off C	ices a	, kio S	sks) t)																			
		_		_									_				_														
	Р	r	е	s	е	n	t	a	t	0	n	_	P	a	n	e	1	i	s	t											
• Oth	ner:																														
	1		С	W	Ρ		W	е	b	С	a	ន	t	-	A	r	С	h	i	v											
• We		age	:		ovic ede		pec	ific	we	b ac	ldre	esse	s - 1	not	hor	nej	pag	e. (Con	ntinu	ie o	n ne	ext	pag	ge if	ad	diti	ona	l sp	ace	is
w	w	W	•	s	t	0	r	m	w	a	t	e	r	a	l	b	a	n	У	С	0	u	n	t	У	•	0	r	g		
UR	L_																														
																															\square

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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					-	
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.

SWMPv5 (April, 2017) BMP 1-3 Website: continue to maintain Coalition website (post mandated documents; post educational material; post meeting announcements; pay invoice). BMP 1-7 List Serve: update ACCESS database; BMP 1-4 Publications: update door hanger publication; BMP 1-14 Public Programs-Organized By Coalition-host 1 CWP webcast.

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

BMP 1-3 Websites-Coalition website continues to be maintained. BMP 1-7 List Serve-not updated. BMP1-4 Publications-door hanger publication, not updated. BMP 1-14 Public Programs- Hosted 1 CWP Webcast, but "Making Urban Trees Count" program aborted to due technical problems (participants received access to on line archive of webinar).

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

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).

Coalition goals for 2018/2019: 1. Maintain/update Coalition website (member info; post DRAFT Joint AR/ SWMP doc for public comment; post new publications); 2. Provide Coalition members with brochures; 3. Provide traditional MS4 members with a Public Education Program Development Tool which displays the location of target audiences (residential, commercial, institution, industrial); the associated pollution generating behaviors; and likely pollutants of concern.



This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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

Minimum Control Measure 2. Public Involvement/Participation

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

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

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

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

○ Cleanup Events	# Events			
• Comments on SWMP Received	#Comments			0
• Community Hotlines	Phone # $\left(\begin{array}{c c} 5 & 1 & 8 \end{array} \right) \left[\begin{array}{c c} 4 & 4 & 7 \end{array} \right]$	- 5	6	4 5
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
○ Community Meetings	# Attendees			
○ Plantings	Sq. Ft.			
○ Storm Drain Markings	#Drains			
\bigcirc Stakeholder Meetings	# Attendees			
• Volunteer Monitoring	# Events			3
• Other: P u b l i c C o m m e n t s	Joint DRAFTM	S 4	Ρm	ı t

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

1108	51 01				•) .	1 14	LTT F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	v iu	cu	•										- •	 -	110
• List-S	erve	e																# I	n Li	ist		3	4
○ Newsp	oape	er A	dve	ertis	ing												#]	Day	s Rı	un			
⊖ TV/Ra	adio	No	otice	es													#]	Day	s Rı	un			
\bigcirc Other:																							

No

• 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 8

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

SPI	DES	ID				
Ν	Y	R	2	0		

Stormwater Coalition of Albany County

Name of MS4/Coalition

2. URL(s) con't.:

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

URL	,	•			•																						. 0			
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																			I			I								
URL	,																													
URL	,																													
URL	,					1									1				1		1									
URL	,														1															
URL	,																													
L						I									L			L	I		I	L	L		L		L	I	L	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 8$

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

Name of MS4/Coalition

Ν	Y	R	2	0		

SPDES ID

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

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

• MS	4/C	oali	itio	n C	offic	e											A	nnu	ial l	Rep	ort) S	WN	1 P]	Plai	n		Cor	nme	ents
	Dep		nen	t				1				1		1						_			1								
	S	t	0	r	m	w	a	t	e	r		С	0	a	1	i	t	ĺi	0	n	-	A	1	b	а	n	У	С	n	t	У
	Ado																														
	1	7	5		G	r	е	е	n		S	t	r	е	е	t	-	C	n	t	У	H	е	a	1	t	h	В	1	d	g
	City																	F				Zip					1				
	Α	1	b	a	n	У													N	Y		1	2	2	0	2	-				
	Pho	ne			1				1					1																	
	(5	1	8)	4	4	7	-	5	6	4	5																		
○ Lib	rary Ado	lres	S													C	A	nnu	al l	Rep	ort	C) S '	WN	1 P]	Plaı	n	0	Cor	nme	ents
	City	/																I				Zip					L		L		
] _				
	Pho	ne																L]				
	()				_																						
	()																										
\bigcirc Oth	er Ado	lres	8													C	A	nnu	ial l	Rep	ort	() S '	WN	1 P]	Plaı	n	0	Cor	nme	ents
	City	7																				Zip					I		L		
																											-				
	Pho	ne																L									J				
	()				-																						
	•				,	L]					l																	
• We	b Pa	age	UR	RL:													A	nnu	ial l	Rep	ort		S	WN	1 P]	Plai	n		Cor	nme	ents
	W	w	W		s	t	0	r	m	W	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У		0	r	g	
																													L		
	Ple	ease	e pr	ovi	de	spe	cif	ic a	ddr	ess	of	pag	ge v	whe	ere	rep	ort	cai	n be	e ac	ces	sec	l - r	not	hoı	me	pag	ge.			
• eM	ail																												Cor	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			
			-												_			<u> </u>						<u> </u>					<u> </u>		

This report is being submitted for the reporting period ending March 9, 2 0 1 8 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Stormwater Coalition of Albany County N Y R 2 0 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 4 0 1 8 4.b. For how many days was/will this report be posted? 4 1 If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b.. 5.a. Was an Annual Report public meeting held in this reporting period? ○ Yes \bigcirc No If Yes, what was the date of the meeting? If No, is one planned? ○ Yes \bigcirc No 5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? ○ Yes No If No, is one planned for each? • No ○ Yes 6. Were comments received during this reporting period? ○ Yes • No If Yes, attach comments, responses and changes made to

SWMP in response to comments to this report.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

er	Coalition	of Albany	County

- SPI	SPDES ID													
Ν	Y	R	2	0										

7. Evaluating Progress Toward Measurable Goals MCM 2

Stormwat

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.

SWMPv5 (April, 2017) BMP 2-2 Annual Report: Coalition staff prepare for and guide possible transition to "new" MS4 Permit likely to include changes in Annual Report format and annual program evaluation process-no particular goals named in SWMP document. BMP 2-11 WAVE-monitor 4 sites with volunteers.

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

BMP 2-2 Annual Report: "New/Updated" MS4 Permit not released; no transition. BMP 2-11 WAVE-3 sites monitored. Organizing WAVE volunteer stream monitoring continues to be popular.

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 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).

Jan, 2018 the Coalition received notice that MS4Web software used to write/update the Joint Coalition SWMP document had been replaced by MS4Web2.0. Using the new format, the SWMP document was updated. "Goals met" were tracked as Activities, noting what happened, when. New goals were written covering the time frame: 3/10/2018 to 3/9/2019 (2018-2019). These goals included elements of proposed MS4 Permit (GP-0-17-002). 2 WAVE stream events planned for '18.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

Υ

Ν

R 2 0

#

%

Name of MS4/Coalition

Stormwater Coalition of Albany County

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

1 2

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

- \bigcirc 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	\bigcirc Marinas													
○ Churches	\bigcirc Metal Plateing Operations													
\bigcirc Commercial Carwashes	\bigcirc Outdoor Fluid Storage													
○ Commercial Laundry/Dry Cleaners	\bigcirc Parking Lot Maintenance													
\bigcirc Construction Vehicle Washouts	○ 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													
\bigcirc Hospitals	\bigcirc Swimming Pools													
\bigcirc Improper RV Waste Disposal	\bigcirc Vehicle Fueling													
\bigcirc Industrial Process Water	○ Vehicle Maint./Repair Shops													
Other:	○ None													
○ Sewersheds:														

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

	SPDES ID	1		
Name of MS4/Coalition Stormwater Coalition of Albany	County N Y R	2 0		
3.b.What types of illicit discharges have	e been found during this reporting perio	od?		
\bigcirc Broken Lines From Sanitary Sewer	\bigcirc Industrial Connections			
\bigcirc Cross Connections	\bigcirc Inflow/Infiltration			
○ Failing Septic Systems	\bigcirc Pump Station Failure			
\bigcirc Floor Drains Connected To Storm Sewers	\bigcirc Sanitary Sewer Overflows			
○ Illegal Dumping	\bigcirc Straight Pipe Sewer Discharges			
O Other:	○ None			
4. How many illicit discharges/potentia reporting period?	al illegal connections have been detected	l duri	ing thi	is
5. How many illicit discharges have be	en confirmed during this reporting per	iod?		
6. How many illicit discharges/illegal c period?	onnections have been eliminated during	g this	repor	ting
7. Has the storm sewershed mapping b If No, approximately what percent was		? (> Yes	○ No
8. Is the above information available in	n GIS?		9 Yes	○ No

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

Ρ	a	ß	ß	w	0	r	d		Ρ	r	0	t	е	С	t	е	d		R	е	s	t	r	i	С	t	е	d			
h	t	t	р	s	:	/	/	a	С	v	a	r	С	g	i	s	•	a	1	b	a	n	У	С	0	u	n	t	У	•	С
С	0	m	/	w	е	b	m	a	р	/																					
URL	,																		-												

• Yes O No

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

SP	SPDES ID													
Ν	Y	R	2	0										

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

SWMPv5 (April, 2017) BMP 3-4 Storm Sys-CSO-Sewershed Map'g/BMP 5-8 Inventory Post Const SMPs/BMP 6-1 Inventory MuniFac: continue to implement mapping goals detailed in SWMPv5 (see MCM3, MCM 5, and MCM6); continue to implement objectives and tasks listed in the NYSDEC grant contract C00081GG work plan. See respective documents for details (SWMPv5 and grant work plan). Both explain what is being mapped where, when, and how for all Coalition members.

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

To explain grant funded Coalition mapping, effectiveness is evaluated across all MCMs and individual BMPs ignored. Storm system & program map'g (outfalls-correct/archive, PCSMPs-location/inventory, muni facilities-location/inventory) completed/finalized for V/Colonie; T/Guilderland; C/Cohoes; C/Watervliet. CSO map'g completed for C/Cohoes; C/W'vliet; and V/Green Is. Methods developed to delineate storm sewersheds; datasets discussed/obtained UAlb,Beth,T/Col.

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 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).

GRANT: 1. Complete field work- system/program map'g (outfalls-corrected/archive; PCSMPsinventory/mapped; muni facilities inventory/mapped); finalize data/post on SwIM (AlbCnty/T-NewScotland/Ci-Alb/VGrnIs); 2. Review/prepare exist'g datasets from UAlb/T-Bethlehem/T-Colonie for Krumkill/Patroon/Ann Lee Pond for sewershed delineations; 3. Complete sewershed delineations; 4. Use Survey123 to develop ORI form; 5. Purchase/load/give tablets w/ORI Form to interested MS4s. OTHER: 6.Stock ORI Kits. as needed.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

Stormwater	Coalition	of Albany	County

SPI	DES	ID	-			-	
Ν	Y	R	2	0			

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

SWMPv5 (April, 2017): BMP 4-7 Construction Site Operator Training-4hr: co-host one 4 hr training with ACSWCD.

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 \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).

GRANT: 1. Use Survey123 to develop MS4 Construction Site Inspection Form; 2. Purchase/load/ give tablet w/MS4 Contruction Site Inspection Form to interested MS4s. OTHER: 3. Co-sponsor with ACSWCD, 1 4hr E/SC training for Construction Site Operators; distribute promotional material to Coalition members for distribution to their contacts; post training info on Coalition website; pay tuition(s) as needed, funds permitting.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

Stormwater Coalition of Albany County	/

SPI	DES	ID		-	 	-	
Ν	Y	R	2	0			

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

From SWMPv5 document (April, 2017): BMP 5-8 Inventory Post Construction Practices - continue to map post construction practices as detailed in grant work plan and various SWMPv5 goals. BMP 5-9 Post Construction Practices-Maintenance: complete RFP for consultant services to develop GIS friendly post-construction stormwater management practice (PC SMPs) inspection forms (mobile devices).

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

GRANT: To explain grant funded Coalition mapping, effectiveness is evaluated across all MCMs and individual BMPs ignored. Storm system & program map'g (outfalls-correct/archive, PCSMPs-location/inventory, muni facilities-location/inventory) completed/finalized for V/Colonie; T/Guilderland; C/Cohoes; C/Watervliet. RFP for "Form: consultant services on hold-may be completed in-house.

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

1

(ex.: samples/participants/events)

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

• Yes \bigcirc No

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

○ Yes ● No

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

GRANT:1. Complete field work- system and program map'g (outfalls-corrected/archive; PCSMPsinventory/mapped; muni facilities inventory/mapped); finalize data/post on SwIM (AlbCnty/T-NewScotland/Ci-Alb/VGrnIs); 2. Use Survey123 to develop PC SMP inspection form(s) modeled after NYSDEC Maintenance Guidance - SW Mgmt Practices 3. Purchase/load/give tablets w/PC SMPs Inspection Form(s) to interested MS4s.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

	Ν	Y	R	2	0		

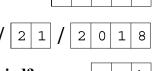
0 2

SPDES ID

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

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

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



Т

Г



ve			
1	0	0	%

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

r	Coalition	of	Albany	County	

SPL	DES	ID				
Ν	Y	R	2	0		

7. Evaluating Progress Toward Measurable Goals MCM 6

Stormwate

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.

SWMPv5 (April, 2017). BMP 6-1 Inventory - Municipal Facility: complete municipal facility mapping as detailed in MCM 3 Page 4 of 4 F.

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

GRANT: To explain grant funded Coalition mapping, effectiveness is evaluated across all MCMs and individual BMPs ignored. Storm system & program map'g (outfalls-correct/archive, PCSMPs-location/inventory, muni facilities-location/inventory) completed/finalized for V/Colonie; T/Guilderland; C/Cohoes; C/Watervliet.

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

0

(ex.: samples/participants/events)

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

• Yes \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).

GRANT: 1. Complete field work- system and program map'g (outfalls-corrected/archive; PCSMPsinventory/mapped; muni facilities inventory/mapped); finalize data/post on SwIM (AlbCnty/T-NewScotland/Ci-Alb/VGrnIs); 2. Use Survey123 to develop Municipal Self Audit form; 3. Purchase/ load/give tablets w/Municipal Self Audit Form to interested MS4s. OTHER: 4. Coordinate circulation of train'g DVDs for members; 5. Fund/organize outside vendor/in-house train'g(s).

	MS4 Municipal Compliance Certification	on(M		!) I	For	m					
	MCC form for period ending March 9,	2 0	1	8							
			SPI	DES	ID						
Name of MS4	University at Albany (SUNY) Uptown Campus		Ν	Y	R	2	0	A	2	3	4

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1

Name of MS4 University at Albany (SUNY) Uptown Campus

 SPDES ID

 N
 Y
 R
 2
 0
 A
 2
 3
 4

8

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		-	-		-			-		
Η	a	v	i	d	а	n												R	0	d	r	i	g	u	е	z				
Title	e																													
Ρ	r	е	S	i	d	е	n	t																						
Add	lres	S																												
1	4	0	0		W	а	S	h	i	n	g	t	0	n		A	v	е												
City	/																			St	ate		Zip							
А	1	b	а	n	У															N	1 7	Ζ	1	2	2	2	2	-		
eMa	ail																													
р	r	е	S	m	a	i	1	@	a	1	b	a	n	У	•	е	d	u												
Pho	ne																	Cou	inty											
(5	1	8)	9	5	6	-	8	0	1	0						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 University at Albany (SUNY Uptown Campus)

 SPDES ID

 N
 Y
 R
 2
 0
 A
 2
 3
 4

8

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	ame		_				_	_		_	_	
K	a	r	1															Κ	i	1	t	S									
Title	e																														
D	i	r	е	С	t	0	r		С	0	d	е		А	d	m	i	n	i	ន	t	r	а	t	i	0	n				
Add	Ires	s																													
1	4	0	0		W	a	S	h	i	n	g	t	0	n		A	v	e	•												
City	7																			S	tate		Zip)							
А	1	b	а	n	У															I	N I	Y	1	2	2	2	2	-			
eMa	uil																														
k	k	i	1	t	S	@	a	1	b	a	n	У	•	е	d	u															
Pho	ne																	Cou	inty												
(5	1	8)	4	4	2	-	3	4	0	0						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 University at Albany (SUNY Uptown Campus)

 SPDES ID

 N
 Y
 R
 2
 0
 A
 2
 3
 4

8

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	ime				_		_		-		-		-		MI	_	Las	t Na	ame								_	-	_	
F	r	а	n	k												S		F	а	z	i	0									
Titl	e																														
S	t	0	r	m	W	a	t	е	r		Μ	g	m	t	•		С	0	0	r	d	i	n	a	t	0	r				
Add	Ires	s																													
1	4	0	0		W	a	S	h	i	n	g	t	0	n		A	v	е	•												
City	7					-		-												S	tate		Zip)				_			
А	1	b	a	n	У															I	N I	Y	1	2	2	2	2	-			
eMa	uil																														
f	f	a	Z	i	0	@	a	1	b	a	n	У	•	е	d	u															
Pho	ne												,					Cou	inty												
(5	1	8)	4	4	2	-	3	4	0	0						A	1	b	a	n	У								

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4 University at Albany (SUNY) Uptown Campus

SPI	DES	ID				-		
Ν	Y	R	2	0	А	2	3	4

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Part	ner	/Co	aliti	onN	Vam	ie																										
S	t	0	r	m	w	a	t	е	r		С	0	a	1	i	t	i	0	n		0	f		A	1	b	а	n	У			
Par	tner	/Co	aliti	ionl	Nan	ne (c	on't	.)																SPI	DES	Par	rtne	r ID	- If	app	olica	ble
С	0	u	n	t	У																			Ν	Y	R	2	0				
Add	lress	5																														
1	7	5		G	r	е	е	n		S	t	•																				
City	/		_								-									St	tate		Zip									
А	1	b	a	n	У															N	1 7	7	1	2	2	0	2	-				
eMa	uil																															
Ν	а	n	С	У	•	Η	е	i	n	z	е	n	@	a	1	b	a	n	У	С	0	u	n	t	У	n	У	•	С	0	m	
Pho	ne			1.				1					1						Le	gall	v B	indi	ng /	Agre	em	ent i	in ac	cor	dan	се		
(5	1	8)	4	4	7	-	5	6	4	5								th G									Ye		0	No
Wl	nat	tas	ks/i	resp	pon	sib	iliti	ies	are	sha	arec	ł w	ith	this	s pa	artn	er ((e.g	g. N	IM	1 S	cho	ol	Pro	gra	ms	or	Мu	ıltip	ole	Tas	sks)'
• 1	лл	1	Р	u	b	1	i	С	a	t	i	0	n	s	_	Р	r	0	g	r	a	m	s	_	W	e	b	s	i	t	e	
	VIIVI	1	-	u		-	-	C	u	C	-	0				-	-	0	9	-	u		D					D	-	<u> </u>	C	
• 1	ИM	2	S	W	М	Ρ	D	0	С	-	A	R	Р	u	b	1	i	С	Ι	n	р	u	t	-	W	A	V	Е	S	t	r	m
• 1	ИΜ	3	S	W	I	М	М	a	р	р	е	r	-	0	R	I	K	i	t	S	-	0	F	&	S	У	S	М	a	р	g	
• 1	ИΜ	4	S	W	I	М	М	a	p	р	е	r	-	L	a	У	r	U	р	d	a	t	е	_	М	е	t	a	d	a	t	a
• 1	ИΜ	5	S	W	I	М	М	a	p	p	е	r	_	P	r	0	g	М	a	p	g	_	Р	С	S	М	Р	S				
			L 			 							I			I		I	 	-	-	I	 		 							
• N	ИM	6	Ρ	r	0	g	М	a	р	-	F	a	С		Т	r	a	i	n	g	:	D	V	D	S	-	W	G	Μ	t	g	S

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(M	CC	') I	For	' <u>m</u>							
MCC form for period ending March 9, 2 0 1 8											
	SPI	DES	ID								
Name of MS4 University at Albany (SUNY) Uptown Campus	N	Y	R	2	0 A	2	3	4			

Section 4 - Certification Statement

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

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

First Name K a r 1	MI	Last Name K i l t s		
Title (Clearly print title of individual signing	report)			
D i r e c t o r C o d	e Admi	n i s t r a	t i o n	
Signature		Date 0	e 5 / 2 4	/ 2 0 1 8

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 8

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

Name of MS4/Coalition University

University at Albany (SUNY) Uptown Campus

Water Quality Trends

1 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 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. \bigcirc 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.

URI				 								 			
URI															
URI	,														
URI	_														

Yes • No

SPDES ID

0 A

2 3 4

N Y R 2

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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

 SPDES ID

 N
 Y
 R
 2
 0
 A
 2
 3
 4

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

1. Targeted Public Education and Outreach Best Management Practices

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

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

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 University at Albany (SUNY) Uptown Campus

SPI	DES	ID						
Ν	Y	R	2	0	A	2	3	4

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

\circ Co	onsti	ruci	ion	Site	o Ol	pera	tors	s Tı	ain	ed													-	# Tr	aine	ed					
⊖ Di	rect	Μ	ailin	gs																			#	Ma	ilin	gs					
● Ki	osk	5 01	Otł	ner l	Disj	play	/S																#]	Loca	atio	ns					1
⊖ Li	st-S	erv	es																					# I:	n Li	st					
\bigcirc Ma	ailir	ng I	List																					# I:	n Li	st					
○ Ne	ewsp	pap	er A	ds o	or A	Artic	eles																#]	Days	s Rı	ın					
• Pu	blic	E	vent	s/Pr	ese	ntat	ions	5															# /	Atte	nde	es				4	5
• Sc	hool Program# Attendees/ Spot/Program# Days Run															es					8										
⊖ TV																															
○ Pr	Printed Materials: Total # Distributed [
	Loc	atic	ns (e	.g. li		ries,	town	1 off	ices	, kio																					
	S	e	r	v	i	С	е		В	u	i	1	d	i	n	g		A													
	F	a	С	i	1	i	t	i	е	S																					
	Μ	a	n	a	g	е	m	е	n	t																					
\bigcirc Ot	her:																														
• W		Pag	e:	Pro nee			peci	fic	we	b ac	ldre	esse	es - 1	not	hor	ne j	pag	e. (Cor	ntinu	ie o	n ne	ext	pag	e if	ado	ditio	onal	l sp	ace	is
V	7 W	v	7.	a	1	b	a	n	У	•	е	d	u	/	f	a	С	i	1	i	t	i	е	S	/						
£	s t	: 0	r	m	w	a	t	е	r																						
UI	RL			-1		-1				1														·I		I				1	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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

SPI	DES	ID						
Ν	Y	R	2	0	А	2	3	4

Web	Pag	e co	on't	.:		Pro	ovic	le s	spee	cifi	c w	eb	add	lres	ses	- n	ot]	hon	ne j	pag	e.						
RL																											
_		_																									-
RL																											
RL																											
		_			_																						
RL																											
RL																											
		_		_																							
RL										_												_			_		
																								<u> </u>			-
RL		-																									
		_	+	+	_																						-
	-				-									_								_	 	-		 	_

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

- 1) Review/adopt stormwater signage for treatment practices
- 2) Monitor website and update when required.
- 3) Install more drain markers on the campus.
- 4) Conduct educational tour of Indian Pond if incoming freshman orientation program continues.
- 5) Continue use of water quality message in webcast for campus cleanup activity.

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

Signage is still in process and the website is updated when needed. The University now install CB frames with "No Dumping" notice cast into the frame. Water quality meassage included in campus cleanup.

There were 3 articles published in the University newsletter, and 3 stormwater information meetings with students.

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

		4	
 7	 	 	

(ex.: samples/participants/events)

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

• Yes \bigcirc 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) Adopt standards and install stormwater signage for treatment practices
- 2) Monitor website and update when required.
- 3) Continue using and monitor "No Dumping" on CB's frame castings as standard.
- 4) Provide stormwater information for students and others when requested and document activity.



This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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

SPDES ID N Y R 2 0 A 2 3 4

Minimum Control Measure 2. Public Involvement/Participation

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

• On behalf of an individual MS4

 \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

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

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

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

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

 \bigcirc 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 8

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

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



2. URL(s) con't.:

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

URI																		
URI																		
	<u> </u>																	
URI	Ľ																	
URI																		
	<u> </u>																	
URI	Ľ			_			 _	 _		_								
URI																		
-																		
URI	<u> </u>		 		 	 	 	 	 	 	 , ,	 	 		 	,	,,	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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



2. URL(s) con't.:

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

UR	L			 				 		 	 						 	
URI	r																	
	-	+								 	 		 				 	
-		-																
URI		T																
	+	-																
	_	_																
UR	L		 															
URI	L																	
URI		-	 L			 												
		+																
	r		L		<u> </u>		<u> </u>	<u> </u>				<u> </u>		<u> </u>		<u> </u>		
URI																		
	+	+																

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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

 SPDES ID

 N
 Y
 R
 2
 0
 A
 2
 3
 4

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

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

\circ MS	4/C	oal	itio	n O)ffic	e											A	nnu	al l	Rep	ort) S'	WN	1P 1	Plar	1	• (Com	ments
	Dep	artı	nen	t																										
	C	0	d	е		A	d	m	i	n	i	S	t	r	a	t	i	0	n		S	е	r	v		В	1	d	g	A
			0	0		W	a	S	h	i	n	g	t	0	n		A	v	е			7.								
	A	1	b	a	n	У												[]	N .	Y		21p	2	2	2	2	-			
	Pho	ne								1		1		1			1													
	()				-																					
○ Lib	rary Ado	, lres	s				_		_	_		_		_		C	A	nnu	al l	Rep	ort	C	S S	WN	1P]	Plar	1	00	Com	ments
	City	7																				7in								
		, 																Γ									_			
	Pho	ne														L]													
	1				1				_																					
	()																									
\bigcirc Oth	Address 1 4 0 0 W a s h i n g t o n A v e Zip A 1 b a n y N Y 1 2 2 - - Phone () - . N Y 1 2 2 - . City N Y 1 2 2 - 														ments															
o oth	City Zip A 1 b a n y Phone N Y 1 2 2 - () - - - - - - City Zip - - - - - - - Phone City Zip - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -																													
	City	/															,			. <u> </u>		Zip								
																											-			
	Pho	ne]													
	()				-																					
• We	b Pa	age	UR	RL:													A	nnu	al l	Rep	ort		S	WN	1P]	Plar	ı	• (Com	ments
	w	W	w		a	1	b	a	n	У		е	d	u	/	f	a	С	i	1	i	t	i	е	ន	/				
	s	t	0	r	m	w	a	t	e	r																				
	Ple	286	nr	ovi	de	sne		ic a	ddı	.000	of	na		whe	are	ren	ort	Car	he		Ces	sed	r		hor	ne	nac		Ĺ	
• eMa		/450	, bi	011	uc	spe			uui	.055	01	pa	50	W 110		rep	011	Cai	100	2 ac	ces	scu	L - T	101	1101	ne	μαξ		Com	ments
	f	f	a	z	i	0	@	a	1	b	a	n	У	•	е	d	u													
	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		
						<u> </u>	L								_			1				_	_	4				L	\square	

This report is being submitted for the reporting period ending March 9, 2 0 1 8 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID NYR 2 0 A 2 3 4 University at Albany (SUNY) Uptown Campus 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 4 0 1 8 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 \bigcirc No 5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? ○ Yes No If No, is one planned for each? • No ○ Yes 6. Were comments received during this reporting period? ○ Yes • No If Yes, attach comments, responses and changes made to

SWMP in response to comments to this report.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

		SPL	JES	ID						
Name of MS4/Coalition	University at Albany (SUNY) Uptown Campus	Ν	Y	R	2	0	А	2	3	4

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

2) Review public contact and complaint information and modify as required.

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

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

1) Four student interns are doing research for the Stormwater Coalition for mapping, and data gathering.

2) Public contact information reviewed with no changes made.

3) Volunteers were notified of benefits of campus clean up on the stormwater facilities by campus cleanup posting on website.

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

		3	

(ex.: samples/participants/events)

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

• Yes \bigcirc No

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

○ Yes ○ No

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

1) Inform benefits of campus cleanup on stormwater facilities and water quality in promotion notification of campus cleanup day activity.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

0 A

1 #

1 0

0 %

1

2

3 4

N Y R 2

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

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

- On behalf of an individual MS4
- \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)
\bigcirc Building Maintenance	○ 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	• Schools and Universities
\bigcirc Garbage Truck Washouts	○ Septic Maintenance
\bigcirc Hospitals	\bigcirc Swimming Pools
\bigcirc Improper RV Waste Disposal	\bigcirc Vehicle Fueling
\bigcirc Industrial Process Water	○ Vehicle Maint./Repair Shops
Other:	○ None
• Sewersheds:	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID Υ R 2 2 University at Albany (SUNY) Uptown Campus Ν 0 Α 3 4 Name of MS4/Coalition 3.b. What types of illicit discharges have been found during this reporting period? ○ Broken Lines From Sanitary Sewer ○ Industrial Connections ○ Inflow/Infiltration \bigcirc Cross Connections ○ Failing Septic Systems ○ Pump Station Failure ○ Floor Drains Connected To Storm Sewers ○ Sanitary Sewer Overflows ○ Illegal Dumping ○ Straight Pipe Sewer Discharges ○ Other: None 4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 0 0 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

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):

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

URL	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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



8. URL(s) con't.:

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

URI	L																			
URI	L			I	1	I	I			I				1						
URI	L																			
URI	L							•					•				•			
L			I	 I		I	 I		 	I									<u> </u>	

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

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

3 0 %

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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

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

- 2) Revise and up-date IDDE Policy as needed
- 3) Update GIS mapping with new outfalls.
- 4) Perform dry weather flow monitoring of outfalls to detect for illicit discharge. (ORI)

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

1) IDDE training not provided to staff this period but staff is aware of IDDE.

2) IDDE policy reviewed and no updates required.

3) Two outfalls were removed from ORI classification. SUNY Poly outfalls no longer under

UAlbany jurisdiction. Mapping updated..

4) Dry weather flow monitoring performed on all 11 outfalls in 2017

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

11

(ex.: samples/participants/events)

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

• Yes \bigcirc No

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

• Yes O No

- F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
- 1) Review and update as necessary requirements of MS4 Permit
- 2) Continue to monitor and address illicit discharges.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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

SPL	DES	ID						
Ν	Y	R	2	0	A	2	3	4

2

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

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

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

How many MS4s contributed to this report?

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

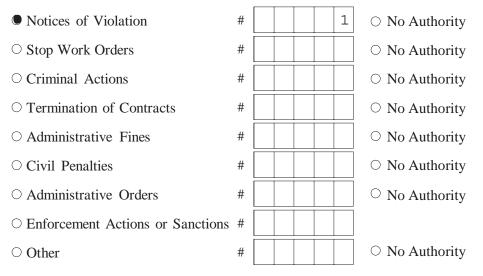
If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. $\bigcirc 09/2004 \ \bigcirc 03/2006 \ \bigcirc NT$

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

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

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

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



This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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

SPE	DES	ID						
Ν	Y	R	2	0	А	2	3	4

1 0 0 %

0 %

0

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

- On behalf of an individual MS4
- \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? • Yes • 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 8

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

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

SPI	DES	ID						
Ν	Y	R	2	0	А	2	3	4

6. con't.:

Submit additional pages as needed.

\odot MS4/Coalition Office

	Dep	parti	nen	t				,																					,		
	С	0	d	е		A	d	m	i	n	i	s	t	r	а	t	i	0	n												
	Add	lres	s			-																1									
	S	В	A		1	4	0	0		W	а	S	h	i	n	g	t	0	n		A	v	е								
	City	/			-														_	_		Zip				1	1				
	Α	1	b	а	n	У												N	IY			1	2	2	2	2	-				
	Pho	ne																													
	(5	1	7)	4	4	2	-	3	4	0	0																		
⊖ Lib	rary	7																													
	Add		s																												
	City	7																				Zip									
	Ĩ																										-				
	Pho	ne																		_							,				
	()				-																						
○ Oth	ner																														
	Add	lres	s																												
	City	7							-											_		Zip				1	1	r			
																											-				
	Pho	ne																													
	()				-																						
○ We	b Pa	age	UR	RL(s	s):	Р	leas	se p	rov	ide	spe	cifi	c a	ddre	ess	whe	ere S	SW	PPF	Ps c	can	be a	icce	esse	d -	not	hoi	me	pag	e.	
	URL																														
	URL								L									I				<u> </u>		!							

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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 3

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

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

- 1) Continue use of SWPPP Checklist and examine procedures, and modify as necessary.
- 2) Review SWPPP Inspection Reports from consultants.
- 3) Perform site visits at construction sites as needed.
- 4) Confirm insertion of Stormwater Policy in contract documents.
- 5) Examine new methods of erosion control.

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

- 1) SWPPP review checklist used to review projects.
- 2) SWPPP Inspection Reports from consultants were reviewed
- 3) Site visits were performed at construction sites when needed
- 4) Stormwater Policy is included in construction documents.
- 5) New methods for erosion control were examined.

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

(ex.: samples/participants/events)

5

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 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) Stormwater Management program Coordinator to continue to oversee Construction Activity Permit requirements

2) Perform site visits at construction sites as needed.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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

SPDES IDNYR20A234

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	1 5	0	6
\bigcirc Filter Systems			
Infiltration Basins	6	5	1
\bigcirc Open Channels			
• Ponds	7	4	1
\bigcirc Wetlands			
• Other	4	4	0

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

○ Overlay Districts ○ Open Space Preservation Program

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

U	n	i	v	е	r	S	i	t	У	S	t	0	r	m	W	a	t	е	r	Ρ	0	1	i	С	У	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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 University at Albany (SUNY) Uptown Campus	Ν	Y R	2	0 A	2	3	4
4a. Are the MS4s contributing to this report involved in a regional/watersl	ned w	vide p	lann	ing ef ● Y			No
4b. Does the MS4 have a banking and credit system for stormwater manag	gemei	nt pra	ctic	es?			
				ΟY	es		No
4c. Do the SWMP Plans for each MS4 contributing to this report include a	-						
and approval of banking and credit of alternative siting of a stormwate	er ma	nagei	nen	t prac O Y			No
4d. How many stormwater management practices have been implemented	as pa	art of	this	syste	m in	this	5
reporting period?						0	
5. What percent of municipal officials/MS4 staff responsible for program	-				end	ed	
training on Low Impace Development (LID), Better Site Design (BSD) Infrastructure principles in this reporting period?	and	other	Gre	en		0	%

0 %

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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

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

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

- 3) Inventory new post-construction practices.
- 4) Inspect post-construction practices not examines in last reporting year.

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

- 1) Stormwater Management Policy reviewed with no changes.
- 2) Green Infrastructure Guidelines reviewed with no changes.
- 3) No new Post-Construction practices were added to inventory.
- 4) Inspected 13 post-construction practices.
- 5) Repaired 1 practice.

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 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) Inspect post-construction practices, and prepare report with any recommendations.

2) Review and update Post construction Practice inventory and mapping.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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

SPI	DES	ID			-			
Ν	Y	R	2	0	А	2	3	4

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?

port?

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>
		<u>C</u>) peration/Activi	ty/Facility
		<u>p</u>	erformed withir	the past 3
Operation/Activity/Facility	Addressed i	n SWMP?	years?	•
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	• Yes	○ No	O Yes	No
New Municipal Construction and Land Disturba	ance \bigcirc Yes	○ No	O Yes	\bigcirc No
Right of Way Maintenance	····· · Yes	○ No	O Yes	\bigcirc No
Marine Operations	\odot Yes	○ No	\odot Yes	\bigcirc No
Hydrologic Habitat Modification	O Yes	○ No	O Yes	\bigcirc No
Parks and Open Space	····· OYes	○ No	····· O Yes	\bigcirc No
Municipal Building	····· · Yes	○ No	• Yes	\bigcirc No
Stormwater System Maintenance	• Yes	○ No	O Yes	• No
Vehicle and Fleet Maintenance			• Yes	No
Other	○ Yes	○ No	• Yes	\bigcirc No

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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

SPDES ID NYR 0 A 2 2 3 4

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

• Parking Lots Swept (Number of acres X Number of times swept)	# Acres		6	6
• Streets Swept (Number of miles X Number of times swept)	# Miles	1	9	5
Catch Basins Inspected and Cleaned Where Necessary	#	2	0	2
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#		1	3
Phosphorus Applied In Chemical Fertilizer	# Lbs.	1	7	5
• Nitrogen Applied In Chemical Fertilizer	# Lbs.	3 3	3	0
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 	# Acres	3	0.	2

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



0 3





This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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

SPL	DES	ID						
Ν	Y	R	2	0	А	2	3	4

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

- 1) Conduct facility self-audit.
- 2) Continue use of AiMS for facility maintenance including sweeping and CB cleaning.
- 3) Continue use of utilizing GIS for improvements and new facilities.
- 4) Provide stormwater management training.
- 5) Examine additional methods for maintenance monitoring.

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

- 1) Facility self-audit not performed
- 2) Use of AiMS system has facilitated monitoring of CB cleaning.
- 3) GIS mapping has been updated and base maps improved.
- 4) Training of maintenance staff was performed utilizing the "Rain Check" video.
- 5) Maintenance monitoring has not changed.

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 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) Perform self audits on 3 facilities..

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

R 2 0

N Y

1 2

Name of MS4/Coalition

Stormwater Coalition of Albany County

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

1	Targeted Public Education and	Outreach Best	Management	Practices
	Turgettu Tushe Buutunon unu	Outrouch Debt	Junugement	Indences

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 Hazardov	us Waste Disposal	○ Recycling
\bigcirc Illicit Discharge Det	tection and Elimination	Riparian Corridor Protection/Restoration
• Infrastructure Maint	tenance	\bigcirc Trash Management
• Smart Growth		• Vehicle Washing
○ Storm Drain Markin	ng	\bigcirc Water Conservation
○ Green Infrastructure	e/Better Site Design/Low Impact Development	\bigcirc Wetland Protection
• Other:		○ None
Coaliiti Other	on Website-Wha	t You Can Do
	ces targeted during this reporting period:	
Public Employees	Contractors	
• Residential	○ Developers	

Businesses
 General Public

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

G	е	n	е	r	а	1	Ρ	u	b	1	i	С	-	С	1	е	a	n	W	a	t	е	r	A	С	t	I	n	f	0	
Ot]	her																														

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 \\ 0 \end{vmatrix} \begin{vmatrix} 1 \\ 8 \end{vmatrix}$

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	

SPI	DES	ID				
Ν	Y	R	2	0		

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

• Coi	nstru	ıcti	on	Site	e Oj	pera	tors	s T1	ain	ed													÷	# Tı	rain	ed			1	1	6
○ Dir	ect	Ma	ilin	gs																			#	Ma	ilin	gs					
• Kic	Kiosks or Other Displays # Locations																		8												
• Lis	t-Se	rve	S																					# I	n Li	ist			1	8	1
○ Ma	iling	g L	ist																					# I	n Li	ist					
○ Nev	vspa	ape	r A	ds o	or A	Artic	cles																#]	Day	s Ri	un					
Put	olic	Ev	ents	s/Pr	ese	ntat	ions	5															#1	Atte	ende	es			1	6	3
○ Sch	ool	Pro	ogra	ım																			# /	Atte	ende	es					
• TV	Spo	ot/F	rog	ran	n																		#]	Day	s Ri	un					
• Pri																					To	otal	# D	istri	ibut	ed				9	7
	Loca C	tion W	ns (e P	.g. li	ibra: W	ries, e	tow b	n off C	ices a	, kio S	sks) t)																			
		_															_														
	Р	r	е	s	е	n	t	a	t	0	n	_	P	a	n	e	1	i	s	t											
• Oth	ner:																														
	1		С	W	Ρ		W	е	b	С	a	ន	t	-	A	r	С	h	i	v											
• We		age	:		ovic ede		pec	ific	we	b ac	ldre	esse	s - 1	not	hor	nej	pag	e. (Con	ntinu	ie o	n ne	ext	pag	ge if	ad	diti	ona	l sp	ace	is
w	w	W	•	s	t	0	r	m	w	a	t	e	r	a	l	b	a	n	У	С	0	u	n	t	У	•	0	r	g		
UR	L_																														
																															\square

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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			-		-	
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.

SWMPv5 (April, 2017) BMP 1-3 Website: continue to maintain Coalition website (post mandated documents; post educational material; post meeting announcements; pay invoice). BMP 1-7 List Serve: update ACCESS database; BMP 1-4 Publications: update door hanger publication; BMP 1-14 Public Programs-Organized By Coalition-host 1 CWP webcast.

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

BMP 1-3 Websites-Coalition website continues to be maintained. BMP 1-7 List Serve-not updated. BMP1-4 Publications-door hanger publication, not updated. BMP 1-14 Public Programs- Hosted 1 CWP Webcast, but "Making Urban Trees Count" program aborted to due technical problems (participants received access to on line archive of webinar).

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

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).

Coalition goals for 2018/2019: 1. Maintain/update Coalition website (member info; post DRAFT Joint AR/ SWMP doc for public comment; post new publications); 2. Provide Coalition members with brochures; 3. Provide traditional MS4 members with a Public Education Program Development Tool which displays the location of target audiences (residential, commercial, institution, industrial); the associated pollution generating behaviors; and likely pollutants of concern.



This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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

Minimum Control Measure 2. Public Involvement/Participation

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

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

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

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

○ Cleanup Events	# Events			
• Comments on SWMP Received	#Comments			0
• Community Hotlines	Phone # $\left(\begin{array}{c c} 5 & 1 & 8 \end{array} \right) \left[\begin{array}{c c} 4 & 4 & 7 \end{array} \right]$	- 5	6	4 5
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
○ Community Meetings	# Attendees			
○ Plantings	Sq. Ft.			
○ Storm Drain Markings	#Drains			
\bigcirc Stakeholder Meetings	# Attendees			
• Volunteer Monitoring	# Events			3
• Other: P u b l i c C o m m e n t s	JointDRAFTM	S 4	Ρm	ı t

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

1108	51 01				•) .	1 14	LTT F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	v iu	cu	•										- •	 -	110
• List-S	erve	e																# I	n Li	ist		3	4
○ Newsp	oape	er A	dve	ertis	ing												#]	Day	s Rı	un			
⊖ TV/Ra	adio	No	otice	es													#]	Day	s Rı	un			
\bigcirc Other:																							

No

• 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 8

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

SPI	DES	ID				
Ν	Y	R	2	0		

Stormwater Coalition of Albany County

Name of MS4/Coalition

2. URL(s) con't.:

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

URL	,	•			•																						. 0			
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																			I			I								
URL	,																													
URL	,																													
URL	,					1									1				1		1									
URL	,														1															
URL	,																													
L						I							L		L		L	L	I		I	L	L		L		L	I	L	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 8$

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

Name of MS4/Coalition

Ν	Y	R	2	0		

SPDES ID

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

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

• MS	4/C	oali	itio	n C	offic	e											A	nnu	ial l	Rep	ort) S	WN	1 P]	Plai	n		Cor	nme	ents
	Dep		nen	t										1		1				_			1								
	S	t	0	r	m	w	a	t	e	r		С	0	a	1	i	t	ĺi	0	n	-	A	1	b	а	n	У	С	n	t	У
	Ado																														
	1	7	5		G	r	е	е	n		S	t	r	е	е	t	-	C	n	t	У	H	е	a	1	t	h	В	1	d	g
	City																	F				Zip					1				
	Α	1	b	a	n	У													N	Y		1	2	2	0	2	-				
	Pho	ne			1				1					1																	
	(5	1	8)	4	4	7	-	5	6	4	5																		
○ Lib	rary Ado	lres	S													C	A	nnu	al l	Rep	ort	C) S '	WN	1 P]	Plaı	n	0	Cor	nme	ents
	City	/																I				Zip					L		L		
] _				
	Pho	ne																L]				
	()				_																						
	()																										
\bigcirc Oth	er Ado	lres	8													C	A	nnu	ial l	Rep	ort	() S '	WN	1 P]	Plaı	n	0	Cor	nme	ents
	City	7																				Zip					I		L		
																											-				
	Pho	ne																L									J				
	()				-																						
	•				,	L]					l																	
• We	b Pa	age	UR	RL:													A	nnu	ial l	Rep	ort		S	WN	1 P]	Plai	n		Cor	nme	ents
	W	w	W		s	t	0	r	m	W	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У		0	r	g	
																													L		
	Ple	ease	e pr	ovi	de	spe	cif	ic a	ddr	ess	of	pag	ge v	whe	ere	rep	ort	cai	n be	e ac	ces	sec	l - r	not	hoı	me	pag	ge.			
• eM	ail																												Cor	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			
			-												_			<u> </u>						<u> </u>					<u> </u>		

This report is being submitted for the reporting period ending March 9, 2 0 1 8 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Stormwater Coalition of Albany County N Y R 2 0 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 4 0 1 8 4.b. For how many days was/will this report be posted? 4 1 If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b.. 5.a. Was an Annual Report public meeting held in this reporting period? ○ Yes \bigcirc No If Yes, what was the date of the meeting? If No, is one planned? ○ Yes \bigcirc No 5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? ○ Yes No If No, is one planned for each? • No ○ Yes 6. Were comments received during this reporting period? ○ Yes • No If Yes, attach comments, responses and changes made to

SWMP in response to comments to this report.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

er	Coalition	of Albany	County

- SPI	DES					
Ν	Y	R	2	0		

7. Evaluating Progress Toward Measurable Goals MCM 2

Stormwat

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.

SWMPv5 (April, 2017) BMP 2-2 Annual Report: Coalition staff prepare for and guide possible transition to "new" MS4 Permit likely to include changes in Annual Report format and annual program evaluation process-no particular goals named in SWMP document. BMP 2-11 WAVE-monitor 4 sites with volunteers.

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

BMP 2-2 Annual Report: "New/Updated" MS4 Permit not released; no transition. BMP 2-11 WAVE-3 sites monitored. Organizing WAVE volunteer stream monitoring continues to be popular.

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 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).

Jan, 2018 the Coalition received notice that MS4Web software used to write/update the Joint Coalition SWMP document had been replaced by MS4Web2.0. Using the new format, the SWMP document was updated. "Goals met" were tracked as Activities, noting what happened, when. New goals were written covering the time frame: 3/10/2018 to 3/9/2019 (2018-2019). These goals included elements of proposed MS4 Permit (GP-0-17-002). 2 WAVE stream events planned for '18.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

Υ

Ν

R 2 0

#

%

Name of MS4/Coalition

Stormwater Coalition of Albany County

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

1 2

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

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

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

	SPDES ID	1		
Name of MS4/Coalition Stormwater Coalition of Albany	County N Y R	2 0		
3.b.What types of illicit discharges have	e been found during this reporting perio	od?		
\bigcirc Broken Lines From Sanitary Sewer	\bigcirc Industrial Connections			
\bigcirc Cross Connections	\bigcirc Inflow/Infiltration			
○ Failing Septic Systems	\bigcirc Pump Station Failure			
\bigcirc Floor Drains Connected To Storm Sewers	\bigcirc Sanitary Sewer Overflows			
○ Illegal Dumping	\bigcirc Straight Pipe Sewer Discharges			
O Other:	○ None			
4. How many illicit discharges/potentia reporting period?	al illegal connections have been detected	l duri	ing thi	is
5. How many illicit discharges have be	en confirmed during this reporting per	iod?		
6. How many illicit discharges/illegal c period?	onnections have been eliminated during	g this	repor	ting
7. Has the storm sewershed mapping b If No, approximately what percent was		? (> Yes	○ No
8. Is the above information available in	n GIS?		9 Yes	○ No

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

Ρ	a	ß	ß	w	0	r	d		Ρ	r	0	t	е	С	t	е	d		R	е	s	t	r	i	С	t	е	d			
h	t	t	р	s	:	/	/	a	С	v	a	r	С	g	i	s	•	a	1	b	a	n	У	С	0	u	n	t	У	•	С
С	0	m	/	w	е	b	m	a	р	/																					
URL	,																		-												

• Yes O No

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

SP	DES	5 ID			-	 -	
Ν	Y	R	2	0			

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

SWMPv5 (April, 2017) BMP 3-4 Storm Sys-CSO-Sewershed Map'g/BMP 5-8 Inventory Post Const SMPs/BMP 6-1 Inventory MuniFac: continue to implement mapping goals detailed in SWMPv5 (see MCM3, MCM 5, and MCM6); continue to implement objectives and tasks listed in the NYSDEC grant contract C00081GG work plan. See respective documents for details (SWMPv5 and grant work plan). Both explain what is being mapped where, when, and how for all Coalition members.

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

To explain grant funded Coalition mapping, effectiveness is evaluated across all MCMs and individual BMPs ignored. Storm system & program map'g (outfalls-correct/archive, PCSMPs-location/inventory, muni facilities-location/inventory) completed/finalized for V/Colonie; T/Guilderland; C/Cohoes; C/Watervliet. CSO map'g completed for C/Cohoes; C/W'vliet; and V/Green Is. Methods developed to delineate storm sewersheds; datasets discussed/obtained UAlb,Beth,T/Col.

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 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).

GRANT: 1. Complete field work- system/program map'g (outfalls-corrected/archive; PCSMPsinventory/mapped; muni facilities inventory/mapped); finalize data/post on SwIM (AlbCnty/T-NewScotland/Ci-Alb/VGrnIs); 2. Review/prepare exist'g datasets from UAlb/T-Bethlehem/T-Colonie for Krumkill/Patroon/Ann Lee Pond for sewershed delineations; 3. Complete sewershed delineations; 4. Use Survey123 to develop ORI form; 5. Purchase/load/give tablets w/ORI Form to interested MS4s. OTHER: 6.Stock ORI Kits. as needed.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

Stormwater	Coalition	of Albany	County

SPI	DES	ID	-			-	
Ν	Y	R	2	0			

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

SWMPv5 (April, 2017): BMP 4-7 Construction Site Operator Training-4hr: co-host one 4 hr training with ACSWCD.

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 \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).

GRANT: 1. Use Survey123 to develop MS4 Construction Site Inspection Form; 2. Purchase/load/ give tablet w/MS4 Contruction Site Inspection Form to interested MS4s. OTHER: 3. Co-sponsor with ACSWCD, 1 4hr E/SC training for Construction Site Operators; distribute promotional material to Coalition members for distribution to their contacts; post training info on Coalition website; pay tuition(s) as needed, funds permitting.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

Stormwater Coalition of Albany County	/

SPI	DES	ID		-	 	-	
Ν	Y	R	2	0			

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

From SWMPv5 document (April, 2017): BMP 5-8 Inventory Post Construction Practices - continue to map post construction practices as detailed in grant work plan and various SWMPv5 goals. BMP 5-9 Post Construction Practices-Maintenance: complete RFP for consultant services to develop GIS friendly post-construction stormwater management practice (PC SMPs) inspection forms (mobile devices).

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

GRANT: To explain grant funded Coalition mapping, effectiveness is evaluated across all MCMs and individual BMPs ignored. Storm system & program map'g (outfalls-correct/archive, PCSMPs-location/inventory, muni facilities-location/inventory) completed/finalized for V/Colonie; T/Guilderland; C/Cohoes; C/Watervliet. RFP for "Form: consultant services on hold-may be completed in-house.

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

1

(ex.: samples/participants/events)

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

• Yes \bigcirc No

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

○ Yes ● No

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

GRANT:1. Complete field work- system and program map'g (outfalls-corrected/archive; PCSMPsinventory/mapped; muni facilities inventory/mapped); finalize data/post on SwIM (AlbCnty/T-NewScotland/Ci-Alb/VGrnIs); 2. Use Survey123 to develop PC SMP inspection form(s) modeled after NYSDEC Maintenance Guidance - SW Mgmt Practices 3. Purchase/load/give tablets w/PC SMPs Inspection Form(s) to interested MS4s.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

	Ν	Y	R	2	0		

......

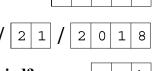
0 2

SPDES ID

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

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

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



Т

Г



ve			
1	0	0	%

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

r	Coalition	of	Albany	County	

SPL	DES	ID				
Ν	Y	R	2	0		

7. Evaluating Progress Toward Measurable Goals MCM 6

Stormwate

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.

SWMPv5 (April, 2017). BMP 6-1 Inventory - Municipal Facility: complete municipal facility mapping as detailed in MCM 3 Page 4 of 4 F.

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

GRANT: To explain grant funded Coalition mapping, effectiveness is evaluated across all MCMs and individual BMPs ignored. Storm system & program map'g (outfalls-correct/archive, PCSMPs-location/inventory, muni facilities-location/inventory) completed/finalized for V/Colonie; T/Guilderland; C/Cohoes; C/Watervliet.

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

0

(ex.: samples/participants/events)

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

• Yes \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).

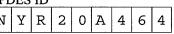
GRANT: 1. Complete field work- system and program map'g (outfalls-corrected/archive; PCSMPsinventory/mapped; muni facilities inventory/mapped); finalize data/post on SwIM (AlbCnty/T-NewScotland/Ci-Alb/VGrnIs); 2. Use Survey123 to develop Municipal Self Audit form; 3. Purchase/ load/give tablets w/Municipal Self Audit Form to interested MS4s. OTHER: 4. Coordinate circulation of train'g DVDs for members; 5. Fund/organize outside vendor/in-house train'g(s).

MS4 Municipal Compliance Certification(MCC) F	orm

MCC form for period ending March 9, 2 0 1 8

Name of MS4 City of Albany

SPDES ID



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
C	0	u	n	t	У																					

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4 City of Albany

SPDES ID

2

0 A

4 6 4

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	t Na	ame														MI	-	Las	t Na	ame										
J	0	ន	е	р	h											E		C	0	f	f	e	У							
Title	е																													
C	0	m	m	i	ន	s	i	0	n	е	r																			
Add	lres	s																												
1	0		Ν		Ε	n	t	е	r	р	r	i	ន	е		D	r	li	v	е										
City	,																			S	tate		Zip	r i						
Α	1	b	а	n	У															I	J	Y	1	2	2	0	4	_		
eMa	uil																													
j	С	0	f	f	е	У	@	a	1	b	a	n	У	n	У	•	g	0	م ا											
Pho	ne																	<u>C</u> οι	inty											
(5	1	8)	4	3	4	-	5	3	0	0						A	1	b	a	n	У							

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4 City of Albany

SPDES ID

N Y R 2 0 A 4 6 4

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

O Principal Executive Officer/Chief Elected Official

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

Firs	t Na	ıme														MI	_	Las	t Na	ime									 		
P	е	t	е	r												W		в	е	С	k										
Titl	Э																														
S	t	0	r	m	w	a	t	е	r		Р	r	0	g	Ц	а	m		М	a	n	а	g	е	r						
Add	lres	s																													
1	0		Ν	•		Е	n	t	e	r	p	r	i	s	e		D	r	i	v	е										
City	,																			S	tate		Zip					-			
A	1	b	а	n	У															I	N .	Y	1	2	2	0	4	_			
eMa	ail																														
p	b	е	С	k	@	a	1	b	a	n	У	n	У	•	g	0	v														
Pho	ne																	Cou	inty					,					 	-	
(5	1	8)	4	3	4	-	5	3	0	0						A	1	b	a	n	У								

MS4 Municipal Compliance Certification (MCC) Form

SPDES ID

R 2

0 A

4 6 4

NY

MCC form for period ending March 9, 2 0 1 8

Name of MS4 City of Albany

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	<u>/Co</u>	aliti	ionl	Jam	e																										
S	t	0	r	m	w	a	t	е	r		С	0	а	1	i	t	i	0	n		0	f		A	1	b	а	n	У			
Par	tner	/Co	alit	ion 1	Nam	ie(c	on't	:.)																SPI	DES	Par	tne	r ID	- If	app	olica	ble
C	0	u	n	t	У																			N	Y	R	2	0				
Ado	dress	s	•																													
1	7	5		G	r	e	е	n		S	t	r	е	е	t	-	С	0	u	n	t	У	н	е	a	1	t	h	в	1	d	g
Cit	 У		4		•		•	•								• • • •	•		•	St	ate		Zip									
Α	1	b	a	n	У															N			1	2	2	0	2	-				
eM	ail																															
N	a	n	С	У		н	е	i	n	z	е	n	@	a	1	b	a	n	У	С	0	u	n	t	У	n	У	•	g	0	v	
Pho	one			_				_					_						T o	~~ ¹¹	D		n a 4	1 ~ ~ ~			-		dan	• •		
(5	1	8)	4	4	7	-	5	6	4	5								gall th G	-		_	_					Ye		0	No
W	hat	tas	ke/	rest	າດກ	sih	iliti	65	are	cha	arec	1 337	ith	this	s na	artn	er (é o	τN	M	1 S	cho	പ	Pro	σra	me	or	Mu	ltir	ole '	Tac	sks)'
** 1	inut	uub.				.510			ui U	SIR	400	4 VY.		UIII.	s pe	41 (1)		ν.ε	,• IV.	1111	1.0	0110	01.	. 10	Bru		01	1110	nut		Ius	K 5)
• 1	мМ	[1	P	u	b	1	li	С	a	t	i	0	n	ន	-	P	r	0	g	r	a	m	s	-	W	е	b	ន	i	t	е	
.	ΜМ	12	s	W	М	Р	D	0	с		A	R	P	u	b	1	i	С	I	n	p	u	t	_	W	А	v	Е	S	t	r	m
• 1	VIIVI	12			1.1						~	IX.	_	u	L)	-	-		-	11	Р	lu	L		VV	А	v	15	5	L		
• 1	MМ	[3	S	w	I	М	М	a	р	р	е	r	-	0	R	I	ĸ	i	t	ន	-	0	F	&	S	У	ຮ	М	a	р	g	
• 1	MМ	[4	S	w	I	M	М	a	р	р	е	r	-	L	a	У	r	υ	p	đ	a	t	e	-	М	е	t	a	đ	a	t	a
			[1	I	1	I I	L				! 			I	I	I	I	1	I		I I	l	1 	L	r	I	l			I	
• 1	мМ	[5	S	W	I	M	Μ	a	р	р	e	r	-	Ρ	r	0	g	M	a	p	g	-	P	C	S	М	Ρ	S				
• 1	MМ	[6	P	r	0	g	М	a	р	-	F	a	С		Т	r	a	i	n	g	:	D	v	D	s	-	W	G	М	t	g	s
			· · ·		·	·		••••						I	1	ł	1	I	ł	I		I	I	L		•	I		I			

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	20	1	8							
		SPI	DES	ID						
Name of MS4 City of Albany		N	Y	R	2	0	Α	4	6	4

Section 4 - Certification Statement

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

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

First Name	MI	Last Name	e			р	. E				
Title (Clearly print title of individual signing report) $C \circ m m i s s i \circ n e r$											
Signature											
JOAN E CAPPY			Г	Date 0 5]/[2	5 /	2	0	1	8

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 8

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

Name of MS4/Coalition City of Albany

Water Quality Trends

N

YR

2 0 A

4 6

4

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. \bigcirc Yes

s 🕘 No

- If Yes, choose one of the following
- \bigcirc Report(s) attached to the annual report
- Web Page(s) where report(s) is/are provided below

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

URL								 		 	 	 	 	,	 ,	
URL	,															
URL	,			 	 	 	 								•	
URL	,								 				 		 	
												_				

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

0 A

4

6 4

Name of MS4/Coalitio	City of Albany
----------------------	----------------

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

1. Targeted Public Education and Outreach Best Management Practices

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

• Construction Sites • Pesticide and Fertilizer Application Pet Waste Management General Stormwater Management Information Household Hazardous Waste Disposal Recycling Illicit Discharge Detection and Elimination O Riparian Corridor Protection/Restoration ○ Infrastructure Maintenance Trash Management ○ Smart Growth Vehicle Washing Water Conservation Storm Drain Marking • Green Infrastructure/Better Site Design/Low Impact Development O Wetland Protection • Other: O None s|p 1 Fountains & Ρ ន а s 00 , Other

2. Specific audiences targeted during this reporting period:

• Public Employees	Contractors
Residential	Developers
\bigcirc Businesses	• General Public
\bigcirc Restaurants	○ Industries
• Other:	○ Agricultural
S c h o o 1	C h i l d r e n
Other	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 \\ 0 \end{vmatrix} \begin{vmatrix} 1 \\ 8 \end{vmatrix}$

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

Name of MS4/Coalition City of Albany	
Name of MS4/Coalition	1

S	SPE	DES	ID						
	Ν	Y	R	2	0	Α	4	6	4

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

\bigcirc Cor	nstru	uctior	t Ads or Articles hts/Presentations																# Trained						
• Dir	ect	Mailings or Other Displays rves g List aper Ads or Articles Events/Presentations																	# Mailings	2	4	6	1	9	
● Kio	sks	or O	ther	Dis	play	/S														# Locations					1
• List	t-Se	rves																		# In List				4	5
⊖ Ma	iling	; List																	# In List						
○ Nev	vsp	ng List spaper Ads or Articles																# Days Run							
Put	iling List wspaper Ads or Articles plic Events/Presentations																# Attendees		1	1	2	5			
Sch	ool	Prog	ram																	# Attendees			1	2	1
○ TV	Sp	ot/Pro	ograi	n																# Days Run					
• Pri																				Total # Distributed			6	0	3
	Loca	tions	(e.g.	libra	ries,	tow	n of	fices	, kie	osks)				-					1					
	А	1 Ł	a	n	У		W	a	t	е	r		D	е	р	t	•								
				1									1						1	1					

۲	Other:
---	--------

C

B | 1 | d

Α

1

b a

i|t|y|H|a|1|1

n y

g | s | /

T u l i p F e s t i v a l		_			[[-	 	[<u> </u>	
	Т	 1	i	n I		F		t	i	v	а	1				

0 n

.

m m

CO

R e g

CO

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

T|h|e

1 | i

e v

m|p

D

RO

a | n

gcy

Α

a d

cle

w	w	w	•	a	1	b	a	n	У	n	У	•	0	r	g	/	ន	t	0	r	m	w	a	t	е	r	•	a	s	р	x
URI	<u> </u>	I								1			l	I					<u> </u>	<u> </u>	L	I	L		<u> </u>				<u> </u>	<u> </u>	1

						-											
ſ	-																

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

		_	SPL)ES	ID						
Name of MS4/Coalition	City of Albany		Ν	Y	R	2	0	A	4	6	4

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

URL	,			 	 											 				 						<u> </u>	
					 													-									
	L																								·		
URL	Í															 											
]
									-																		
URL	,																			 							
																			-								
				 	 										-					 							
L]
URI	<u>í</u>																										
URI																											
	1			 									l														
URI	1				 																						
																						<u> </u>					
URI			-		 															 							
	1																										
L	1	 			 	 	 	l	 	I 		1	L 								 	 					
	1																										

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 8 \end{vmatrix}$

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

SPDES ID

2

A 0

4 6 4

Name of MS4/Coalition City of Albany

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

1. Stormwater coordinator (SWC)/staff will continue the stenciling of catch basins within the local watersheds. 2. SWC/staff will maintain 2 brochure racks at AWD and research possible new locations.

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

1. Staff stenciled 56 catch basins within the Normanskill watershed. 2. SWC/staff maintained 2 brochure racks at AWD and researched the location of a new brochure racks at the Department of General Services & Albany Community Development Agency.

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

(ex.: samples/participants/events)

1 5

 \bigcirc No

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

• Yes \bigcirc No

• Yes

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

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

1. Stormwater coordinator (SWC)/staff will continue the stenciling of catch basins within the local watersheds. 2. SWC/staff will maintain 2 brochure racks at AWD. 3. SWC will continue to participate in school programs and tabling events. 4. SWC/staff will update the city stormwater website with additional stormwater material. 5. SWC/staff will continue to provide stormwater literature through direct mailings.

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 8$

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

SPDES ID

N

Y R 2

0 A

4

6 4

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

4. Evaluating Progress Toward Measurable Goals MCM 1

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

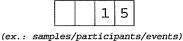
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

3. SWC will continue to participate in school programs and tabling events.

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

3. School Programs that SWC/staff participated in were, Future Cities & the Normanskill Farm Conservation Field Day. Tabling Events that SWC/staff participated in were, City Hall on The Road, Vacant Land Meetings, Sheridan Hollow Green Infrastructure Meeting & the Washington Park Tulip Festival.

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



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

• Yes O No

O No

• Yes

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

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

1. Stormwater coordinator (SWC)/staff will continue the stenciling of catch basins within the local watersheds. 2. SWC/staff will maintain 2 brochure racks at AWD. 3. SWC will continue to participate in school programs and tabling events. 4. SWC/staff will update the city stormwater website with additional stormwater material. 5. SWC/staff will continue to provide stormwater literature through direct mailings.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

0 A

4

6 4

Name of MS4/Coalition City of Albany

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

4. SWC/staff will update the city stormwater website with additional stormwater material. 5. SWC/staff will continue to provide stormwater literature through direct mailings.

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

4. SWC/staff has updated the city stormwater website with additional stormwater material such as Water Pollution, Litter, Invasive Plants, Pet Waste & Rain Barrel information. SWC/staff also added a Children Activities section to the website. 5. SWC/staff provided 24,500 litter brochures & 119 Private Septic System folders within the direct mailings.

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

1 5

(ex.: samples/participants/events)

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

• Yes \bigcirc No

O No

• Yes

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

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

1. Stormwater coordinator (SWC)/staff will continue the stenciling of catch basins within the local watersheds. 2. SWC/staff will maintain 2 brochure racks at AWD. 3. SWC will continue to participate in school programs and tabling events. 4. SWC/staff will update the city stormwater website with additional stormwater material. 5. SWC/staff will continue to provide stormwater literature through direct mailings.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition City of Albany

SPDES ID N Y R 2 0 A 4 6 4

Minimum Control Measure 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				1
○ Comments on SWMP Received		# Comments				
Community Hotlines	Phone #	(518)434	-	5	3	2 2
Phone # ()	Phone #	(518)434	-	5	3	0 0
Phone # ()	Phone #		-[
Phone # ()	Phone #		- [
Phone # ()	Phone #		-			
Phone # ()	Phone #		-			
 Community Meetings 		# Attendees			1	2 6
○ Plantings		Sq. Ft.				
Storm Drain Markings		# Drains				56
O Stakeholder Meetings		# Attendees				
○ Volunteer Monitoring		# Events			-	
O Other:						
2. Was public notice of availability of this annu	al report	and Stormwater Manag	jem	ent	ţ	
Program (SWMP) Plan provided?			۲	Ye	S	O No
○ List-Serve		# In List				

○ List-Serve	# In List											
○ 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 8

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

Name of MS4/Coalition City of Albany

SPDES ID N Y R 2 0 A 4 6 4

2. URL(s) con't.:

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

JRL					.														•												
W	w	w	•	s	t	0	r	m	w	a	t	e	r	a	1	b	а	n	У	С	0	u	n	t	У	•	0	r	g		
JRL	I	<u> </u>	I	1	1	I	I	1	L	L	L	I		I	L	I		L	I	I	I	I	L		l	L					<u> </u>
W	w	w		a	1	b	a	n	У	n	У		0	r	g	1	s	t	0	r	m	w	a	t	е	r		a	s	р	x
																				<u> </u>		I 									<u> </u>
					 				 	I									 	<u> </u>	<u> </u>	I 				<u> </u>					ŀ
	L					I			I					1	1			I		I	1									·	L
JRL	Í							[[1																					Γ
	<u> </u>	<u> </u>				 					 	1							<u> </u>			<u> </u>									T
		 					[1		I	 			-					<u> </u>	<u> </u>		 									L
																														L	
JRI	í	1					 	r	r	1	1							1													T
		 			 			 		 	 	 									 T	 	 			 					<u> </u>
										<u> </u>																					Ļ
URL	í	1	1	1	1	1								1	1			,		1	····-		1		,				r		T
														<u> </u>								<u> </u>		,							
URL			·		-	.		·				,				,			, ···						t						
																															T
URL	J		I	l	1	I	I	.1	J	I	I			1		1	1	I	1									1	I	L	J
																															Γ
																															T
		<u> </u>				l																									+
	I	1	L	I		I	I	<u>}</u>	I	I					I	I	l	l		1		I	1								1

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition City of Albany

 SPDES ID

 N
 Y
 R
 2
 0
 A
 4
 6
 4

2. URL(s) con't.:

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

URL	.																	,		 										
																						1								
URI	I								İ																					
	Í																													
		-																												
F																				 										
																												L		
URI																														
URI																			L						L					
	<u> </u>													 																
URI	Í																· · · · ·													
		 					<u> </u>						[
												ļ																		
URI					1															 										r
		,																												
URI		1	1	<u> </u>	1	1	L .		1	L	I	I	I	I	I	1	[I	I	 I	I	L	l	l	I	I	l	II	.	L
	Ī																													[
			1	I				L		 		I	l 			 			l	l										

MS4 Annual Report Form													
This report is being submitted for the reporting period ending March 9, 2 0 1 8													
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID													
Name of MS4/Coalition City of Albany N Y R 2 0 A 4 6	4												
3. Where can the public access copies of this annual report, Stormwater Management													
Program SWMP) Plan and submit comments on those documents?													
Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.													
MS4/Coalition Office Annual Report SWMP Plan Comments													
Department Depart tmentof Water & Water Su													
Address	p												
10 North Enterprise Drive													
City Zip A 1 b a n y N Y 1 2 2 0 4 -	\square												
Phone Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control	J												
○ Library ○ Annual Report ○ SWMP Plan ○ Comments													
City Zip													
Phone													
Other Other SWMP Plan Comm	ents												
Address													
City Zip]												
A 1 b a n y													
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$													
○ Web Page URL: ● Annual Report ● SWMP Plan ● Comm	<u> </u>												
w w w . a l b a n y n y . o r g / s t o r m w a t e r . a s	g												
Please provide specific address of page where report can be accessed - not home page.													
 eMail Comments 													
	T												

This report is being submitted for the reporting period ending March	9, 2 0 1 8	
If submitting this form as part of a joint report on behalf of a coalition leave S	SPDES ID blank.	
SPDES I		
Name of MS4/Coalition City of Albany	R 2 0 A 4	6 4
4.a. If this report was made available on the internet, what date was it posted	1?	
Leave blank if this report was not posted on the internet. $05/$	04/20	1 8
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	t, answer 5.b	
5.a. Was an Annual Report public meeting held in this reporting period? If Yes, what was the date of the meeting?	• Yes	• No
If No, is one planned?	\bigcirc Yes	• No
5.b. Was an Annual Report public meeting held for all MS4s contributing to	this report du	ring
this reporting period?	\bigcirc Yes	• No
If No, is one planned for each?	\bigcirc Yes	• No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to	\bigcirc Yes	• No

SWMP in response to comments to this report.

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid$ 8

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

SPDES ID YR

Ν

2

0 A

4 6 4

City of Albany Name of MS4/Coalition

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

1. City of Albany (COA) will update the public contact annually. 2. COA will post a 2017 Final Joint Report on website (stormwater page). 3. AWD will continue to lend support in the way of education and operational guidance information to community groups.

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

1. SWC has updated the public contact. 2. The 2017 Final Joint Report was posted on the Albany County Stormwater Coalition & city stormwater websites. 3. AWD has led support through education and operational guidance to the Vacant Land Group and Sheridan Avenue Community Group.

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

(ex.: samples/participants/events)

7

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

O No • Yes

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

• Yes O No

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

1. City of Albany (COA) will update the public contact annually. 2. COA will post a 2018 Final Joint Report on website (stormwater page). 3. AWD will continue to lend support in the way of education and operational guidance information to community groups. 4. COA will coordinate with community and activist groups to plan and initiate public events.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

2

 $A \mid 0$

4

6 4

Name of MS4/Coalition City of Albany

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.

4. COA will coordinate with community and activist groups to plan and initiate public events.

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

4. City of Albany (COA) helped coordinate and participated in a clean up event at Buckingham Pond with the Buckingham Pond Conservative Group. The SWC & staff also helped coordinate and participated in the DEC WAVE Program.

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

(ex.: samples/participants/events)

7

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

• Yes \bigcirc No

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

○ Yes ○ No

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

1. City of Albany (COA) will update the public contact annually. 2. COA will post a 2018 Final Joint Report on website (stormwater page). 3. AWD will continue to lend support in the way of education and operational guidance information to community groups. 4. COA will coordinate with community and activist groups to plan and initiate public events.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID YR

Ν

1 3 2

8 #

0 A

6 4

0 %

7

1 0

4

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

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?

- 1. Enter the number and approx. percent of outfalls mapped:
- 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 5
- 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

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

This report is being submitted for the reporting period ending March 9,	2	0	1	8
this report is being submitted for the reporting period chaing that on y		i – I		_

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

	1	SPD	DES	ID						
Name of MS4/Coalition City of Albany		N	Y	R	2	0	A	4	6	4

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

O Bro	ken Lines	From S	anitary	Sewer	0	Industrial	Connections

- Cross Connections Inflow/Infiltration
- Failing Septic Systems Pump Station Failure
- Floor Drains Connected To Storm Sewers Sanitary Sewer Overflows
- Illegal Dumping
 O Straight Pipe Sewer Discharges

• Otł	ner:											0	Noi	ne												
C	0	n	ន	t	r	u	С	t	i	0	n	0	р	е	r	a	t	i	0	n	s					

8

8

8

%

O No

 \bigcirc No

No

• Yes

• Yes

O Yes

- 4. How many illicit discharges/potential illegal connections have been detected during this reporting period?
- 5. How many illicit discharges have been confirmed during this reporting period?
- 6. How many illicit discharges/illegal connections have been eliminated during this reporting period?
- 7. Has the storm sewershed mapping been completed in this reporting period? 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

Ρ	a	s	ទ	w	0	r	d		Ρ	r	0	t	е	С	t	е	d		R	е	ន	t	r	i	С	t	е	d			
h	t	t	р	ន	:	/	1	a	С	v	a	r	С	g	i	ន	•	a	1	b	а	n	У	С	0	u	n	t	У	•	
С	0	m	1	w	e	b	m	a	р	1																					
URL	í												1						r	1											
																			1												

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 \\ 0 \end{vmatrix} \begin{vmatrix} 1 \\ 8 \end{vmatrix}$

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

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

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?
- **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?

908

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

0 A

4

6 4

Name of MS4/Coalition City of Albany

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

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

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

1. Stormwater staff has reviewed completed construction projects for potential outfalls. 33 new outfalls were identified & mapped. 2. Stormwater staff followed the ORI Inspection Schedule Map and completed ORI on 57 outfalls. 3. Stormwater staff reviewed existing procedures for the IDDE program, no updates were performed. 4. Stormwater staff has collected data for 8 illegal dumping illicit discharges.

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

(ex.: samples/participants/events)

6

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

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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 Albar	ıy
-----------------------	------	----------	----

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

SPDES ID

2

0 A

4

6 4

O NT

9

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?

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

1b.Has each Town, City and/or Village contributing to this report docume	ented tha	at the la	w is		
equivalent to a NYSDEC Sample Local Law for Stormwater Managen	ient and	Erosion	and		
Sediment Control through either an attorney cerfification or using the NYSDEC Gap					
Analysis Workbook?	🛡 Yes	\bigcirc No	O NT		

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

2.	Does your MS4/Coalition have a SWPPP review procedure in place?	Yes	O No

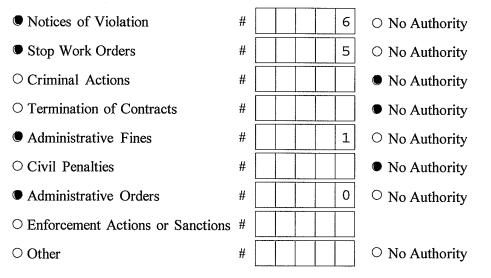
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?

 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? • 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 8

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

	G1: C 1 11
Name of MS4/Coalition	City of Albany
Name of WIS4/Coalition	

SPL	DES	ID						
N	Y	R	2	0	Α	4	6	4

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The	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?	acre or 1	nore 8
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	r jurisd	iction 8
3.	What percent of active construction sites were inspected during this reporting	period?	○ NT 0 %
4.	What percent of active construction sites were inspected more than once?	10	○ NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual? • Yes	the NY O No	
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prever (SWPPPs) of construction projects that are subject to MS4 review and approva	al?	
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made av public review?		○ NT or ● 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 8

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

Name of MS4/Coalition	City of Albany
Name of WIS4/Coantion	

SPL	DES	ID						
Ν	Y	R	2	0	А	4	6	4

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

	Dep	parti	men	t		,							····	·												-					
	D	e	p	t	-		0	f		W	a	t	e	r		&		W	a	t	е	r		S	u	p	р	1	У		
	Add	lres	s										·	·····													1			·····	
	1	0		N	0	r	t	h		Е	n	t	e	r	р	r	i	ន	е		D	r	i	v	е						
	City	/												r						-1		Zip			r	1	Ъ		-		
	Α	1	b	а	n	У												Ν	Y	·		1	2	2	0	4	-				
	Pho	ne	_	·									1	1																	
	(5	1	8)	4	3	4	-	5	3	0	0	}																	
⊖ Lib	rary	/																													
	Add	ires	s															·				,			· · · · · · · · · · · · · · · · · · ·	·····		·	- -		
	City		1			·			1									r		٦		Zip			1	T	n			1	
] -				
	Pho	ne				r																									
	()				-																						
⊖ Oth	er																														
	Ado	dres	s																							_					
	City	/					1			•												Zip					_				
																											-				
	Pho	ne											•											•							
	()				–																						
○ We	b P	age	UF	RL(s	5):	Р	lea	se p	rov	vide	spe	cifi	ic a	ddr	ess	whe	ere	sw	PPI	Ps c	an	be a	acce	esse	ed -	no	t ho	me	pag	ze.	
	URL	, 1	T	r			i	1		-	1	1	F	1	1						1	T				1	1	1			
																														Γ	
	URL		1	1			ł	I		1		1	1	1	I						1				1		.1	.1			
				[
			1	<u> </u>										<u> </u>	<u> </u>												1			<u> </u>	\square
			<u> </u> 	I 	I	<u> </u>	I	L		<u> </u>			 	1	<u> </u>	 					L	I	l		I 	 		<u> </u>	$\frac{1}{1}$	$\frac{1}{1}$	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition City of Albany

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

1. Stormwater staff will continue to e-mail contractors about the availability of 4-hr E-SC Training Courses. 2. The SWC will take the forms created by the Albany County Stormwater Coalition Forms Committee and modify them for best implementation for the City of Albany. 3. SWC will provide erosion and sediment training material during pre-construction meetings.

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

1. The Stormwater Program Coordinator (SWC) e-mailed 49 contractors about the availability of 4-hr E-SC Training Courses on October 23, 2017. 2. The SWC reviewed the forms created by the Albany County Stormwater Coalition. However, the SWC has not implemented any of the information into the City of Albany forms. 3. The SWC has provided erosion and sediment training material at some of the pre-construction meetings.

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

(ex.: samples/participants/events)

7

6

4

4

0 A

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

• Yes \bigcirc No

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

• Yes \bigcirc No

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

1. Stormwater staff will continue to e-mail contractors about the availability of 4-hr E-SC Training Courses. 2. The SWC will take the forms created by the Albany County Stormwater Coalition Forms Committee and modify them for best implementation for the City of Albany. 3. SWC will provide erosion and sediment training material during pre-construction meetings. 4. COA will review all SWPPP's on proposed projects and provide monthly inspections on active construction sites.

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 8$

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

SPDES ID

2

0 A

4 6

4

Name of MS4/Coalition City of Albany

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

4. COA will review all SWPPP's on proposed projects and provide monthly inspections on active construction sites.

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

4. City of Albany staff and/or the SWC has reviewed 9 SWPPP's on proposed projects and has provided monthly inspections on all active construction sites.

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

(ex.: samples/participants/events)

7

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 \bigcirc No

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

1. Stormwater staff will continue to e-mail contractors about the availability of 4-hr E-SC Training Courses. 2. The SWC will take the forms created by the Albany County Stormwater Coalition Forms Committee and modify them for best implementation for the City of Albany. 3. SWC will provide erosion and sediment training material during pre-construction meetings. 4. COA will review all SWPPP's on proposed projects and provide monthly inspections on active construction sites.

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1$ 8

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

SPDES ID Ν

YR

2 0 Α 4 6 4

Name of MS4/Coalitior	City of Albany
-----------------------	----------------

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
O Alternative Practices			
Filter Systems	12	4	1
Infiltration Basins	6	3	0
\bigcirc Open Channels			
Ponds	15	12	11
\bigcirc Wetlands			
• Other	13	11	

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

Overlay Districts ○ Open Space Preservation Program

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

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

City of Albany Name of MS4/Coalition

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

○ Yes No

4 6 4

SPDES ID Ν

YR

2

0 A

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

 \bigcirc 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? \bigcirc Yes • No
- 4d. How many stormwater management practices have been implemented as part of this system in this reporting period? 3
- 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?

	8	5	%
--	---	---	---

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 8$

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

Name of MS4/Coalition City of Albany

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. SWC/staff will participate as needed in the City Re-Zone Albany Initiative, so that code language considers the model local law language developed as part of the "GILLAC" grant. 2. SWC/staff will continue to update the inventory of built stormwater practices since 2003 and record them in the annual report.

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

1. Several Albany Water Department staff have been involved in the code review and City Re-Zone Initiative. 2. The SWC researched old developments and projects to update the inventory of practices, stormwater practices were GPS and inspection & O&M letters were sent, inventory changes are reflected in the annual report. 3. SWC GPS 100 % all newly discovered/built practices.

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?

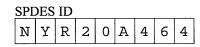
• Yes \bigcirc No

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).

1. SWC/staff will continue to update the inventory of built stormwater practices since 2003 and record them in the annual report.



					٤	5
_	/	 ,	_		_	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition City of Albany

SPE	DES	ID						
Ν	Y	R	2	0	А	4	.6	4

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?

eport?

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				
		<u>(</u>	Operation/A	<u>ctivity/Fa</u>	<u>cility</u>		
		p	erformed w	<mark>ithin the</mark> j	past 3		
Operation/Activity/Facility	Addressed i	n SWMP?	<u>ve</u>	ears?			
Street Maintenance	• Yes	○ No	• `	Yes ON	lo		
Bridge Maintenance	• Yes	○ No	• `	Yes ON	lo		
Winter Road Maintenance	• Yes	○ No	• `	Yes ON	lo		
Salt Storage	• Yes	○ No	• `	Yes ON	lo		
Solid Waste Management	• Yes	○ No	• `	Yes ON	lo		
New Municipal Construction and Land Disturban	nce 🖲 Yes	○ No	····· • •	Yes ON	lo		
Right of Way Maintenance	• Yes	○ No	• `	Yes ON	lo		
Marine Operations	\odot Yes	• No	0`	Yes • N	lo		
Hydrologic Habitat Modification	O Yes	• No	0`	Yes 🔍 🔍 N	lo		
Parks and Open Space		○ No		Yes ON	lo		
Municipal Building		○ No		Yes ON	lo		
Stormwater System Maintenance		○ No	•	Yes ON	lo		
Vehicle and Fleet Maintenance		○ No		Yes ON	lo		
Other	○ Yes	○ No	0`	Yes ON	lo		

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition	City of Albany	
Name of MS4/Coalifion		

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

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

- 3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 2 5
- 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? 8 5 %

0 3 0 8

cres				
Ailes	1	6	0	0
#			3	1
#				

SPDES ID NYR

2

0 A

4 6 4

# Lbs.								0	
# Lbs.			3	-	L		7	2	
Acres		3	1	5	(5		6]

2

0 1 8

7 3

1

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

NYR2

0 A

4 6 4

Name of MS4/Coalition City of Albany

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

1. Stormwater staff will reassess one third of the revised facility audit inventory based on the three-year plan map. 2. Staff will review catch basin inspection and cleaning schedule and inspections, clean-outs and repairs will be documented.

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

1. SWC reassessed 19 facilities identified in Year 3/3 based on the three-year plan map, approximately one third of the revised facility audit inventory. 2. Staff reviewed catch basin inspection and cleaning schedule and records : 161 repairs, 112 cleaned in the CSS and 41 cleaned in the MS4 areas with 424.5 tons debris removed.

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).

1. Stormwater staff will reassess one third of the revised facility audit inventory based on the three-year plan map. 2. Staff will review catch basin inspection and cleaning schedule and inspections, clean-outs and repairs will be documented. 3. Stormwater staff will collect and maintain data on miles and acres swept, fertilizer, pesticide, herbicide, and other chemicals used, road salt applied, and household hazardous waste collected.

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 8$

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

SPDES ID

Ν

YR

2

0 A

6

4

4

Name of MS4/Coalition City of Albany

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

3. Stormwater staff will collect and maintain data on miles and acres swept, fertilizer, pesticide, herbicide, and other chemicals used, road salt applied, and household hazardous waste collected.

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

3. SWC has collected and maintained data on miles and acres swept, fertilizer, pesticide, herbicide, and other chemicals used, road salt applied, and household hazardous waste collected.

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

(ex.: samples/participants/events)

9

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. Stormwater staff will reassess one third of the revised facility audit inventory based on the three-year plan map. 2. Staff will review catch basin inspection and cleaning schedule and inspections, clean-outs and repairs will be documented. 3. Stormwater staff will collect and maintain data on miles and acres swept, fertilizer, pesticide, herbicide, and other chemicals used, road salt applied, and household hazardous waste collected.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

R 2 0

N Y

1 2

Name of MS4/Coalition

Stormwater Coalition of Albany County

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

1	Targeted Public Education and	Outreach Best	Management	Practices
	Turgettu Tushe Buutunon unu	Outrouch Debt	Junugement	Indences

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 Hazardov	us Waste Disposal	○ Recycling
\bigcirc Illicit Discharge Det	tection and Elimination	Riparian Corridor Protection/Restoration
• Infrastructure Maint	tenance	\bigcirc Trash Management
• Smart Growth		• Vehicle Washing
○ Storm Drain Markin	ng	\bigcirc Water Conservation
○ Green Infrastructure	e/Better Site Design/Low Impact Development	\bigcirc Wetland Protection
• Other:		○ None
Coaliiti Other	on Website-Wha	t You Can Do
	ces targeted during this reporting period:	
Public Employees	Contractors	
• Residential	○ Developers	

Businesses
 General Public

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

G	е	n	е	r	а	1	Ρ	u	b	1	i	С	-	С	1	е	a	n	W	a	t	е	r	A	С	t	I	n	f	0	
Ot]	her																														

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 \\ 0 \end{vmatrix} \begin{vmatrix} 1 \\ 8 \end{vmatrix}$

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	

SPI	DES	ID				
Ν	Y	R	2	0		

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

• Coi	Construction Site Operators Trained # Trained 1 1 6 Direct Mailings # Mailings # Mailings # Mailings 8 Ciosks or Other Displays # Locations 1 8 1 Ailing List # In List 1 8 1 Mailing List # In List 1 8 1 Adulting List # Days Run 1 6 3 Public Events/Presentations # Attendees 1 6 3 Chool Program # Attendees 1 6 3 V Spot/Program # Days Run 1 6 3 Trained Materials: Total # Distributed 9 7 Locations (e.g. libraries, town offices, kiosks) Total # Distributed 9 7 Locations (e.g. libraries, town offices, kiosks) Total # Distributed 9 7 Locations (e.g. libraries, town offices, kiosks) Total # Distributed 9 7 Locations (e.g. libraries, town offices, kiosks) Total # Distributed 9 7 Locations (e.g. libraries, town offices, kiosks) Total # Distributed																														
○ Dir	ect	Ma	ilin	gs																			#	Ma	ilin	gs					
• Kic	sks	or	Oth	ner 1	Disj	play	/S																#]	Loc	atio	ns					8
• Lis	t-Se	rve	S																					# I	n Li	ist			1	8	1
○ Ma	iling	g L	ist																					# I	n Li	ist					
○ Nev	vspa	ape	r A	ds o	or A	Artic	cles																#]	Day	s Ri	un					
Put	olic	Ev	ents	s/Pr	ese	ntat	ions	5															#1	Atte	ende	es			1	6	3
○ Sch	ool	Pro	ogra	ım																			# /	Atte	ende	es					
• TV	Spo	ot/F	rog	ran	n																		#]	Day	s Ri	un					
																					To	otal	# D	istri	ibut	ed				9	7
				.g. li)																			
		_		_									_				_														
	Р	r	е	s	е	n	t	a	t	0	n	_	Р	a	n	e	1	1	s	t											
• Oth	ner:																														
	1		С	W	Ρ		W	е	b	С	a	ន	t	-	A	r	С	h	i	v											
		age	:				pec	ific	we	b ac	ldre	esse	s - 1	not	hor	nej	pag	e. (Con	ntinu	ie o	n ne	ext	pag	ge if	ad	diti	ona	l sp	ace	is
w	w	W	•	s	t	0	r	m	w	a	t	e	r	a	l	b	a	n	У	С	0	u	n	t	У	•	0	r	g		
UR	L_																														
																															\square

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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					-	
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.

SWMPv5 (April, 2017) BMP 1-3 Website: continue to maintain Coalition website (post mandated documents; post educational material; post meeting announcements; pay invoice). BMP 1-7 List Serve: update ACCESS database; BMP 1-4 Publications: update door hanger publication; BMP 1-14 Public Programs-Organized By Coalition-host 1 CWP webcast.

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

BMP 1-3 Websites-Coalition website continues to be maintained. BMP 1-7 List Serve-not updated. BMP1-4 Publications-door hanger publication, not updated. BMP 1-14 Public Programs- Hosted 1 CWP Webcast, but "Making Urban Trees Count" program aborted to due technical problems (participants received access to on line archive of webinar).

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

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).

Coalition goals for 2018/2019: 1. Maintain/update Coalition website (member info; post DRAFT Joint AR/ SWMP doc for public comment; post new publications); 2. Provide Coalition members with brochures; 3. Provide traditional MS4 members with a Public Education Program Development Tool which displays the location of target audiences (residential, commercial, institution, industrial); the associated pollution generating behaviors; and likely pollutants of concern.



This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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

Minimum Control Measure 2. Public Involvement/Participation

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

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

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

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

○ Cleanup Events	# Events			
• Comments on SWMP Received	#Comments			0
• Community Hotlines	Phone # $\left(\begin{array}{c c} 5 & 1 & 8 \end{array} \right) \left[\begin{array}{c c} 4 & 4 & 7 \end{array} \right]$	- 5	6	4 5
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
○ Community Meetings	# Attendees			
○ Plantings	Sq. Ft.			
○ Storm Drain Markings	#Drains			
\bigcirc Stakeholder Meetings	# Attendees			
• Volunteer Monitoring	# Events			3
• Other: P u b l i c C o m m e n t s	JointDRAFTM	S 4	Ρm	ı t

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

1108	51 01				•) .	1 14	LTT F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	v iu	cu	•										- •	 -	110
• List-S	erve	e																# I	n Li	ist		3	4
○ Newsp	oape	er A	dve	ertis	ing												#]	Day	s Rı	un			
⊖ TV/Ra	adio	No	otice	es													#]	Day	s Rı	un			
\bigcirc Other:																							

No

• 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 8

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

SPI	DES	ID				
Ν	Y	R	2	0		

Stormwater Coalition of Albany County

Name of MS4/Coalition

2. URL(s) con't.:

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

URL																						. 0								
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																					I									
																														. <u> </u>
URL	,																													
URL	,																													
URL	,						1				1		1		1		1		1				1		1		1		1	 1
URL	,																													
URL	,												I	I	1		I		I									1		

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 8$

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

Name of MS4/Coalition

Ν	Y	R	2	0		

SPDES ID

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

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

• MS	4/C	oali	itio	n C	offic	e											A	nnu	ial l	Rep	ort) S	WN	1 P]	Plai	n		Cor	nme	ents
	Dep		nen	t																							-				
	S	t	0	r	m	w	a	t	e	r		С	0	a	1	i	t	ĺi	0	n	-	A	1	b	а	n	У	С	n	t	У
	Ado																														
	1	7	5		G	r	е	е	n		S	t	r	е	е	t	-	C	n	t	У	H	е	a	1	t	h	В	1	d	g
	City																	F				Zip					1				
	Α	1	b	a	n	У													N	Y		1	2	2	0	2	-				
	Pho	ne			1				1					1																	
	(5	1	8)	4	4	7	-	5	6	4	5																		
○ Lib	rary Ado	lres	S													C	A	nnu	al l	Rep	ort	() S	WN	1 P]	Plaı	n	0	Cor	nme	ents
	City	/																I			L	Zip					L		L		
] _				
	Pho	ne																L]				
	()				_																						
	()																										
\bigcirc Oth	er Ado	lres	8													C	A	nnu	ial l	Rep	ort	() S	WN	1 P]	Plaı	n	0	Cor	nme	ents
	City	7																				Zip					I		L		
																											-				
	Pho	ne																L				L					J				
	()				-																						
								[J			[I																	
• We	b Pa	age	UR	RL:													A	nnu	ial l	Rep	ort		S	WN	1 P]	Plai	n		Cor	nme	ents
	W	w	W		s	t	0	r	m	W	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У		0	r	g	
																													L		
	Ple	ease	e pr	ovi	de	spe	cif	ic a	ddr	ess	of	pag	ge v	whe	ere	rep	ort	cai	n be	e ac	ces	sec	1 - 1	not	hoı	me	pag	ge.			
• eM	ail																												Cor	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			
			-												_			<u> </u>						<u> </u>					<u> </u>		

This report is being submitted for the reporting period ending March 9, 2 0 1 8 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Stormwater Coalition of Albany County N Y R 2 0 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 4 0 1 8 4.b. For how many days was/will this report be posted? 4 1 If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b.. 5.a. Was an Annual Report public meeting held in this reporting period? ○ Yes \bigcirc No If Yes, what was the date of the meeting? If No, is one planned? ○ Yes \bigcirc No 5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? ○ Yes No If No, is one planned for each? • No ○ Yes 6. Were comments received during this reporting period? ○ Yes • No If Yes, attach comments, responses and changes made to

SWMP in response to comments to this report.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

er	Coalition	of Albany	County

- SPI	DES					
Ν	Y	R	2	0		

7. Evaluating Progress Toward Measurable Goals MCM 2

Stormwat

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.

SWMPv5 (April, 2017) BMP 2-2 Annual Report: Coalition staff prepare for and guide possible transition to "new" MS4 Permit likely to include changes in Annual Report format and annual program evaluation process-no particular goals named in SWMP document. BMP 2-11 WAVE-monitor 4 sites with volunteers.

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

BMP 2-2 Annual Report: "New/Updated" MS4 Permit not released; no transition. BMP 2-11 WAVE-3 sites monitored. Organizing WAVE volunteer stream monitoring continues to be popular.

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 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).

Jan, 2018 the Coalition received notice that MS4Web software used to write/update the Joint Coalition SWMP document had been replaced by MS4Web2.0. Using the new format, the SWMP document was updated. "Goals met" were tracked as Activities, noting what happened, when. New goals were written covering the time frame: 3/10/2018 to 3/9/2019 (2018-2019). These goals included elements of proposed MS4 Permit (GP-0-17-002). 2 WAVE stream events planned for '18.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

Υ

Ν

R 2 0

#

%

Name of MS4/Coalition

Stormwater Coalition of Albany County

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

1 2

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

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

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

	SPDES ID	1		
Name of MS4/Coalition Stormwater Coalition of Albany	County N Y R	2 0		
3.b.What types of illicit discharges have	e been found during this reporting perio	od?		
\bigcirc Broken Lines From Sanitary Sewer	\bigcirc Industrial Connections			
\bigcirc Cross Connections	\bigcirc Inflow/Infiltration			
○ Failing Septic Systems	\bigcirc Pump Station Failure			
\bigcirc Floor Drains Connected To Storm Sewers	\bigcirc Sanitary Sewer Overflows			
○ Illegal Dumping	\bigcirc Straight Pipe Sewer Discharges			
O Other:	○ None			
4. How many illicit discharges/potentia reporting period?	al illegal connections have been detected	l duri	ing thi	is
5. How many illicit discharges have be	en confirmed during this reporting per	iod?		
6. How many illicit discharges/illegal c period?	onnections have been eliminated during	g this	repor	ting
7. Has the storm sewershed mapping b If No, approximately what percent was		? (> Yes	○ No
8. Is the above information available in	n GIS?		9 Yes	○ No

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

Ρ	a	ß	ß	w	0	r	d		Ρ	r	0	t	е	С	t	е	d		R	е	s	t	r	i	С	t	е	d			
h	t	t	р	s	:	/	/	a	С	v	a	r	С	g	i	s	•	a	1	b	a	n	У	С	0	u	n	t	У	•	С
С	0	m	/	w	е	b	m	a	р	/																					
URL	,																		-												

• Yes O No

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

SP	DES	5 ID			-	-	-	
Ν	Y	R	2	0				

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

SWMPv5 (April, 2017) BMP 3-4 Storm Sys-CSO-Sewershed Map'g/BMP 5-8 Inventory Post Const SMPs/BMP 6-1 Inventory MuniFac: continue to implement mapping goals detailed in SWMPv5 (see MCM3, MCM 5, and MCM6); continue to implement objectives and tasks listed in the NYSDEC grant contract C00081GG work plan. See respective documents for details (SWMPv5 and grant work plan). Both explain what is being mapped where, when, and how for all Coalition members.

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

To explain grant funded Coalition mapping, effectiveness is evaluated across all MCMs and individual BMPs ignored. Storm system & program map'g (outfalls-correct/archive, PCSMPs-location/inventory, muni facilities-location/inventory) completed/finalized for V/Colonie; T/Guilderland; C/Cohoes; C/Watervliet. CSO map'g completed for C/Cohoes; C/W'vliet; and V/Green Is. Methods developed to delineate storm sewersheds; datasets discussed/obtained UAlb,Beth,T/Col.

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 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).

GRANT: 1. Complete field work- system/program map'g (outfalls-corrected/archive; PCSMPsinventory/mapped; muni facilities inventory/mapped); finalize data/post on SwIM (AlbCnty/T-NewScotland/Ci-Alb/VGrnIs); 2. Review/prepare exist'g datasets from UAlb/T-Bethlehem/T-Colonie for Krumkill/Patroon/Ann Lee Pond for sewershed delineations; 3. Complete sewershed delineations; 4. Use Survey123 to develop ORI form; 5. Purchase/load/give tablets w/ORI Form to interested MS4s. OTHER: 6.Stock ORI Kits. as needed.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

Stormwater	Coalition	of Albany	County

SPI	DES	ID	-			-	
Ν	Y	R	2	0			

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

SWMPv5 (April, 2017): BMP 4-7 Construction Site Operator Training-4hr: co-host one 4 hr training with ACSWCD.

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 \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).

GRANT: 1. Use Survey123 to develop MS4 Construction Site Inspection Form; 2. Purchase/load/ give tablet w/MS4 Contruction Site Inspection Form to interested MS4s. OTHER: 3. Co-sponsor with ACSWCD, 1 4hr E/SC training for Construction Site Operators; distribute promotional material to Coalition members for distribution to their contacts; post training info on Coalition website; pay tuition(s) as needed, funds permitting.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

Stormwater Coalition of Albany County	/

SPI	DES	ID		-	 	-	
Ν	Y	R	2	0			

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

From SWMPv5 document (April, 2017): BMP 5-8 Inventory Post Construction Practices - continue to map post construction practices as detailed in grant work plan and various SWMPv5 goals. BMP 5-9 Post Construction Practices-Maintenance: complete RFP for consultant services to develop GIS friendly post-construction stormwater management practice (PC SMPs) inspection forms (mobile devices).

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

GRANT: To explain grant funded Coalition mapping, effectiveness is evaluated across all MCMs and individual BMPs ignored. Storm system & program map'g (outfalls-correct/archive, PCSMPs-location/inventory, muni facilities-location/inventory) completed/finalized for V/Colonie; T/Guilderland; C/Cohoes; C/Watervliet. RFP for "Form: consultant services on hold-may be completed in-house.

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

1

(ex.: samples/participants/events)

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

• Yes \bigcirc No

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

○ Yes ● No

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

GRANT:1. Complete field work- system and program map'g (outfalls-corrected/archive; PCSMPsinventory/mapped; muni facilities inventory/mapped); finalize data/post on SwIM (AlbCnty/T-NewScotland/Ci-Alb/VGrnIs); 2. Use Survey123 to develop PC SMP inspection form(s) modeled after NYSDEC Maintenance Guidance - SW Mgmt Practices 3. Purchase/load/give tablets w/PC SMPs Inspection Form(s) to interested MS4s.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

	Ν	Y	R	2	0		

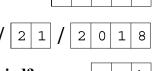
0 2

SPDES ID

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

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

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



Т

Г



ve			
1	0	0	%

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

r	Coalition	of	Albany	County	

SPL	DES	ID				
Ν	Y	R	2	0		

7. Evaluating Progress Toward Measurable Goals MCM 6

Stormwate

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.

SWMPv5 (April, 2017). BMP 6-1 Inventory - Municipal Facility: complete municipal facility mapping as detailed in MCM 3 Page 4 of 4 F.

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

GRANT: To explain grant funded Coalition mapping, effectiveness is evaluated across all MCMs and individual BMPs ignored. Storm system & program map'g (outfalls-correct/archive, PCSMPs-location/inventory, muni facilities-location/inventory) completed/finalized for V/Colonie; T/Guilderland; C/Cohoes; C/Watervliet.

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

0

(ex.: samples/participants/events)

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

• Yes \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).

GRANT: 1. Complete field work- system and program map'g (outfalls-corrected/archive; PCSMPsinventory/mapped; muni facilities inventory/mapped); finalize data/post on SwIM (AlbCnty/T-NewScotland/Ci-Alb/VGrnIs); 2. Use Survey123 to develop Municipal Self Audit form; 3. Purchase/ load/give tablets w/Municipal Self Audit Form to interested MS4s. OTHER: 4. Coordinate circulation of train'g DVDs for members; 5. Fund/organize outside vendor/in-house train'g(s).

MCC form for period ending March 9, 2 0 1 8

SPDES ID

2

0 A

2 0 8

	TOWNLOF DETUI FUEM	
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	Α	1	b	a	n	У
С	0	u	n	t	У																			2		

MCC form for period ending March 9, 2 0 1 7

SPDES ID

NYR

2

0 A

2 0

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

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

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

For each contact, select all that apply:

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

Firs	t Na	ame		-	_	_	_	_	_	_				_		MI		Las	st Na	ame	-												
J	0	h	n											353				A	n	a	s	t	a	s	i			2					1
Titl	e																																
S	u	р	е	r	i	n	t	е	n	d	е	n	t		0	f		H	i	g	h	W	a	У	s					IC.			
Add	lres	s																															1
4	4	5		D	e	1	a	W	a	r	e		A	v	e																		
City	1																			S	tate		Zip									-	2
D	е	1	m	a	r														12	1	N	Y	1	2	0	5	4] -					
eMa	ail																												-				_
J	A	n	a	s	t	a	s	i	0	t	0	W	n	0	f	b	e	t	h	1	е	h	е	m		0	r	g]
Pho	ne								_					ř				Co	inty													-	-
(5	1	8)	4	3	9	-	4	9	5	5						A	1	b	a	n	У					65					
				100				5.9					· · ·					-	-				-			-	-			-	-	1	-

SPDES ID

0 A

2 0

NYR2

MCC form for period ending March 9, 2 0 1 7

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).
- 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	me					_	_	_	_	_	_				MI	_	Las	t Na	me						<u> </u>		2			1	1
Ρ	a	u	1															P	e	n	m	a	n									
Titl	e																		τ.									C.				5
Т	0	W	n		Е	n	g	i	n	е	е	r																				
Add	Ires	s						2			-					2	2									_						
4	4	5		D	e	1	a	W	a	r	e		A	v	e						9											
City	,																			St	tate		Zip)								
D	е	1	m	a	r															P	1 7	2	1	2	0	5	4	-				
eMa	nil																															
P	Ρ	е	n	m	a	n	0	t	0	w	n	0	f	b	e	t	h	1	е	h	е	m	•	0	r	g]
Pho	ne								_	_		_						Cou	inty										-			
(5	1	8)	4	3	9	-	4	9	5	5						A	1	b	a	n	У									

SPDES ID

N

YR

0 A 2

0

2

MCC form for period ending March 9, 2 0 1 7

Name of MS4 TOWN OF BETHLEHEM

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	t Na	ame					_			_	_	_	_	_		MI		Las	t Na	ame	_	_	_		_						
M	a	t	t	h	e	w										J		H	0	f	f	m	a	n			I.				
Title	•		2																												
A	s	s	i	s	t	a	n	t		Е	n	g	i	n	е	е	r												Ē.		
Add	res	s																													
4	4	5		D	e	1	a	w	a	r	e		A	v	e																
City							2	-							Ξ	_				S	tate		Zip	,					_		
D	е	l	m	a	r															ľ	N N	Y	1	2	0	5	4	-			
eMa	il																								1						
M	H	0	f	f	m	a	n	0	t	0	W	n	0	f	b	e	t	h	1	e	h	е	m		0	r	g				
Pho	ne																	Cou	inty												
(5	1	8)	4	3	9	-	4	9	5	5						A	1	b	a	n	У								

MCC form for period ending March 9, 2 0 1 8

Name of MS4	TOWN OF BETHLEHEM

	1				1 1	-
N	Y	R	2	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.

S	t	0	r	m	W	a	t	е	r		С	0	a	1	i	t	i	0	n		0	f		10			10					
Par	tner	r/Co	aliti	ion l	Nam	ne (c	on't	.)																SPI	DES	Pa	rtne	r ID) - I	fap	plic	abl
A	1	b	a	n	У		C	0	u	n	t	У												N	Y	R	2	0				
Add	ires	s								5																						
1	7	5		G	r	е	е	n		S	t	r	e	e	t	-	С	0	u	n	t	У	H	e	a	1	t	h	В	1	d	g
City	y		-																	S	tate		Zip									
A	1	b	a	n	У															I	1 7	2	1	2	2	0	2	-				
eMa	ail									ŝ	2		2													6						
n	a	n	С	У	•	h	e	i	n	z	е	n	9	a	1	b	a	n	У	С	0	u	n	t	У	n	У		g	0	v	
Pho (5	1	8)	4	4	7	-	5	6	4	5							Le												0	N
Pho (Wł	5	1 tas) resp				es a					ith	this	s pa	artn	ier ((e.g	wi	th C	SP-0	-08	-002	2 Pa	rt P	V.G	.?	C	Y	es		N
(Wł	5 nat	tas) resp				es a					ith n	this s	s pa	artn P	er ((e.g	wi g. M	th C	SP-0	-08	-002	2 Pa	rt P	V.G	.?	C	Y	es		
(Wł	5	tas	ks/1		oon	sib	iliti	_	are	sha	arec	ł w		_			r		wi	th C	3P-0	-08 chc	-002	2 Pa Pro	ogra	v.G	.? or	Mı) Y	es ple	Та	
(Wł	5 nat	tasi	ks/1		oon	sib	iliti	_	are	sha	arec	ł w		_			_		wi g. M	th C	3P-0	-08 chc	-002	2 Pa Pro	ogra	v.G	.? or	Mı) Y	es ple	Та	
(Wł	5 nat	tas [1 [2	ks/I P	u	b	sib 1	iliti	с	are	sha t	arec i	l w	n	s	-	P	r	0	wi , M g	IM r	3P-0 1 S a	-08 chc m	-002 ool	Pro	ogra	v.G ms e	.? or b	Mu) Y	es ple t	Ta e	sk
(W1 • N • N	5 nat MM	tas [1 [2 [3	r P S	u W	b M	sib 1 P	iliti i D	с 0	are a c	sha t	i A	l w o R	n P	s u	- b	P 1	r	o c	wi g. N g I	th C IM r n	3P-0 1 S a	-08 chc m u	-002 ool s	2 Pa Pro	w	v.G ms e W	.? or b A	Mu s V	Y ulti i E	es ple t S	Ta e t	sk
(WI • N • N • N	5 MM MM	tas 11 12 13	ks/I P S S	u W W	b M i	sib l P m	iliti i D M	c o a	are a c p	sha t - p	i A e	l w o R r	n P -	s u O	- b R	P 1 I	r i K	o c i	wi g g I t	th C IM r n s	FP-0 1 S a p -	-08 chc m u	-002 ool s t	2 Pa Pro	w S	v.G ms e W y	.? or b A s	Mu s V M	Y ulti i E a	es ple t S p	Ta e t	sks r

Additional tasks/responsibilities

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

MCC form for period ending March 9, 2 0 1 8

		_	SPI	DES	D						
Name of MS4	TOWN OF BETHLEHEM		N	Y	R	2	0	А	2	0	8

Section 4 - Certification Statement

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

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

First N J 0	ame h	1]	MI	Last A	Na n	me a	S	t	a	S	i				
Title	(Cle	arly	/ pri	nt ti	itle o	of in	idivi	idua	1 <u>si</u> s	nin	g re	port	t)														
S u	p	e	r	i	n	t	е	n	d		n	t		0	f	H	i	g	h	W	a	У	s				
Signati)	1	1					\rightarrow	4						 											

2312018

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

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

0 1

2

SPDES ID

YR

2

0 A

2 0 8

No

Ν

Water Quality Trends

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

○ On behalf of an individual MS4

On behalf of a coalition

How many MS4s are contributed to this report?

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

If Yes, choose one of the following

O Report(s) attached to the annual report

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

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

URL	in the second	the second state of the second	Contraction in the Second State
URL			
URL			
URL			

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

		-	0	~	-	0	~	0
N	Y	R	2	0	A	2	()	8

Minimum Control Measure 1. Public Education and Outreach

1 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?

4	TT / 1	D 11.	T1 /*		• • •	n ·		T
1.2	argeted	Public	Education	and	Untreach	Rect	Management	Practices
	I al gottu	1 uone	Luucation	and a	Ouncach	Dest	management	1 I actices

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

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

MCM 1 Page 1 of 4

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

		SP	DES	ID						2.2
Name of MS4/Coalition	TOWN OF BETHLEHEM	N	Y	R	2	0	A	2	0	8
			1	-		100	-	-	-	

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

○ Construction Site Operators Trained	# Trained	2			
○ Direct Mailings	# Mailings				
• Kiosks or Other Displays	# Locations				3
\odot List-Serves	# In List				
○ Mailing List	# In List				
\bigcirc Newspaper Ads or Articles	# Days Run				
Public Events/Presentations	# Attendees		3	1	2
○ School Program	# Attendees				
○ TV Spot/Program	# Days Run				
 Printed Materials: Locations (e.g. libraries, town offices, kiosks) 	Total # Distributed	1	6	0	3
Building Dept.					

H	i	g	h	w	a	У		D	e	q	t	•					
E	n	g	i	n	е	е	r	i	n	g		D	е	р	t	•	
B	u	1	T	d	i	n	g		D	е	р	t	•				

O Other:

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

URL tp fb h t h 1 : 1 1 W W t 0 W n 0 е t е h e m 0 r g W 1 . . 7 2 1 1 S t М t r m a е r a n a t 0 W g е m е n

WW	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	
-	-	_	-	-	-	-		-	-		-	_	_				_		_	_	_	_	-	_	_	-			_

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

_	<u></u>	<u></u>	2.5.			-			SPI	DES	ID					1
ne of MS4/Coalition TO	OWN OF BETH	LEHEM							N	Y	R	2	0	A	2	0
Web Page con't.:	Provide	specific	web a	addres	sses -	not h	ome	page								
						П										
						\pm	1	Ħ	-							_
			++	-		++	-		+					-		
								4	÷	_				-	-	
JRL						Π.		П			ii.			-	F	
							-		-					_	_	_
				_			-	_						_		
					1.1.1.1				8 21							
JRL							-					_	-	_	-	
				40												
JRL																
			8 1.4													
																T
JRL															_	
								Π								
						+			-				_		-	
														_	_	
JRL		ПТ				<u> </u>			-							
				_			-		-			_	-			_
																<u></u>
					11. M.						1					
JRL				_			_			_			_			
											12		Eß			
					1					1						

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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	_	<u>.</u>	_			
Ν	Y	R	2	0	A	2	0	8

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

(1-1)Finalize Target Audience Maps for posting;(1-3)Review and reposition stormwater program web content; (1-9)Promote publications in email and hard copy formats; (1-11)Ensure new SMP have required signage. (1-16)Post WQ message on website; (1-17) Update Town Hall brochures; (1-18) Advance stormdrain markers; handouts etc.(1-20)Respond and track HOA/private owner education of permanent practices O&M.

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

Town completed analysis and revised Target Area Maps, identifying areas/types of concern. Maps have been posted to website. The Town has reviewed some web content and made minor changes. All new SMP have been required to have proper signage.

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

10.0	1
- 11	L
 _	1000

(ex.: samples/participants/events)

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

Yes O No

No

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

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

Rain Garden Sign at Elm Ave Park will be removed and Temporarily Stored for re-installation once new rain garden is designed and built. Existing Post Construction SW Practices without signage will be identified and signs created over multiple years. Distribute Stromwater literature at Household Hazardous Waste Collection Day. Continue to distribute Moving Dirt and Pool Brochure to individuals seeking building permits and monitor amounts distributed.

MCM 1 Page 4 of 4

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition TOWN OF BETHLEHEM

 SPDES ID

 N
 Y
 R
 2
 0
 A
 2
 0
 8

D No

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	ever	ıts					5
• Comments on SWMP Receiv	ved										# C	om	mer	nts					0
• Community Hotlines					Ph	one#	(5	1	8)	4	3	9	-	4	9	5	5
Phone # ()		•			Ph	one#	(5	1	8)	7	6	7] -	9	6	1	8
Phone # ()		•			Ph	one#	(5	1	8)	4	4	7	-	5	6	4	5
Phone # ()					Ph	one#	()				-				
Phone # ()	-				Ph	one #	()				- [
Phone # ()					Ph	one#	()] -	Z			
○ Community Meetings											# .	Atte	nde	es					
• Plantings												S	5q. 1	Ft.		•		6	3
\bigcirc Storm Drain Markings												# D	Drai	ns					
O Stakeholder Meetings											# /	Atte	nde	es					
• Volunteer Monitoring												# E	ver	nts					3
• Other: p u b l i c C	c o m	m e	n t	s	J	oi	n	t	D	R	A	F	Т	М	S	4	Ρ	m	t

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

		(~ · ·		-,		. P. o											 		
• List-S	erve	e															# In List	1	8	1
○ Newsp	ape	er A	dvo	ertis	ing												# Days Run			
O TV/Ra	idio	No	otice	es													# Days Run			
• Other:	P	0	s	t	e	d	li	n	Т	0	w	n	Н	a	1	1				Π
	-	1.000	0.000	1				1000							-			 -	-	

○ 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 7

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

Name of MS4/Coalition TOWN OF BETHLEHEM

 SPDES ID

 N
 Y
 R
 2
 0
 A
 2
 0
 8

2. URL(s) con't.:

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

JRL	-	_	_		_	_	_	_	_	_		<u></u>	-	12	1	_	_	_	_	_	_	_	_					_	_	5.1
W	w	W	•	s	t	0	r	m	W	a	t	e	r	a	1	b	a	n	У	С	0	u	n	t	У		0	r	g	
						Π																								
JRL							2		2	5							3									2		3		
					2																									
			15																							1.4				Ŧ
JRL	1	7	1																											2
												E																		T
F			T																				1.1							+
																														-
		-				-	-	_			_			-					-	-										_
JRL	Í	Ē	Г			Г		Ē		Ē			1							_						<u> </u>				Т
			+			-	-	-					-							-										+
		-	+		_	-		-												-							_			+
-			<u></u>		4							_			-					_		_					_			
IRL			-		Ē		-	-	_					-			15			-	_		1	-	-	_				-
			-			-																								+
			-																											_
												11																		
IRL			_	_	-	-		_	_				-						_	-	-			-		_				-
			-			_																								+
			-																											-
																		C												
RL			-		-	_	-	-				_	-						_			_							-	_
																	<u> </u>													_

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

Name of MS4/Coalition TOWN OF BETHLEHEM

SPDES ID N Y R 2 0 A 2 0 8

2. URL(s) con't.:

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

URL				_					_	_	_	_			_							_			1.5		5.10	2
												17															T	٦
-	+ +	++	-	-	+	+			-											_	_						-	-
						_																						
URL			_		-	_	_	_		_			_				_		_	_	-		_	_				_
																	비											
		16																	2				4					
					T	1																-					-	٦
					_	_	-								_					_								
URL				-	-	_	_							_			-		-	-	-		2	-	-	_	-	-
										L!																1		
												5																
					1																	-						٦
			-		-	-	-		201	-			-				-			-	-							
URL	1		_	-	1	-			2.0	-		2		_	_	-		-	-	-	_				-		-	_
						1			23					5														
						111												21										
																											T	٦
				-	-	1										-					-	-					_	_
URL	TT			1	1	-												_			-			-				7
			_		_					2.1										_								
						11												11										
		1.00																	11									
									-				-															_
URL		TT			1																							٦
		++	-	-	-	-			_											_		_						4
													4				12											
																					P				12			
URL																												_
				T																							T	٦
		++	-	-	-	-												_			-						+	4
																					Ċ.							

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

				-	-	_	-	-	-		_		_	-	-		_	_				SPI	JES	ID	-	-	-	1	-	-
ofM	IS4/	Coa	alitio	on ¹	row	NO	FBE	THL	EHE	EM					_							Ν	Y	R	2	0	A	2	0	
																					wa nts?		M	an	age	me	ent			
het	her	co	mn	nen	ts r																				s av as r				nd	
		itio men	n C	Offic	e										9	A	nnu	al 1	Rep	ort	•	S	WN	1P	Pla	n	0	Cor	mm	
D	P	W		-		E	n	g	i	n	e	e	r	i	n	g		D	i	v	i	s	i	0	n					
Ad	dres	1		-	_	_	-	_	_	_				_			-	-	_	_									_	
4	4	5		D	e	1	a	W	a	r	е		Α	v	е	n	u	е												
Cit	1.00	1		-			-		-					-			Г				Zip	0	-	-		1	_	-	-	
D Pho	e	1	m	a	r								_				L	N	Y		1	2	0	5	4	-				
1	5	1	8	1	4	3	9	1_	4	9	5	5	Ê.																	
(-		/	-	5		15	-	<u> </u>	5																			
Add	dres	s	_				_	_		_	_				0	A	nnu	al l	Rep	ort	0	S	WN	1P	Plan	1	0	Cor	nm	
																								H				12		
City	Y	_		_		_	_	_		-		_	_	_	_		Г	-	_	1	Zip		2			1		-	-	
122	1.1.1	1.1.1	C				1.1.1			1000	1.1.1			1.1.1	1.1.1										1000					
Dho																	L									-				
Phc (ne																L									-				
Phc (one)]-									L									-				
(er)]-								A	nnu	lal]	Rep	ort		S	WN	1P	Plai	- 1	•	Cor	nm	•
(er Add	ires	s	G)	e	e	n]-	s	t	r	e	e	t				_	_						_	_	-		_	•
(er	ires	s	G))	e	e	n]-	S	t	r	e	е	t		A	nnu	al l	Rep	t	У	S H	wn	1P a	Plan 1	ı t	• h		nm	
(er Add	ires	s	G		e	e	n]-	S	t	r	e	e	t			0	u	_	t					_	_	-		_	
(er Add 7 City	ires 5					e	n] -	S	t	r	e	e	t			0	u	n	t	У Zip	Н	e	a	1	_	-		_	
(er Add 7 City A	ires 5					e 4	n 7]-	S 5	t 6	r 4	e 5	e	t			0	u	n	t	У Zip	Н	e	a	1	_	-		_	
(er Add 7 City A Phc (dres 5 y 1 one 5	b 1	a 8		У]-					e	t		С	0	u N	n Y	t	y Zip 1	H 2	e 2	a 0	2	t -	h	B	L	
(er Add 7 City A Pho (dres 5 y 1 5 age	b 1 UR	a 8 L:		У		7]-	5		4	5				C		u N al I	n Y Rep	t	y Zip 1	н 2 5	e 2 WN	a 0	1	t -	h		L	
(er Add 7 City A Phc (dres 5 y 1 one 5	b 1	a 8		У] -	5					t		С		u N	n Y Rep	t	y Zip 1	н 2 5	e 2	a 0	1 2 Plan	t -	h	B	L	
(er Add 7 City A Pho (dres 5 y 1 5 age	b 1 UR	a 8 L:	n)	У		7] -	5	6	4 t	5	w			C	o [1 b	u N al I	n Y Rep	t ort h	y Zip 1	H 2 S' e	e 2 WN	a 0 1P	1 2 Plan	t - 1	h	B	L	
(er Add 7 City A Phoe (h 1	dres 5 y 1 sone 5 age t	b 1 UR t 5	a 8 L:	n) : 0	У 4 /	4 / r	7	-	5 W	6	4 t	5	w	n	0	C A f	o [1 b	u N al I	n Y Rep	t ort h	y Zip 1	H 2 S' e	e 2 WM	a 0 1P	1 2 Plan m	t - 1	h	B Cor	L	
(er Add 7 City A Pho (b Pho (h 1 Pho	dress 5 y 1 one 5 age t 7 r	b 1 UR t 5 0	a 8 2L: p /	n) : 0 r	y 4 / u a	4 / r m	7 W	S	5 W	6	4 t r	5 0 m	w	na	o t	C A f e	o I b r	u N al I e -	n Y t m	t ort h a	y Zip 1	H 2 S e a	e 2 WN h g	a 0 IP e e	1 2 Plan m m	t -	h o n	B Cor	L	
(er Add 7 City A Pho (b Pho (h 1 Pho	dress 5 y 1 one 5 age t 7 r	b 1 UR t 5 0	a 8 2L: p /	n) : 0 r	y 4 / u a	4 / r m	7 W	S	5 W	6	4 t r	5 0 m	w	na	o t	C A f e	o I b r	u N al I e -	n Y t m	t ort h a	y Zip 1	H 2 S e a	e 2 WN h g	a 0 IP e e	1 2 Plan m	t -	h o n ge.	B Cor	nma g	e
(er Add 7 City A Pho (b Pho (h 1 Pho Pho Pho Pho Pho Pho Pho Pho	dress 5 y 1 one 5 age t 7 r	b 1 UR t 5 0	a 8 2L: p /	n) : 0 r	y 4 / u a	4 / r m	7 W	S	5 w t	6	4 t r	5 0 m	w	n a	o t	C A f e	o I b r	u N al I e -	n Y t m	t ort h a	y Zip 1	H 2 S e a	e 2 WN h g	a 0 IP e e	1 2 Plan m m	t -	h o n ge.	B Cor r t	nma g	e

	coalitior	SPE						
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	e was it	po	ste	d?				
Leave blank if this report was not posted on the internet.			1]/			
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 submittin	ig a join	t re	epo	rt, an	swe	r 5.b		
5.a. Was an Annual Report public meeting held in this reporting If Yes, what was the date of the meeting?	ng perio	d?	1)]	Yes		No
If No, is one planned?					C	Yes	•	No
5.b. Was an Annual Report public meeting held for all MS4s co	ontribu	ting	g te	o this	rep	oort (luri	ng
this reporting period?			20			Yes		No
					C	Yes		No
If No, is one planned for each?								
If No, is one planned for each?6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to					C	Yes	•	N

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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 NYR2 0 A 20 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.

(2-1)Update stormwater contact information and post Joint Annual Report to Town's website; (2-5) Continue and enhance "Track a Concern" tracking system for stormwater issues, complaints and mitigation approaches; (2-6) Conduct at least 3 community cleanup days. (2-n) Install 5-10 street trees with stormwater educational awareness FAQ sheet for owners.

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

Stormwater contact information was updated and posted. Within the Towns Track a Concern the town received and responded to 10 Submitted concerns. The Town successfully continued the community clean up events (5); 4/22, 5/27, 6/28, 8/15, 9/26 The Town installed 63 trees planted to improve water quality during this reporting period.

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

11		0
- 1	211	3
1.1		

(ex.: samples/participants/events)

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

○ Yes ● No

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

○ Yes ● No

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

Continue to support Annual report public comment process and posting of Final Annual report. Continue to support Track a concern program and monitor/respond to public questions complaints and other issues of concern. Continue to support community clean up days. Support coalition outreach to recruit volunteer stream monitors (WAVE)

MCM 2 Page 6 of 6

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

	1000	10,000	1.0	100	1000	1.00	1.20	
M	Y	R	2	0		2	0	Q
TA	1	L L	4	U	n	4	U	0

d u l e

9 0

%

CDDDC ID

4 6 6 #

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

- On behalf of an individual MS4
- \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?

O Au	ito I	Recy	clers								0	La	nds	capi	ng	(Ir	riga	tion)					
O Bu	ildi	ng M	lainte	enan	ice						0	Ma	rin	as										
O Ch	urcl	hes									0	Me	etal	Pla	tein	g (Ope	ratio	ons					
O Co	mm	ercia	l Car	was	shes						0	Ou	tdo	or F	lui	d S	tora	ige						
O Co	mm	ercia	l Lau	ındr	y/D	ry	Clea	ner	s		0	Par	kin	g L	ot 1	Ma	inte	nan	ce					
O Co	nstr	uctio	n Ve	hicl	e V	Vasl	hout	S			0	Pri	ntir	ng										
⊖ Cr	oss-	Con	nectio	ons							0	Re	side	entia	1 0	Carv	was	hing	ş					
O Di	strib	oution	n Cer	nters	5						0	Re	stau	iran	ts									
○ Fo	od I	Proce	ssing	Fa	cilit	ties					0	Scl	100	ls a	nd	Un	iver	sitie	es					
O Ga	rba	ge Tr	uck V	Was	hou	its					0	Sep	otic	Ma	int	ena	nce							
⊖ Hc	spit	als									0	Sw	im	ning	g P	ool	s							
○ Im	prop	ber R	v w	aste	Di	spo	sal				0	Ve	hicl	e F	uel	ing								
○ Inc	lusti	rial P	roces	s W	late	r					0	Ve	hicl	e M	lain	t./F	Rep	air s	Sho	ps				
• Ot	her:				2							No	ne	5		2							\geq	
0	R	I	b	a	s	e	d		0	n	r	0	t	a	t	i	n	g		s	С	h	e	
O Se	wers	sheds	s:																					
																						111		I

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

											SPDE	S ID)				
Name of MS4/Coalition	TOWN OF BE	THLEHEM	1							c)	N Y	R	2	0 A	2	0	8
3.b.What types of	illicit discl	harges	have	been t	fou	nd di	ırin	g this	s rep	oor	ting	peri	od?				
O Broken Lines Fron	n Sanitary S	ewer		\bigcirc Ind	ustr	ial C	onne	ctions									
• Cross Connections				• Inf	low/	Infilt	atio	n									
O Failing Septic Syst	tems			○ Pu	mp s	Statio	n Fa	ilure									
○ Floor Drains Conn	ected To Sto	orm Sew	vers	○ Sar	nitar	y Sev	ver (Overfl	ows								
• Illegal Dumping				○ Str	aigh	t Pipe	Se	wer D	ischa	arge	s						
• Other:				O No					-	_			-		-	_	
i n n e f	ecti	v e	S	e d	i	me	n	t	C	0	n	a	i	n m	e	n	t
6. How many illic period?	it discharg:	ges/illeg	gal co	onnect	ion	s hav	e bo	een el	imi	nate	ed di	ırin	g thi	is rej	port	ing	0
 Has the storm If No, approxim Is the above in Is this informa If Yes, provide 	nately what formation tion availa	percent availab	was was	compl	lete				-			riod	?	○ Y □ ● Y ○ Y	9 Yes	5	No 8 No No
Please provide s		ress of r	nage	where	ma	n(s)	an l	be acc	esse	ed -	not l	om	e na	ge.			
URL			Juge			P(5) •	1						- pu	<u> </u>			
					2												
URL																	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition TOWN OF BETHLEHEM

 SPDES ID

 N
 Y
 R
 2
 0
 A
 2
 0
 8

8

8. URL(s) con't.:

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

URL					-			-	-	-		-			-	-		-	-	-	-		-	-	-	-	-
245																							12,				
					1																						
						2									-					_	1-1	21	12				
																	118	1-1									
				-	-		-	-	-	-	-	-	-	-		-	-			_	-	_		-	_	-	_
URL									Ξ.	-			-														
12911				F											11							11					
			-		-		-	-	-	-	-	_	_	_		-	-		_	_	_	_	_		_	-	
1.114	1.1				153																			1			
					1																-		-	-		-	-
															1.1								<u></u>				
URL																											
					T					1																T	
	2.11			103										-													
		100		12 5																							
				_	-		_	-	_	-	-	_	_		_	_	_	_	_	_			_		_	-	
																										81	
												-	30								-		-		-		
URL			-		1			-	-	-	-	_			-	-	-	-	-	_	-		-		-	-	_
										1.1			1						111		14	25					1
																											7
								_		_																	
																						5					
					-		-	-	-	-	_	-			_	-		-	_	_		-	-	_	_	_	
URL				_	-		_	-		_	-	-		_	_	_		_	-		-	-		-		-	_
										13																	
			+	-	+			+	+	+	-	-			-	-	_		-	-	-		_		-	-	=
								11					12.0		11.1				2								
																										1	
					1			-									_										

- 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? Yes O No
- 10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? • Yes 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 8

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 NYR2 2 0 A 0

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

(3-1) Utilize Target Area Maps to prioritize mapping additional outfalls and attempt 15% additional collection areas; (3-5) Attempt to screen all newly identified outfalls and 20% of previously identified; (3-8)Review and update IDDE procedures; (3-8) Use GIS to locate and track all approved SWPPPs; (3-9) Develop GIS/Sharepoint system for tracking IDDE issues and status.

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

The Town created a work effort to map all of the existing stormwater infrastructure within the Town we accomplished an about 95% completion rate. Ongoing effort was made to identify and locate stormwater collection systems and outfall locations. The Town was able to screen 100 of the 400 now outfalls last year. Significantly improved tracking for documents and status of SPDES permitted sites/applications.

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

(ex.: samples/participants/events

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

Yes ONo

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

○ Yes ● 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 map new outfalls as described previously. Complete mapping of existing storm system and program elements (outfalls, PCSP and municipal systems). Delineate strom sewer shed boundaries for all stormwater conveyances system. Complete ORI for 20% of outfalls (The Town will prioritize the newly mapped outfalls),

MCM 3 Page 4 of 4

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

9

0

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

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

On behalf of an individual MS4

 \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

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

 Yes
- 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

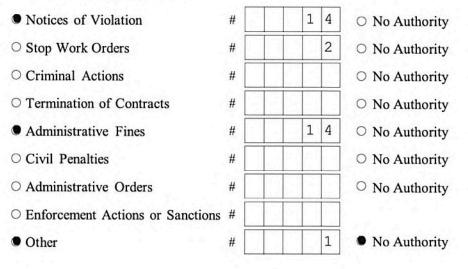
2.	Does your MS4/Coalition have a SWPPP review procedure in	place?	• Yes	O No

- 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 ONO ONT

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

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

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



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

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

TOWN OF BETHLEHEM Name of MS4/Coalition

				-	-		-	-
M	v	R	2	0	A	2	0	0
TA	T	L L	2	U	A	4	U	0

1 0 0 %

1

0

0 %

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

- On behalf of an individual MS4
- \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 0
- 3. What percent of active construction sites were inspected during this reporting period? ONT

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

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

Yes ONO ONT If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for O Yes O No

public review?

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

.

			nis fo													_						ID					_	
of MS4/Coaliti	on	TO	WN O	FB	ETHI	LEH	IEM													Ν	Y	R	2	0	A	2	0	
c on't.: Submit additi S4/Coalition (age	s a	s ne	eed	led.																					
Department	_		_	_	_		_	-		_			-	4	-	-					_		-			_		
																							Ĩ.					
Address	_						1																					
City				_	-		-	_			-	-	_						Zip			_					-	-
								2																-				
Phone		_								2				1				Ŧ,		7	1		12					7
()				-																							
orary	1			1						-																		
Address					- 1																							
				83						E													131					T
City		-								10	-					-			Zip								-	1
														1				3						-				Ι
Phone	-								-		1		-			-	1	2		-	-		-			-		+
(1)]_			Γ		7																		
	1,	-	-	-	1	-	-	-	+																			
her																												
Address	-	-	-	-	-	-	-	-	-	÷	-	-	-	-		-	-	-		-	-		-		-	_	_	г
City	-	-	1	-	-	-	-	-	-	-	-	-	Ξĺ.	Г			1		Zip		_	_			_	_	-	г
														1								3		-			E.	
Phone	1.	-	-	_	1	_	-	-	-	-																		
)				-																							
b Page URL(s).	1	Plea	ser	oros	ride	sn	ecif	ĩc	add	res	s w	her	e SI	VP	PP	s ca	in 1	be a	ICCE	sse	- b	not	ho	me	nao	re	
URL	5).	Ľ	incu	90 F		iu	o op	con		uu		5	nor				5 00					u	not	no	ine j	pag	, c .	
								Γ	T			Τ		T				1						1		H		Г
	+	+	-	-	-	-	+	-	+	+	+	+	+	+	+	+	+	+	_	_	_		_					
															T		T											
	-	-	-	-	1	-	-	-		-	-	-	-	-		+	-	-			-						-	1
		1	1.1	_		_	-	-	-	-	-	-	-	-	-	-	-	-	-	_	-	-	_	5.5.	_	_		-
URL			111			1.7				11	1111	111	1.11	11.				1									1000	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition TOWN OF BETHLEHEM

SPL	DES	ID	_					-
Ν	Y	R	2	0	A	2	0	8

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.

(4-2)Review and update SWPPP review written procedures; (4-4)Review and update written complaint procedures;(4-5)Review and update construction inspection and enforcement procedures; (4-7)Review and update Pre-Construction written procedures; (4-8)Utilize GIS/Sharepoint systems to track newly approved SWPPP's, back-load old SWPPPs as time permits.

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

The Town conducted formal, routine inspections of active construction sites.
All SWPPPs, active and completed, are mapped. The Town has back loaded about 60% of historic SWPPPS and data onto the Town share point site.

- No advancement to Standard written procedures advanced during this reporting period.

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

100	100	1
		L
- P. P. P. P. P. P. P. P. P. P. P. P. P.	1.1	i fan de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de ser de se

(ex.: samples/participants/events)

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

Yes ONo

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

○ Yes ● No

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

See program requirements administration draft MS4 permit) for goals pertaining to procedures The town will update MS4 construction site inspection forms and procedures to meet anticipated changes in MS4 permit and existing known updates to construction activity permit MYSDEC standards and Specifications for erosion and Sediment Control ("Blue Book"). Town will review and update pre-construction meeting requirements and revise existing pre-construction meeting form and procedures as needed.

MCM 4 Page 3 of 3

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

0	P1	JE3	ID		_		-		
1	1	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

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?

	# Inventor	ied	# Inspections	# Times Maintained				
• Alternative Practices	1	3						
• Filter Systems	3	6	4	2				
• Infiltration Basins	1	0	1	1				
• Open Channels	1	7						
• Ponds	2	7						
• Wetlands		1						
• Other	2	2						

- 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
- O Other:

MCM 5 Page 1 of 3

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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
4a. Are the MS4s contributing to this report involved in a r	egional/watershed wide planning effort?
	• Yes \bigcirc No
4b. Does the MS4 have a banking and credit system for stor	rmwater management practices?
	○ Yes ● No
4c. Do the SWMP Plans for each MS4 contributing to this and approval of banking and credit of alternative siting	
	○ Yes ● No
4d. How many stormwater management practices have bee	en implemented as part of this system in this
reporting period?	6
5. What percent of municipal officials/MS4 staff responsil	
training on Low Impace Development (LID), Better Site Infrastructure principles in this reporting period?	e Design (BSD) and other Green

2 9

%

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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 NYR2 0 A 20 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.

(5-5)Review and update SWPPP review written procedures; (5-12)Utilize Town GIS/Sharepoint to track and inventory all post-construction practices within MS4; (5-12)Utilize Town GIS/Sharepoint to track all inspections/maintenance for Town owned stormwater practices.

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

The Town developed a layer with the Town's GIS program to show the location of post-construction practices. (Carryover from last year) all post construction practices have been added in GIS.

The Town did not conduct inspection of private post-construction practices and did not develop a tracking method for Town owned stormwater practices. The Town did inspect some PCSP within the last Year

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

1

(ex.: samples/participants/events)

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

• Yes O 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).

Complete inspections on all Town owned PCSP. Integrate Town work orders and maintenance requirements for PCSP with the Towns HTE work order system. Continue to contact owners of non Town owned post construction SW practices for information and certifications and maintenance documentations. SWPPP review document procedures to be written see SW Program requirements.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition TOWN OF BETHLEHEM

	1.000	2020	12.2.7		1	100.21	1.1.1.0	1.1
M	V	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.

		<u>(</u>	<u>Self-Assessment</u> Operation/Activity/Fa			
			erformed within	the past 3		
Operation/Activity/Facility	Addressed i	n SWMP?	years?			
Street Maintenance	• Yes	O No	• Yes	O No		
Bridge Maintenance	O Yes	• No	• Yes	• No		
Winter Road Maintenance		O No	O Yes	• No		
Salt Storage	• Yes	○ No	• Yes	• No		
Solid Waste Management	• Yes	O No	O Yes	• No		
New Municipal Construction and Land Disturba	ance • Yes	○ No	• Yes	• No		
Right of Way Maintenance	• Yes	○ No	• Yes	• No		
Marine Operations		• No	○ Yes	• No		
Hydrologic Habitat Modification		• No	• Yes	• No		
Parks and Open Space		○ No	• Yes	O No		
Municipal Building		0 No	○ Yes	• No		
Stormwater System Maintenance	• Yes	○ No	• Yes	O No		
Vehicle and Fleet Maintenance	• Yes	0 No	○ Yes	• No		
Other	○ Yes	• No	○ Yes	• No		

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

ODDEC ID

	SPL	SPDES ID			-	a second				
Name of MS4/Coalition TOWN OF BETHLEHEM	N	Y	R	2	0	А	2	0	8	

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

# Acres				7
# Miles		1	2	0
#				Π
#				9
# Lbs.			-	П
# Lbs.	2	0	0	0
# Acres		C		
to municipal	emp	loy	ees	0
3 / 1	2	0	1	6
g period?	5			0
	# Miles # [# [# Lbs. [# Lbs. [# Acres [to municipal	# Miles # # Lbs # Lbs # Acres to municipal emp 3 / 1 / 2	<pre># Miles 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 #</pre>	# 1 2 # . . # . . # . . # . . # . . # . . # . . # . . # . . # . . # . . # . . # . . # . . # . . # . . # . . # . . # . . # . . # . . # . . # . . # . . # . . # . . # . . # . .

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 8

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

Name of MS4/Coalition TOWN OF BETHLEHEM

-	-	1	-		-	-	-	-
M	v	R	2	0	A	2	0	0
IN	I	K	4	U	A	4	U	Ö

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

(6-1)Review and update current list of Town owned facilities; (6-2)Establish dates of past facility audits and schedule to reinspect; (6-3,4)Coordinate with Highway Dept. regarding catchbasin and street cleaning operations (6-8)Coordinate with Highway Dept regarding Hazardous Waste Day. (6-25)Establish and oversee Third-Party Contracted Entity Certification Statements.

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

The Town has developed a GIS layer showing the location of all municipal facility locations and all locations have been added to GIS. 20 facility audits were conducted. No coordination with Highway Department for CB cleaning progressed or performed by the highway department. The Household hazardous Waste day was conducted on September 30, 2018 and had 582 households participate. No progress made on Third-Party Contracted Entity Certification Statements.

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

2

(ex.: samples/participants/events)

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

• Yes O No

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

○ Yes ● No

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

Email town staff minimally (2x) with stormwater program updates about town initiatives changes in MS4 construction Activity Permit regs and other pertinent information. SW program coordinator will identify new staff and show rain check DVD. Complete all municipal facility self audits Establish and oversee Third-Party Contracted Entity Certification Statements.

MCM 6 Page 3 of 3

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

R 2 0

N Y

1 2

Name of MS4/Coalition

Stormwater Coalition of Albany County

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

1	Targeted Public Education and	Outreach Best	Management	Practices
••	Turgeteu Tushe Buucution und	Outreach Dest	Junugement	Indences

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 Hazardov	us Waste Disposal	○ Recycling
\bigcirc Illicit Discharge Det	tection and Elimination	Riparian Corridor Protection/Restoration
• Infrastructure Maint	tenance	\bigcirc Trash Management
• Smart Growth		• Vehicle Washing
○ Storm Drain Markin	ng	\bigcirc Water Conservation
○ Green Infrastructure	e/Better Site Design/Low Impact Development	\bigcirc Wetland Protection
• Other:		○ None
Coaliiti Other	on Website-Wha	t You Can Do
	ces targeted during this reporting period:	
Public Employees	Contractors	
• Residential	○ Developers	

Businesses
 General Public

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

G	е	n	е	r	а	1	Ρ	u	b	1	i	С	-	С	1	е	a	n	W	a	t	е	r	A	С	t	I	n	f	0	
Ot]	her																														

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 \\ 0 \end{vmatrix} \begin{vmatrix} 1 \\ 8 \end{vmatrix}$

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	

SPI	DES	ID				
Ν	Y	R	2	0		

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

• Coi	nstru	ıcti	on	Site	e Oj	pera	tors	s T1	ain	ed													÷	# Tı	rain	ed			1	1	6
○ Dir	ect	Ma	ilin	gs																			#	Ma	ilin	gs					
• Kic	sks	or	Oth	ner 1	Disj	play	/S																#]	Loc	atio	ns					8
• Lis	t-Se	rve	S																					# I	n Li	ist			1	8	1
○ Ma	iling	g L	ist																					# I	n Li	ist					
○ Nev	vspa	ape	r A	ds o	or A	Artic	cles																#]	Day	s Ri	un					
Put	olic	Ev	ents	s/Pr	ese	ntat	ions	5															#1	Atte	ende	es			1	6	3
○ Sch	ool	Pro	ogra	ım																			# /	Atte	ende	es					
• TV	Spo	ot/F	rog	ran	n																		#]	Day	s Ri	un					
• Pri																					To	otal	# D	istri	ibut	ed				9	7
	Loca C	tion W	ns (e P	.g. li	ibra: W	ries, e	tow b	n off C	ices a	, kio S	sks) t)																			
		_															_														
	Р	r	е	s	е	n	t	a	t	0	n	_	P	a	n	e	1	i	s	t											
• Oth	ner:																														
	1		С	W	Ρ		W	е	b	С	a	ន	t	-	A	r	С	h	i	v											
• We		age	:		ovic ede		pec	ific	we	b ac	ldre	esse	s - 1	not	hor	nej	pag	e. (Con	ntinu	ie o	n ne	ext	pag	ge if	ad	diti	ona	l sp	ace	is
w	w	W	•	s	t	0	r	m	w	a	t	e	r	a	l	b	a	n	У	С	0	u	n	t	У	•	0	r	g		
UR	L_																														
																															\square

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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					-	
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.

SWMPv5 (April, 2017) BMP 1-3 Website: continue to maintain Coalition website (post mandated documents; post educational material; post meeting announcements; pay invoice). BMP 1-7 List Serve: update ACCESS database; BMP 1-4 Publications: update door hanger publication; BMP 1-14 Public Programs-Organized By Coalition-host 1 CWP webcast.

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

BMP 1-3 Websites-Coalition website continues to be maintained. BMP 1-7 List Serve-not updated. BMP1-4 Publications-door hanger publication, not updated. BMP 1-14 Public Programs- Hosted 1 CWP Webcast, but "Making Urban Trees Count" program aborted to due technical problems (participants received access to on line archive of webinar).

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

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).

Coalition goals for 2018/2019: 1. Maintain/update Coalition website (member info; post DRAFT Joint AR/ SWMP doc for public comment; post new publications); 2. Provide Coalition members with brochures; 3. Provide traditional MS4 members with a Public Education Program Development Tool which displays the location of target audiences (residential, commercial, institution, industrial); the associated pollution generating behaviors; and likely pollutants of concern.



This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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

Minimum Control Measure 2. Public Involvement/Participation

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

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

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

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

○ Cleanup Events	# Events			
• Comments on SWMP Received	#Comments			0
• Community Hotlines	Phone # $\left(\begin{array}{c c} 5 & 1 & 8 \end{array} \right) \left[\begin{array}{c c} 4 & 4 & 7 \end{array} \right]$	- 5	6	4 5
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
Phone # ()	Phone # ()	-		
○ Community Meetings	# Attendees			
○ Plantings	Sq. Ft.			
○ Storm Drain Markings	#Drains			
\bigcirc Stakeholder Meetings	# Attendees			
• Volunteer Monitoring	# Events			3
• Other: P u b l i c C o m m e n t s	JointDRAFTM	S 4	Ρm	ı t

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

1108	51 01				•) .	1 14	LTT F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	v iu	cu	•										- •	 -	110
• List-S	erve	e																# I	n Li	ist		3	4
○ Newsp	oape	er A	dve	ertis	ing												#]	Day	s Rı	un			
⊖ TV/Ra	adio	No	otice	es													#]	Day	s Rı	un			
\bigcirc Other:																							

No

• 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 8

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

SPI	DES	ID				
Ν	Y	R	2	0		

Stormwater Coalition of Albany County

Name of MS4/Coalition

2. URL(s) con't.:

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

URL	,	•			•																						. 0			
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																			I			I								
URL	,																													
URL	,																													
URL	,					1									1				1		1									
URL	,														1															
URL	,																													
L						I									L			L	I		I	L	L		L		L	I	L	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 8$

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

Name of MS4/Coalition

Ν	Y	R	2	0		

SPDES ID

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	S4/Coalition Office Department															A	nnu	ial l	Rep	ort) S	WN	1 P]	Plai	n		Cor	omments			
			nen	t																_			1									
	S	t	0	r	m	w	a	t	e	r		С	0	a	1	i	t	ĺi	0	n	-	A	1	b	а	n	У	С	n	t	У	
	Ado																															
	1	7	5		G	r	е	е	n		S	t	r	е	е	t	-	C	n	t	У	H	е	a	1	t	h	В	1	d	g	
	City																	F				Zip					1					
	Α	1	b	a	n	У													N	Y		1	2	2	0	2	-					
	Pho	ne			1				1					1																		
	(5	1	8)	4	4	7	-	5	6	4	5																			
○ Lib	rary Ado	lres	S													C	A	nnu	ial l	Rep	ort	C) S '	WN	1 P]	Plaı	n	0	Cor	nme	ents	
	City	/																I				Zip					L		L			
] _					
	Pho	ne																L]					
	()				_																							
	()																											
\bigcirc Oth	er Ado	lres	8													C	A	nnu	ial l	Rep	ort	() S '	WN	1 P]	Plaı	n	0	Cor	nme	ents	
	City	7																				Zip					I		L			
																											-					
	Pho	ne																L									J					
	()				-																							
	•				,	L]					l																		
• We	b Pa	age	UR	RL:													A	nnu	ial l	Rep	ort		S	WN	1 P]	Plai	n		Cor	nme	ents	
	W	w	W		s	t	0	r	m	W	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У		0	r	g		
																													L			
	Ple	ease	e pr	ovi	de	spe	cif	ic a	ddr	ess	of	pag	ge v	whe	ere	rep	ort	cai	n be	e ac	ces	sec	l - r	not	hoı	me	pag	ge.				
• eM	ail																												Cor	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				
			-												_			<u> </u>						<u> </u>					<u> </u>			

This report is being submitted for the reporting period ending March 9, 2 0 1 8 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Stormwater Coalition of Albany County N Y R 2 0 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 4 0 1 8 4.b. For how many days was/will this report be posted? 4 1 If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b.. 5.a. Was an Annual Report public meeting held in this reporting period? ○ Yes \bigcirc No If Yes, what was the date of the meeting? If No, is one planned? ○ Yes \bigcirc No 5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? ○ Yes No If No, is one planned for each? • No ○ Yes 6. Were comments received during this reporting period? ○ Yes • No If Yes, attach comments, responses and changes made to

SWMP in response to comments to this report.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

er	Coalition	of Albany	County

- SPI	DES					
Ν	Y	R	2	0		

7. Evaluating Progress Toward Measurable Goals MCM 2

Stormwat

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.

SWMPv5 (April, 2017) BMP 2-2 Annual Report: Coalition staff prepare for and guide possible transition to "new" MS4 Permit likely to include changes in Annual Report format and annual program evaluation process-no particular goals named in SWMP document. BMP 2-11 WAVE-monitor 4 sites with volunteers.

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

BMP 2-2 Annual Report: "New/Updated" MS4 Permit not released; no transition. BMP 2-11 WAVE-3 sites monitored. Organizing WAVE volunteer stream monitoring continues to be popular.

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 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).

Jan, 2018 the Coalition received notice that MS4Web software used to write/update the Joint Coalition SWMP document had been replaced by MS4Web2.0. Using the new format, the SWMP document was updated. "Goals met" were tracked as Activities, noting what happened, when. New goals were written covering the time frame: 3/10/2018 to 3/9/2019 (2018-2019). These goals included elements of proposed MS4 Permit (GP-0-17-002). 2 WAVE stream events planned for '18.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

Υ

Ν

R 2 0

#

%

Name of MS4/Coalition

Stormwater Coalition of Albany County

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

1 2

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

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

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

	SPDES ID	1		
Name of MS4/Coalition Stormwater Coalition of Albany	County N Y R	2 0		
3.b.What types of illicit discharges have	e been found during this reporting perio	od?		
\bigcirc Broken Lines From Sanitary Sewer	\bigcirc Industrial Connections			
\bigcirc Cross Connections	\bigcirc Inflow/Infiltration			
○ Failing Septic Systems	\bigcirc Pump Station Failure			
\bigcirc Floor Drains Connected To Storm Sewers	\bigcirc Sanitary Sewer Overflows			
○ Illegal Dumping	\bigcirc Straight Pipe Sewer Discharges			
O Other:	○ None			
4. How many illicit discharges/potentia reporting period?	al illegal connections have been detected	l duri	ing thi	is
5. How many illicit discharges have be	en confirmed during this reporting per	iod?		
6. How many illicit discharges/illegal c period?	onnections have been eliminated during	g this	repor	ting
7. Has the storm sewershed mapping b If No, approximately what percent was		? (> Yes	○ No
8. Is the above information available in	n GIS?		9 Yes	○ No

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

Ρ	a	ß	ß	w	0	r	d		Ρ	r	0	t	е	С	t	е	d		R	е	s	t	r	i	С	t	е	d			
h	t	t	р	s	:	/	/	a	С	v	a	r	С	g	i	s	•	a	1	b	a	n	У	С	0	u	n	t	У	•	С
С	0	m	/	w	е	b	m	a	р	/																					
URL	,																		-												

• Yes O No

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

SP	DES	5 ID			-	 -	
Ν	Y	R	2	0			

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

SWMPv5 (April, 2017) BMP 3-4 Storm Sys-CSO-Sewershed Map'g/BMP 5-8 Inventory Post Const SMPs/BMP 6-1 Inventory MuniFac: continue to implement mapping goals detailed in SWMPv5 (see MCM3, MCM 5, and MCM6); continue to implement objectives and tasks listed in the NYSDEC grant contract C00081GG work plan. See respective documents for details (SWMPv5 and grant work plan). Both explain what is being mapped where, when, and how for all Coalition members.

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

To explain grant funded Coalition mapping, effectiveness is evaluated across all MCMs and individual BMPs ignored. Storm system & program map'g (outfalls-correct/archive, PCSMPs-location/inventory, muni facilities-location/inventory) completed/finalized for V/Colonie; T/Guilderland; C/Cohoes; C/Watervliet. CSO map'g completed for C/Cohoes; C/W'vliet; and V/Green Is. Methods developed to delineate storm sewersheds; datasets discussed/obtained UAlb,Beth,T/Col.

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 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).

GRANT: 1. Complete field work- system/program map'g (outfalls-corrected/archive; PCSMPsinventory/mapped; muni facilities inventory/mapped); finalize data/post on SwIM (AlbCnty/T-NewScotland/Ci-Alb/VGrnIs); 2. Review/prepare exist'g datasets from UAlb/T-Bethlehem/T-Colonie for Krumkill/Patroon/Ann Lee Pond for sewershed delineations; 3. Complete sewershed delineations; 4. Use Survey123 to develop ORI form; 5. Purchase/load/give tablets w/ORI Form to interested MS4s. OTHER: 6.Stock ORI Kits. as needed.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

Stormwater Coalition of Albany County	

SPDES ID									
Ν	Y	R	2	0					

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.

SWMPv5 (April, 2017): BMP 4-7 Construction Site Operator Training-4hr: co-host one 4 hr training with ACSWCD.

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 \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).

GRANT: 1. Use Survey123 to develop MS4 Construction Site Inspection Form; 2. Purchase/load/ give tablet w/MS4 Contruction Site Inspection Form to interested MS4s. OTHER: 3. Co-sponsor with ACSWCD, 1 4hr E/SC training for Construction Site Operators; distribute promotional material to Coalition members for distribution to their contacts; post training info on Coalition website; pay tuition(s) as needed, funds permitting.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

Stormwater Coalition of Albany County	/

SPDES ID									
Ν	Y	R	2	0					

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

From SWMPv5 document (April, 2017): BMP 5-8 Inventory Post Construction Practices - continue to map post construction practices as detailed in grant work plan and various SWMPv5 goals. BMP 5-9 Post Construction Practices-Maintenance: complete RFP for consultant services to develop GIS friendly post-construction stormwater management practice (PC SMPs) inspection forms (mobile devices).

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

GRANT: To explain grant funded Coalition mapping, effectiveness is evaluated across all MCMs and individual BMPs ignored. Storm system & program map'g (outfalls-correct/archive, PCSMPs-location/inventory, muni facilities-location/inventory) completed/finalized for V/Colonie; T/Guilderland; C/Cohoes; C/Watervliet. RFP for "Form: consultant services on hold-may be completed in-house.

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

1

(ex.: samples/participants/events)

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

• Yes \bigcirc No

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

○ Yes ● No

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

GRANT:1. Complete field work- system and program map'g (outfalls-corrected/archive; PCSMPsinventory/mapped; muni facilities inventory/mapped); finalize data/post on SwIM (AlbCnty/T-NewScotland/Ci-Alb/VGrnIs); 2. Use Survey123 to develop PC SMP inspection form(s) modeled after NYSDEC Maintenance Guidance - SW Mgmt Practices 3. Purchase/load/give tablets w/PC SMPs Inspection Form(s) to interested MS4s.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

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

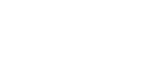
N Y R 2 0

SPDES ID

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	#	
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#	
\bigcirc Phosphorus Applied In Chemical Fertilizer	# Lbs.	
O Nitrogen Applied In Chemical Fertilizer	# Lbs.	
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 	# Acres	· .
2. 11		1 1

- 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?



2 1

2 0 1 8

4

%

0 2

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition

r	Coalition	of	Albany	County	

SPL	SPDES ID									
Ν	Y	R	2	0						

7. Evaluating Progress Toward Measurable Goals MCM 6

Stormwate

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.

SWMPv5 (April, 2017). BMP 6-1 Inventory - Municipal Facility: complete municipal facility mapping as detailed in MCM 3 Page 4 of 4 F.

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

GRANT: To explain grant funded Coalition mapping, effectiveness is evaluated across all MCMs and individual BMPs ignored. Storm system & program map'g (outfalls-correct/archive, PCSMPs-location/inventory, muni facilities-location/inventory) completed/finalized for V/Colonie; T/Guilderland; C/Cohoes; C/Watervliet.

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

0

(ex.: samples/participants/events)

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

• Yes \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).

GRANT: 1. Complete field work- system and program map'g (outfalls-corrected/archive; PCSMPsinventory/mapped; muni facilities inventory/mapped); finalize data/post on SwIM (AlbCnty/T-NewScotland/Ci-Alb/VGrnIs); 2. Use Survey123 to develop Municipal Self Audit form; 3. Purchase/ load/give tablets w/Municipal Self Audit Form to interested MS4s. OTHER: 4. Coordinate circulation of train'g DVDs for members; 5. Fund/organize outside vendor/in-house train'g(s).

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

Y R 2

0

Ν

Name of MS4/Coalition

Stormwater Coalition of Albany County

Additional Watershed Improvement Strategy Best Management Practices

1 2

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

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

How many MS4s contributed to this report?

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

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?

○ Yes \bigcirc No

• N/A

%

%

 \bigcirc No \bigcirc 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

Standards?

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Na	me of MS4/Coalition	SPDES ID N Y R 2 0
3.	Does your MS4/Coalition have a Stormwater Conveyance and Maintenance Plan Program?	System (infrastructure) Inspection ○ Yes ○ No ● N/A
4.	Estimate the percentage of on-site wastewater treatment sy and maintained or rehabilitated as necessary in this report	
5.	Has your MS4/Coalition developed a program that provide NYSDEC SPDES General Permit for Stormwater Dischar (GP-0-08-001) to reduce pollutants in stormwater runoff fu disturb five thousand square feet or more?	ges from Construction Activities
6.	Has your MS4/Coalition developed a program to address p runoff from new development and redevelopment projects equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Acti the New York State Stormwater Design Manual Enhanced	that disturb greater than or e NYS DEC SPDES General ivities (GP-0-08-001), including

 \bigcirc Yes \bigcirc No \bigcirc N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosic	on or		
phosphorus/nitrogen/pathogen loading?	\bigcirc Yes	\bigcirc No	• N/A

7c. What percent of the projects included in 7b have been completed in this reporting period?

7d. What percent of projects planned in previous years have been completed?

○ No Projects Planned

%

%

- 8a.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?
 Yes No N/A
- 8b.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? O Yes O No N/A

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition Stormwater Coalition of Albany County

SPDES ID									
Ν	Y	R	2	0					

9. Has your MS4/Coalition developed and implemented a program of native planting? ○ Yes \bigcirc 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? \bigcirc Yes \bigcirc No • N/A 12. Does your MS4/Coalition have a program to manage goose \bigcirc Yes \bigcirc No populations? • N/A