

# **FINAL**

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

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

**Reporting Period  
March 10, 2018 to March 9, 2019**

---

### **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. To understand MS4 Permit requirements and related program activities, go to the NYSDEC website and/or the Coalition website: [www.albanycountystormwater.com](http://www.albanycountystormwater.com)

---

### **HOW TO SUBMIT COMMENTS**

1. Electronically using the Stormwater Coalition website “Public Comment” interface, [www.stormwateralbanycounty.org](http://www.stormwateralbanycounty.org).
2. By contacting the Local Stormwater Public Contact listed in the Joint Annual Report for each permit holder (See MCC Form).
3. By contacting the individuals listed as Public Contacts on the Coalition website (see Member pages).
4. By e-mail; [swcoalition@albanycounty.com](mailto:swcoalition@albanycounty.com) or phone; 447-5645.

### **OTHER INFORMATION**

1. Hard copies of this Joint Annual Report are located at the Stormwater Coalition office, 175 Green Street, Albany, NY 12202 and at local MS4/municipal offices.
2. For the address of local offices, go to the municipal 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, 2019 (SWMP Doc 2019-2020). To view the SWMP Plan document, see Coalition website, Plan & Program tab.

#### **Traditional Non Land Use Control MS4**

1. Albany County (NYR20A359)

#### **Non-Traditional MS4**

2. University at Albany-SUNY (NYR20A234)

#### **Traditional Land Use Control MS4s**

3. City of Albany (NYR20A464)
4. Town of Bethlehem (NYR20A208)
5. City of Cohoes (NYR20A243)
6. Town of Colonie (NYR20A190)

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



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

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

[illegible][illegible][illegible]

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

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

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

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

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

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

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

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

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

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

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

--	--	--	--	--	--	--	--	--

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

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

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

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

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

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

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

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

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

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

MCC form for period ending March 9,

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

Name of MS4

ALBANY COUNTY

SPDES ID

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

Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

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

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

If Joint Report, enter coalition name:

S	T	O	R	M	W	A	T	E	R		C	O	A	L	I	T	I	O	N		O	F		A	L	B	A	N	Y
C	O	U	N	T	Y																								

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

MCC form for period ending March 9,

2 0 1 9

Name of MS4 ALBANY COUNTY

SPDES ID

N Y R 2 0 A 3 5 9

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

D A N I E L

MI

P

Last Name

M C C O Y

Title

C O U N T Y E X E C U T I V E

Address

1 1 2 S T A T E S T

City

A L B A N Y

State

N Y

Zip

1 2 2 0 7 -

eMail

D A N I E L . M C C O Y @ A L B A N Y C O U N T Y N Y . G O V

Phone

( 5 1 8 ) 4 4 7 - 7 0 4 0

County

A L B A N Y

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

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

ALBANY COUNTY
---------------

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

## Important Instructions - Please Read

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

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

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

First Name											MI	Last Name																
L	A	U	R	A								D	E	G	A	E	T	A	N	O								

Title																															
S	E	N	I	O	R		P	L	A	N	N	E	R		N	A	T	U	R	A	L		R	E	S	O	U	R	C	E	S

[illegible]

City															State		Zip									
A	L	B	A	N	Y										N	Y	1	2	2	0	7	-				

eMail

L	A	U	R	A	.	D	E	G	A	E	T	A	N	O	@	A	L	B	A	N	Y	C	O	U	N	T	Y	N	Y	.	G	O
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Phone ( 5 1 8 ) 6 5 5 - 5 6 7 0 County A L B A N Y

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

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

ALBANY COUNTY
---------------

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

L

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

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

ALBANY COUNTY
---------------

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

## Important Instructions - Please Read

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

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

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

First Name	MI	Last Name
R O B E R T	A	G U N T H E R

Title																																
S	T	O	R	M	W	A	T	E	R		P	R	O	G	R	A	M		T	E	C	H	N	I	C	I	A	N				

[illegible]

City													State		Zip									
V	O	O	R	H	E	E	S	V	I	L	L	E	N	Y	1	2	1	8	6	-				

eMail 

R	O	B	E	R	T	.	G	U	N	T	H	E	R	@	A	L	B	A	N	Y	C	O	U	N	T	Y	N	Y	.	G	O	V
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Phone ( 5 1 8 ) 6 5 5 - 7 9 2 4 County A L B A N Y

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

MCC form for period ending March 9,

2 0 1 9

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?

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

Partner/Coalition Name (con't.)

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

SPDES Partner ID - If applicable

N Y R 2 0

Address

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

City

A l b a n y

State

N Y

Zip

1 2 2 0 2 -

eMail

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

Phone

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

Legally Binding Agreement in accordance  
with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

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

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

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

● MM3 O F S y s M a p g S w I M L y r - S v y 1 2 3 O R I F o r m

● MM4 S v y 1 2 3 C o l l e c t r - C o n s I n s p F o r m

● MM5 P C S M P M a p g S w I M - S W P P P R e v i e w L y r s

● MM6 F a c M a p g S w I M - S v y 1 2 3 M u n i F a c F o r m

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, 2019

Name of MS4 | ALBANY COUNTY

SPDES ID

N	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	l									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

MI

P

Last Name

M	C	C	O	Y								
---	---	---	---	---	--	--	--	--	--	--	--	--

Title (Clearly print title of individual signing report)

[illegible]

Signature

1 Daniel P. McGoy

Date \_\_\_\_\_

05 / 23 / 2010

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

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

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

Name of MS4/Coalition	ALBANY COUNTY
-----------------------	---------------

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

How many MS4s are contributed to this report?

--	--	--

☐ Yes     ☒ No

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

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

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

Name of MS4/Coalition

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

		1
--	--	---

[illegible][illegible]

**L**

## MS4 Annual Report Form

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

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

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
---	---	---	---	---	---	---	---	---

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

☒ Construction Site Operators Trained

# Trained 

				3
--	--	--	--	---

☐ Direct Mailings

# Mailings 

--	--	--	--	--

☒ Kiosks or Other Displays

# Locations 

				5
--	--	--	--	---

☒ List-Serves

# In List 

	3	0	0	0
--	---	---	---	---

☐ Mailing List

# In List 

--	--	--	--	--

☐ Newspaper Ads or Articles

# Days Run 

--	--	--	--	--

☐ Public Events/Presentations

# Attendees 

--	--	--	--	--

☐ School Program

# Attendees 

--	--	--	--	--

☐ TV Spot/Program

# Days Run 

--	--	--	--	--

☒ Printed Materials:

Total # Distributed 

			2	0
--	--	--	---	---

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

K	I	O	S	K	-	L	A	W	S	O	N	S	L	A	K	E			
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--

K	I	O	S	K	-	D	P	W	H	E	A	D	Q	U	A	R	T	E	R
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

D	I	S	P	L	A	Y	-	1	1	2	S	T	A	T	E	S	T		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Other:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

URL

h	t	t	p	:	/	/	w	w	w	.	a	l	b	a	n	y	c	o	u	n	t	y	.	c	o	m	/	d	p	w	/
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

s	t	o	r	m	w	a	t	e	r	m	a	n	a	g	e	m	e	n	t	.	a	s	p	x							
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

H	T	T	P	:	/	/	W	W	W	.	A	L	B	A	N	Y	C	O	U	N	T	Y	.	C	O	M	/	G	O	V	E
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

R	N	M	E	N	T	/	D	E	P	A	R	T	M	E	N	T	S	/	D	E	P	T	-	E	C	O	N	O	M	I	C
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

D	E	V	E	L	O	P	M	E	N	T	C	O	N	S	E	R	V	A	T	I	O	N	A	N	D	P	L	A	N	N	I
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

**MS4 Annual Report Form**

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

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

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
---	---	---	---	---	---	---	---	---

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

URL

G	/	S	T	O	R	M	W	A	T	E	R	P	R	O	G	R	A	M	C	O	O	R	D	I	N	A	T	O	R	.	A
S	P	X																													

URL

H	T	T	P	:	/	/	W	W	W	.	S	T	O	R	M	W	A	T	E	R	A	L	B	A	N	Y	C	O	U	N	T
Y	.	O	R	G	/	S	T	O	R	M	W	A	T	E	R	-	C	O	A	L	I	T	I	O	N	/	M	U	N	I	C
I	P	A	L	I	T	I	E	S	/	A	L	B	A	N	Y	-	C	O	U	N	T	Y	/								

URL


URL


URL


URL


URL


**MS4 Annual Report Form**

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

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

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.**

STORM DRAIN MARKERS WERE EMPHASIZED IN PRIORITY WATERSHEDS BASED ON 303(D). APROX 30 STORM DRAINS WERE STENCILED. POSTERS WERE PLACED ON TIME CLOCK WALLS IN SEVERAL FACILITIES THAT FOCUSED ON STORMWATER COMPLIANT ACTIVITIES BASED ON THE TIME OF YEAR. QUARTERLY STORMWATER TIP IN COUNTY EXECUTIVES WEEKLY NEWSLETTER CONTINUED.

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

OUR OFFICE HAS HAD SEVERAL INQUIRIES FROM EMPLOYEES ASKING FOR INFORMATION ON STORMWATER COMPLIANT ACTIVITIES AT THEIR FACILITY. POSITIVE FEEDBACK RECIEVED ON POSTER DISPLAYS AT VARIOUS FACILITIES.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes    ☐ No

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

☒ Yes    ☐ No

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

ALBANY COUNTY DPW WILL CONTINUE TO MAINTAIN WEBSITE WITH CURRENT INFO ON STORMWATER PROGRAM. STORMWATER TIP WILL BE INCLUDED QUARTERLY IN COUNTY EXECUTIVES NEWSLETTER. POSTER DISPLAYS WILL CONTINUE AT TIME CLOCKS/LOBBIES AT VARIOUS COUNTY FACILITIES. STORM DRAIN STENCILING PROGRAM WILL CONTINUE-STENCIL SW INFRASTRUCTURE.

# MS4 Annual Report Form

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

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 2. Public Involvement/Participation**

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

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

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

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

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

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

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

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

## MS4 Annual Report Form

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

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

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
---	---	---	---	---	---	---	---	---

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

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

URL

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

URL


URL


URL


URL


URL


URL




**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

A	L	B	A	N	Y	C	O	U	N	T	Y
---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

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

**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

A	L	B	A	N	Y	C	O	U	N	T	Y	D	P	W	E	N	G	I	N	E	E	R	I	N	G
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Address

4	4	9	N	E	W	S	A	L	E	M	R	O	A	D
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

City

V	O	O	R	H	E	E	S	V	I	L	L	E
---	---	---	---	---	---	---	---	---	---	---	---	---

N	Y
---	---

Zip

1	2	1	8	6	-
---	---	---	---	---	---

Phone

(	5	1	8	)	6	5	5	-	7	9	2	4
---	---	---	---	---	---	---	---	---	---	---	---	---

☐ Library

☐ Annual Report   ☐ SWMP Plan   ☐ Comments

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Zip

					-				
--	--	--	--	--	---	--	--	--	--

Phone

(				)				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

☐ Other

☒ Annual Report   ☒ SWMP Plan   ☐ Comments

Address

1	7	5	G	R	E	E	N	S	T	R	E	E	T
---	---	---	---	---	---	---	---	---	---	---	---	---	---

City

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

N	Y
---	---

Zip

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

Phone

(				)				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

☐ Web Page URL:

☐ Annual Report   ☐ SWMP Plan   ☐ Comments


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

☒ eMail

☐ Comments

R	O	B	E	R	T	.	G	U	N	T	H	E	R	@	A	L	B	A	N	Y	C	O	U	N	T	Y	N	Y	.	G
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

L	A	U	R	A	.	D	E	G	A	E	T	A	N	O	@	A	L	B	A	N	Y	C	O	U	N	T	Y	N	Y	.
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

**MS4 Annual Report Form**

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

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

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.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

0	5
---	---

 / 

0	4
---	---

 / 

2	0	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, answer 5.b..

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

☐ Yes ☒ No

If Yes, what was the date of the meeting?

--	--

 / 

--	--

 / 

--	--	--	--

If No, is one planned?

☐ Yes ☒ No

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

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

**6. Were comments received during this reporting period?**

☐ Yes ☒ No

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

**MS4 Annual Report Form**

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

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

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.**

PUBLIC CONTACT INFORMATION IS UPDATED AS NEEDED IN MS4 PERMIT ANNUAL REPORT MCC FORM, OTHER FORMS. DPW AND NATURAL RESOURCES RECIEVE INQUIRIES AND COMPLAINTS FROM THE PUBLIC REGARDING STORMWATER ISSUES. 24 HR HOTLINE MAINTAINED BY DPW FOR URGENT ISSUES. WAVE INFO PUBLICIZED ON DPW WEBSITE.

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

DPW RECIEVED 11 COMPLAINTS RELATING TO STORMWATER, ALL ISSUES ADDRESSED, SEVERAL RESOLVED. WAVE PROGRAM HAD A LARGE RESPONSE FROM VOLUNTEERS IN THE AREA.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

ALBANY COUNTY'S STORMWATER PROGRAM TECHNICIAN (SWPT) WILL UPDATE THE PUBLIC CONTACT INFO AS NEEDED IN THE MS4 PERMIT ANNUAL REPORT FORM AND OTHER FORMS AS NEEDED. DPW AND NATURAL RESOURCES OFFICE WILL CONTINUE TO HANDLE PUBLIC STORMWATER ISSUES. WAVE INFORMATION, JOINT ANNUAL REPORT WILL BE POSTED ON DPW WEBSITE

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	3	5	9
---	---	---	---	---	---	---	---	---

- On behalf of a coalition

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

<b>1. Enter the number and approx. percent of outfalls mapped:</b>	2	0	5	#	1	0	0	%
--	---	---	---	---	---	---	---	---

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

☐ None

[illegible]

- Sewersheds:

[illegible]

# MS4 Annual Report Form

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

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

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
---	---	---	---	---	---	---	---	---

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

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

[illegible]

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

		5
--	--	---

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

		4
--	--	---

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

		2
--	--	---

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

☒ Yes      ☐ No

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

			%
--	--	--	---

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

☒ Yes      ☐ No

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

☒ Yes      ☐ No

If Yes, provide URL(s):

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

URL

[illegible]

URL

[illegible]

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

Name of MS4/Coalition	ALBANY COUNTY
-----------------------	---------------

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

## URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

- |  |   |   |   |
|--|---|---|---|
|  | 9 | 5 | % |
|--|---|---|---|

**MS4 Annual Report Form**

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

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

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
---	---	---	---	---	---	---	---	---

**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.**

DIGITIZING STORMWATER INFRASTRUCTURE OWNED BY ALBANY COUNTY WAS COMPLETED IN OCTOBER OF 2018. 33% OF ORI INSPECTIONS WERE COMPLETED DURING DRY PERIODS THROUGHOUT THE YEAR. IDDE ENFORCEMENT WAS COORDINATED WITH HEALTH DEPT AND WATER PURIFICATION DISTRICT TO ENSURE LOCAL LAW 7 OF 07 COMPLIANCE.

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

1 NOV ISSUED TO RESTAURANT OWNER, FOLLOW UP INSPECTIONS SHOW THAT RESTAURANT IS NOW COMPLIANT WITH LL7. SEVERAL VERBAL WARNINGS WITH OTHER CONTRACTORS. ORI INSPECTIONS REVEALED ONE POTENTIAL ILLICIT DISCHARGE, CONFIRMED WITH HEALTH DEPT, WORKING TO RESOLVE.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

CONTINUE ORI INSPECTIONS TO FINISH APROX 66% OF TOTAL ORI INSPECTIONS. CONTINUE TO TRACK ILLICIT DISCHARGES AND ISSUE NOV'S IF REQUIRED. COORDINATE WITH HEALTH DEPARTMENT TO RESOLVE CURRENT ISSUES. LABEL OUTFALLS WITH ID# TO MAKE IDENTIFICATION EASIER FOR THE PUBLIC SHOULD AN ILLICIT DISCHARGE OCCUR

## MS4 Annual Report Form

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

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

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

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

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

How many MS4s contributed to this report?

		1
--	--	---

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

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

☐ 09/2004   ☐ 03/2006   ☐ NT

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

	6	3
--	---	---
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?** ☒ Yes   ☐ No   ☐ NT
- If Yes, how many public comments were received during this reporting period? 

	4	7
--	---	---
- 5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?** ☒ Yes   ☐ No

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

<input type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table>					1	<input type="radio"/> No Authority
				1				
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input checked="" type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table>					1	<input type="radio"/> No Authority
				1				
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input checked="" type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>2</td></tr></table>					2	<input type="radio"/> No Authority
				2				

**MS4 Annual Report Form**

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

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

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 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report? 

		1
--	--	---

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

		1
--	--	---

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

		1
--	--	---

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

1	0	0
---	---	---

 %

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

1	0	0
---	---	---

 %

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

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

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

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

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9,**

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

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

Name of MS4/Coalition 

A	L	B	A	N	Y	C	O	U	N	T	Y	N	U	R	S	I	N	G	H	O	M	E						
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

SPDES ID

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

**6. con't.:**

Submit additional pages as needed.

**● MS4/Coalition Office**

Department

A	L	B	A	N	Y	C	O	U	N	T	Y	N	U	R	S	I	N	G	H	O	M	E						
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Address

7	8	0	A	L	B	A	N	Y	S	H	A	K	E	R	R	O	A	D										
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

City

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

N	Y
---	---

Zip

1	2	2	1	1	-																							
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

(	5	1	8	)	8	6	9	-	2	2	3	1
---	---	---	---	---	---	---	---	---	---	---	---	---

**○ Library**

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Zip

					-																							
--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

(				)				-																				
---	--	--	--	---	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**○ Other**

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Zip

					-																							
--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

(				)				-																				
---	--	--	--	---	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**MS4 Annual Report Form**

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

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

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 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.**

ALL EXISTING DOCUMENTS PERTAINING TO COUNTY OVERSIGHT OF CONSTRUCTION ACTIVITY PERMIT (COUNTY GI POLICY, COUNTY PROGRAM GUIDANCE DOCUMENT) HAVE BEEN REVIEWED. SWPT RECIEVED CONSTRUCTION ACTIVITY PERMIT TRAINING. COUNTY PLANNING BOARD HAS BEEN ASSISTED BY SWPT ON GML239 REVIEWS POTENTIALLY NEEDING SPDES COVERAGE.

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

MULTIPLE GML239 REVIEWS WERE SHOWN NEEDING CONSTRUCTION ACTIVITY PERMIT COVERAGE. SEVERAL DPW PROJECTS REFERRED TO DIVISION OF ENVIRONMENTAL PERMITS FOR INQUIRIES ABOUT PERMIT COVERAGE, ALL PROJECTS HAVE BEEN REVIEWED BY DEC STAFF AND ADVISED APPROPRIATELY ON EACH PROJECT.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

CONTINUE GML239 REVIEWS FOR STORMWATER COMPLIANCE, IMPLEMENT GI POLICY WHERE NECESSARY. MAINTAIN COMPLIANCE WITH ALL ENVIRONMENTAL PERMITS THE COUNTY MAY OBTAIN WHEN NECESSARY.

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

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

**MS4 Annual Report Form**

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

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

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
---	---	---	---	---	---	---	---	---

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

		0
--	--	---

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

		0
--	--	---

 %

## MS4 Annual Report Form

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

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

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
---	---	---	---	---	---	---	---	---

### 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.

Several Level 1 inspections were done at several County owned Facilities and any deficiencies have been reported. Various PCSMPs throughout the County- either within County ROW or drainage easements have been inspected and maintained if needed. Particular emphasis was done in the Towns of Guilderland and Colonie as they have several high maintenance PCSMPs such as vortex units and stormwater retention basins. Inspections in Berne, Westerlo and R'ville also occurred.

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

While doing inspections and maintenance on County Roads in the Town of Colonie, a vortex unit on Fuller Road was found to have been installed incorrectly- and was not capturing the majority of pollutants that passed through the structure. A proper fitting was installed and pollutants are now being trapped in the vortex unit as intended. Several drainage ditches containing check dams were also cleaned and reinstalled and have been functioning properly.

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

			1
--	--	--	---

*(ex.: samples/participants/events)*

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

☒ Yes    ☐ No

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

☒ Yes    ☐ No

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

Continue PCSMP Inspections following prior inspection schedules. Updates to SWCO on PCSMP location for online mapping will occur. SWPT will continue updating and maintaining inventory of PCSMPs including Construction Activity Permit Numbers associated with practices, locations of practices, types of practices, maintenance performed, and location based on the urbanized/non-urbanized area.

## MS4 Annual Report Form

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

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

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 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? 

		1
--	--	---

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

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

**MS4 Annual Report Form**

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

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

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
---	---	---	---	---	---	---	---	---

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

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

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

			6	7
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

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

			1	1
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

			1	2
--	--	--	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

				9
--	--	--	--	---
- Pesticide/Herbicide Applied # Acres 

					.	
--	--	--	--	--	---	--

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

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

				1
--	--	--	--	---

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

1	2	/	1	2	/	2	0	1	8
---	---	---	---	---	---	---	---	---	---

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

	4	4
--	---	---

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

	9	5
--	---	---

 %

**MS4 Annual Report Form**

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

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

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 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.**

9 DGS FACILITIES WERE AUDITED USING ONLINE ESRI SELF AUDIT FORM PROVIDED BY SWCO. DPW SWEPT 67 ROAD MILES- PRIMARILLY IN URBANIZED AREA OF THE COUNTY. 1 SPILL PREVENTION TRAINING (POWERPOINT) HELD AT CO-OP FOR DPW SHOP, SUBDIVISION EMPLOYEES, FOREMEN, ADMIN. 2 4 HR E/SC TRAININGS HELD FOR FOREMEN AND ADMIN STAFF.

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

SPILL PREVENTION TRAININGS RAISED AWARENESS FOR FOREMEN TO BETTER PREPARE FOR AN INCIDENT AT THEIR SUBDIVISION, SEVERAL FOREMEN INQUIRED ABOUT MORE INFORMATION ON GOOD HOUSEKEEPING PROCEDURES. SELF AUDITS WERE EFFECTIVE IN SHOWING DGS STAFF WHAT THE MS4 PERMIT REQUIRES, AND SEVERAL SIMPLE CORRECTIONS WERE MADE.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

CONTINUE SELF AUDIT SCHEDULE (EVERY 3 YEARS) FOR ALL DGS/DPW FACILITIES. CONDUCT A MS4 PERMIT COMPLIANCE TRAINING FOR DGS STAFF, AND RECORD IT TO BE SHOWN TO ALL NEW EMPLOYEES DURING THEIR ONBOARDING TRAININGS.

## MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

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

How many MS4s contributed to this report?

1	1
---	---

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

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

- |  |  |
|--|--|
| <input checked="" type="radio"/> Construction Sites<br><input checked="" type="radio"/> General Stormwater Management Information<br><input type="radio"/> Household Hazardous Waste Disposal<br><input type="radio"/> Illicit Discharge Detection and Elimination<br><input checked="" type="radio"/> Infrastructure Maintenance<br><input checked="" type="radio"/> Smart Growth<br><input type="radio"/> Storm Drain Marking<br><input type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development<br><input checked="" type="radio"/> Other: | <input checked="" type="radio"/> Pesticide and Fertilizer Application<br><input checked="" type="radio"/> Pet Waste Management<br><input type="radio"/> Recycling<br><input checked="" type="radio"/> Riparian Corridor Protection/Restoration<br><input type="radio"/> Trash Management<br><input checked="" type="radio"/> Vehicle Washing<br><input type="radio"/> Water Conservation<br><input type="radio"/> Wetland Protection<br><input type="radio"/> None |
|--|--|

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

Other

### 2. Specific audiences targeted during this reporting period:

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

G	e	n	e	r	a	l	P	u	b	l	i	c	-	C	o	a	l	i	t	i	o	n		W	e	b	s	i	t	e		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--

Other

## MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

☒ Construction Site Operators Trained

# Trained 

			4	7
--	--	--	---	---

☐ Direct Mailings

# Mailings 

--	--	--	--	--

☒ Kiosks or Other Displays

# Locations 

				7
--	--	--	--	---

☒ List-Serves

# In List 

		1	8	1
--	--	---	---	---

☐ Mailing List

# In List 

--	--	--	--	--

☐ Newspaper Ads or Articles

# Days Run 

--	--	--	--	--

☒ Public Events/Presentations

# Attendees 

			8	4
--	--	--	---	---

☐ School Program

# Attendees 

--	--	--	--	--

☐ TV Spot/Program

# Days Run 

--	--	--	--	--

☒ Printed Materials:

Total # Distributed 

			5	6
--	--	--	---	---

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

P	r	e	s	e	n	t	a	t	i	o	n	H	a	n	d	o	u	t	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

2		C	W	P		W	e	b	c	a	s	t	s						
---	--	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--

H	R	W	s	h	e	d	A	l	l	i	a	n	c	e	-	P	r	e	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

S	t	o	r	m	M	a	p	g	-	P	a	t	r	o	o	n	C	r	k
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☒ Other:

2		C	W	P		W	e	b	c	a	s	t	-	A	r	c	h	i	v
---	--	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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

URL

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

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

Coalition 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.

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

1. Coalition website maintained and updated  
2. Brochures provided or printed when requested  
3. Traditional MS4s provided with hard copy map of their MS4 land use types, matched to target audience types (residential, commercial, institutional, industrial), with info about associated pollution generating behavior, and Pollutants of Concern. Land use/target audience layer on SwIM.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☐ Yes   ☒ No

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

2019/2020 Coalition Goals: 1. Support and update Coalition website; 2. Sponsor one Center for Watershed Protection webcast; 3. Print and distribute stormwater publications for interested members; 4. Understand and explain to members Public Education/Outreach requirements suggested by the DRAFT Permit (GP-0-17-002; 5. Discuss with members the current inventory of printed material/decide which if any publications should be printed in large quantities/modified/dropped.

# MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

## Minimum Control Measure 2. Public Involvement/Participation

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

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

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

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

- |  |  |  |  |  |   |
|--|--|--|--|--|---|
| <input type="radio"/> Cleanup Events                       | # Events   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  |
| <input checked="" type="radio"/> Comments on SWMP Received | # Comments   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text" value="0"/>  |
| <input checked="" type="radio"/> Community Hotlines        | Phone #  | ( <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="8"/> ) | <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> | -  | <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="4"/> <input type="text" value="5"/> |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/>                                   | -  | <input type="text"/> <input type="text"/> <input type="text"/> |   |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/>                                   | -  | <input type="text"/> <input type="text"/> <input type="text"/> |   |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/>                                   | -  | <input type="text"/> <input type="text"/> <input type="text"/> |   |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/>                                   | -  | <input type="text"/> <input type="text"/> <input type="text"/> |   |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/>                                   | -  | <input type="text"/> <input type="text"/> <input type="text"/> |   |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/>                                   | -  | <input type="text"/> <input type="text"/> <input type="text"/> |   |
| <input type="radio"/> Community Meetings                   | # Attendees  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  |
| <input type="radio"/> Plantings                            | Sq. Ft.  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  |
| <input type="radio"/> Storm Drain Markings                 | # Drains   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  |
| <input type="radio"/> Stakeholder Meetings                 | # Attendees  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  |
| <input checked="" type="radio"/> Volunteer Monitoring      | # Events   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text" value="4"/>  |
| <input checked="" type="radio"/> Other:                    | P u b l i c C o m m e n t s J o i n t D R A F T M S 4 P m t        |  |  |  |   |

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

- |   |            |  |  |  |   |   |
|---|------------|--|--|--|---|---|
| <input checked="" type="radio"/> List-Serve | # In List  |  |  |  | 3 | 4 |
| <input type="radio"/> Newspaper Advertising | # Days Run |  |  |  |   |   |
| <input type="radio"/> TV/Radio Notices      | # Days Run |  |  |  |   |   |
| <input type="radio"/> Other:                |            |  |  |  |   |   |

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

## MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

URL

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

URL


URL


URL


URL


URL


URL




**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

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

SPDES ID

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

**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

0	5
---	---

 / 

0	3
---	---

 / 

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

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

	1	4
--	---	---

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

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

☐ Yes ☐ No

If Yes, what was the date of the meeting?

--	--

 / 

--	--

 / 

--	--	--	--

If No, is one planned?

☐ Yes ☐ No

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

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

**6. Were comments received during this reporting period?**

☐ Yes ☒ No

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

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

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

SPDES ID

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

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

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

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

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.

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

A hybrid Joint Coalition SWMP Plan "Annual Evaluation" document listing activities completed from 3/10/2017 to 3/9/2018 and goals for the permit reporting year 3/2018 to 3/2019) was posted on the Coalition website 4/28/2018. The CBI MS4Web 2.0 SWMP Plan module was used to create the document. Completed 4 Coalition-wide WAVE stream monitoring events (3 days & 4 sites)-1 site Salt Kill; 2 sites Vly Creek; and 1 site Lisha Kill.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

2019/2020 Coalition Goals: 1. Organize one or more Coalition-wide WAVE Volunteer Stream Monitoring events (July 1 to Sept 30); 2. With Coalition members, identify plausible, doable public participation activities which focus on water quality directly, which could be organized spring, summer or early fall. Develop an implementation plan with members, which respects available time. Develop a budget and staffing plan to implement, include in 2020 Coalition budget if advised.

L

, 

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

Stormwater Coalition of Albany County

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

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

--	--	--

[illegible][illegible]

# MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

[illegible]

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

--	--	--

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

--	--	--

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

--	--	--

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

☐ Yes      ☐ No

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

			%
--	--	--	---

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

☒ Yes      ☐ No

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

☒ Yes      ☐ No

If Yes, provide URL(s):

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

URL

[illegible]

URL

[illegible]

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

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

GRANT: 1. Complete field work system/program map'g (outfalls-corrected/archive; PCSMPs-inventory/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

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

GRANT: 1&2. Storm system/program mapping completed-data posted on SwiM for Alb Cnty, T/ New Scotland, City/Albany, and V/Green Island. 2&3. Datasets from UAlbany, T/Bethlehem, and T/ Colonie prepared and integrated with V/Colonie, City/Albany, and Albany County datasets to completed 3 storm sewershed delineations (Ann Lee/Patroon/Krumkill). 4&5 ArcGIS Online Survey123/Collector forms created (ORI/Contruction/MuniFac)/loaded to tablets for intersted MS4s.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

2019/2020 Coalition Goals: 1. Stock ORI kits as needed, based on current MS4 Permit; 2. Price water sample costs associated with DRAFT MS4 Permit MCM3 Outfall Sampling and MCM 6 MSGP requirements; 3. Discuss with Coalition members need/value of ORI field training using tablet. Organize if interest.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

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

SPDES ID

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

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

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

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

GRANT: 1. Use Survey123 to develop MS4 Construction Site Inspection Form; 2. Purchase/load/give tablet w/MS4 Construction 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.

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

GRANT: 1/2. Survey123 MS4 Construction Site Inspection Form finalized and loaded onto tablets for interested MS4s-two tablet training sessions. OTHER: 3. (One) 4hr E/SC training for Construction Site Operators co-sponsored with ACSWCD (12/7/2018). 21 stormwater related staff from 4 MS4s attended Construction Activity Pmt related trainings (4hr E/SC trainings; 2 Eastern NY SW RTC trainings 4/19/18 Filtration-Infiltrations & 6/19/2018 Small Dam Design) Coalition funded

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☐ Yes   ☒ No

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

2019/2020 Coalition goal: 1. Co-sponsor with ACSWCD, 1 4hr E/SC training for Construction Site Operators/distribute promotional material to Coalition members/post training info on Coalition website/pay tuition as needed, if possible. 2. Discuss with Coalition members need/value of MS4 Construction Site Inspection field training using tablets w/Form. Organize if interest.

## MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

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

GRANT: 1. Complete field work-system and program map'g (outfalls-corrected/archive; PCSMPs-inventory/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 M

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

GRANT: 1. System and program mapping completed and data posted on SwIM for Alb County, T/NewScotland, City/Albany, and V/Green Island. 2. No Survey123/Collector ArcGIS Online forms created for PC SMP inspections.

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

			1
--	--	--	---

*(ex.: samples/participants/events)*

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

☒ Yes   ☐ No

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

☐ Yes   ☒ No

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

2019/2020 Coalition goals: 1. Develop pilot Survey123 PCSMP form using the NYSDEC Maintenance Guidance Stormwater Management Practices (March 31, 2017) while the Coalition Stormwater Program Technician is available

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

--	--	--	--	--
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles 

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

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

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

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

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

					.	
--	--	--	--	--	---	--

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

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

				5
--	--	--	--	---

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

0	3	/	0	7	/	2	0	1	9
---	---	---	---	---	---	---	---	---	---

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

		2
--	--	---

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

1	0	0
---	---	---

 %

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

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

GRANT: 1. Complete field work-system and program map'g (outfalls-corrected/archive; PCSMPs-inventory/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).

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

GRANT: 1. System and program mapping completed and data posted on SwIM for Alb County, T/NewScotland, City/Albany, and V/Green Island. 2/3. Survey123/Collector ArcGIS Online Municipal Self Audit form finalized and loaded onto tablets for interested MS4s. OTHER: 4. Training DVDs circulated among interested users at Coalition Working Group meetings. 5. No outside vendor or in-house trainings.

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

			0
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

2019/2020 Coalition goals: 1. Coordinate circulation of Coalition train'g DVDs for use by Coalition members; 2. Monitor closely DRAFT MS4 Permit requirements regarding MCM 6 municipal facilities (High, Low, MSGP). Explain/prepare Coalition members; 3. Develop Coalition-wide staff development/training needs assessment; identify best approach in-house/vendors/DVDs; research costs/support materials; and match needs to likely DRAFT MS4 Permit requirements.

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

MCC form for period ending March 9,

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

Name of MS4

University at Albany (SUNY) Uptown Campus

SPDES ID

N	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:

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

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

If Joint Report, enter coalition name:

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

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

MCC form for period ending March 9,

2 0 1 9

Name of MS4 University at Albany (SUNY) Uptown Campus

SPDES ID

N Y R 2 0 A 2 3 4

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

H a v i d a n

MI

Last Name

R o d r i g u e z

Title

P r e s i d e n t

Address

1 4 0 0 W a s h i n g t o n A v e .

City

A l b a n y

State

N Y

Zip

1 2 2 2 2 -

eMail

p r e s m a i l @ a l b a n y . e d u

Phone

( 5 1 8 ) 9 5 6 - 8 0 1 0

County

A l b a n y

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

MCC form for period ending March 9,

2 0 1 9

Name of MS4 University at Albany (SUNY Uptown Campus)

SPDES ID

N Y R 2 0 A 2 3 4

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

K a r l

MI

Last Name

K i l t s

Title

D i r e c t o r C o d e A d m i n i s t r a t i o n

Address

1 4 0 0 W a s h i n g t o n A v e .

City

A l b a n y

State

N Y

Zip

1 2 2 2 2 -

eMail

k k i l t s @ a l b a n y . e d u

Phone

( 5 1 8 ) 4 4 2 - 3 4 0 0

County

A l b a n y

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

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

Name of MS4

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

## **Section 2 - Contact Information**

## Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

[illegible]

MI

S

Last Name

[illegible]

Title

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

Address

[illegible]

City

[illegible]

State

N	Y
---	---

Zip

1	2	2	2	2
---	---	---	---	---

-

--	--	--	--

eMail

[illegible]

Phone

$$\begin{pmatrix} 5 & 1 & 8 \end{pmatrix} \begin{matrix} 4 & 4 & 2 \end{matrix} - \begin{matrix} 3 & 4 & 0 & 0 \end{matrix}$$

County

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

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

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

Name of MS4 University at Albany (SUNY) Uptown Campus

SPDES ID

N Y R 2 0 A 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?

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

Partner/Coalition Name (con't.)

C o u n t y

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 7 5 G r e e n S t .

City

A l b a n y

State

N Y

Zip

1 2 2 0 2 -

eMail

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

Phone

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

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

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

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

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

● MM3 O F S y a M a p g S w I M L y r - S v y 1 2 3 0 O R I F o r

● MM4 S v y 1 2 3 C o l l e c t r - C o n c I n s p F o r m

● MM5 P C S M P M a p g S w I M - S W P P P R e v i e w L y r a

● MM6 F a c M a p g S w I M - S v y 1 2 3 M u n i F a c F o r m

Additional tasks/responsibilities

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

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

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

Name of MS4 University at Albany (SUNY) Uptown Campus

SPDES ID

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 l

MI

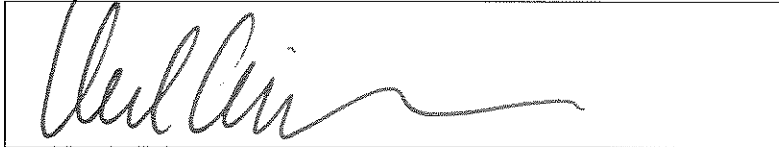
Last Name

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 A d m i n i s t r a t i o n

Signature



Date

0 5 / 2 3 / 2 0 1 9

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

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

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

\_\_\_\_\_ SPDES ID \_\_\_\_\_

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



	1	1
--	---	---

☐ Yes     ☒ No

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

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

Name of MS4/Coalition

SPDES ID

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

	1	1
--	---	---

[illegible][illegible]

L



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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus

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

URL

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

## MS4 Annual Report Form

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

2	0	1	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

SPDES ID

N	Y	R	2	0	A	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) 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.

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

Signage is in process. Website has been updated to include more information on education and green infrastructure.. The University continues to install CB frames with "No Dumping" notice cast into the frame. Water quality message included in campus cleanup. There was 1 articles published in the University newsletter, and 1 classroom presentation to students on stormwater sustainability and green infrastructure.

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

			2
--	--	--	---

*(ex.: samples/participants/events)*

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

☒ Yes    ☐ No

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

☒ Yes    ☐ No

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

- 1) Install stormwater signage for treatment practices and green infrastructure
- 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, and conduct GI tours when requested and document activity.



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

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

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

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

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

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

SPDES ID

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

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

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

## MS4 Annual Report Form

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

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.

○ MS4/Coalition Office

☒ Annual Report
 ☒ SWMP Plan
 ☒ Comments

Department

C	o	d	e	A	d	m	i	n	i	s	t	r	a	t	i	o	n	S	e	r	v	B	l	d	g	A
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Address	Value	Comment
00000000	00000000	
00000001	00000000	
00000002	00000000	
00000003	00000000	
00000004	00000000	
00000005	00000000	
00000006	00000000	
00000007	00000000	
00000008	00000000	
00000009	00000000	
0000000A	00000000	
0000000B	00000000	
0000000C	00000000	
0000000D	00000000	
0000000E	00000000	
0000000F	00000000	
00000010	00000000	
00000011	00000000	
00000012	00000000	
00000013	00000000	
00000014	00000000	
00000015	00000000	
00000016	00000000	
00000017	00000000	
00000018	00000000	
00000019	00000000	
0000001A	00000000	
0000001B	00000000	
0000001C	00000000	
0000001D	00000000	
0000001E	00000000	
0000001F	00000000	
00000020	00000000	
00000021	00000000	
00000022	00000000	
00000023	00000000	
00000024	00000000	
00000025	00000000	
00000026	00000000	
00000027	00000000	
00000028	00000000	
00000029	00000000	
0000002A	00000000	
0000002B	00000000	
0000002C	00000000	
0000002D	00000000	
0000002E	00000000	
0000002F	00000000	
00000030	00000000	
00000031	00000000	
00000032	00000000	
00000033	00000000	
00000034	00000000	
00000035	00000000	
00000036	00000000	
00000037	00000000	
00000038	00000000	
00000039	00000000	
0000003A	00000000	
0000003B	00000000	
0000003C	00000000	
0000003D	00000000	
0000003E	00000000	
0000003F	00000000	
00000040	00000000	
00000041	00000000	
00000042	00000000	
00000043	00000000	
00000044	00000000	
00000045	00000000	
00000046	00000000	
00000047	00000000	
00000048	00000000	
00000049	00000000	
0000004A	00000000	
0000004B	00000000	
0000004C	00000000	
0000004D	00000000	
0000004E	00000000	
0000004F	00000000	
00000050	00000000	
00000051	00000000	
00000052	00000000	
00000053	00000000	
00000054	00000000	
00000055	00000000	
00000056	00000000	
00000057	00000000	
00000058	00000000	
00000059	00000000	
0000005A	00000000	
0000005B	00000000	
0000005C	00000000	
0000005D	00000000	
0000005E	00000000	
0000005F	00000000	
00000060	00000000	
00000061	00000000	
00000062	00000000	
00000063	00000000	
00000064	00000000	
0000006		

[illegible]

City

A	l	b	a	n	y	N	Y	1	2	2	2	2	-						
---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Phone

$$\begin{pmatrix} 5 & 1 & 8 \end{pmatrix} \begin{bmatrix} 4 & 4 & 2 \end{bmatrix} - \begin{bmatrix} 3 & 4 & 0 & 0 \end{bmatrix}$$

○ Library

☐ Annual Report    ☐ SWMP Plan    ☐ Comments

Address

[illegible]

City

[illegible]

Phone

$$\left( \begin{array}{|c|} \hline \\ \hline \end{array} \right) - \begin{array}{|c|} \hline \\ \hline \end{array}$$

☐ Other

☐ Annual Report    ☐ SWMP Plan    ☐ Comments

Address

[illegible]

City

[illegible]

Phone

$$\left( \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array} \right) \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array} - \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array}$$

● Web Page URL:

☒ Annual Report
 ☒ SWMP Plan
 ☒ Comments

w	w	.	a	l	b	a	n	y	.	e	d	u	/	f	a	c	i	l	i	t	i	e	s	/
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

s	t	o	r	m	w	a	t	e	r
---	---	---	---	---	---	---	---	---	---

[illegible]

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

☐ eMail

○ Comments

f	f	a	z	i	@	a	l	b	a	n	y	.	e	d	u
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

g	y	g	e	a	l	i	t	i	o	n	@	a	l	b	a	n	y	g	e	o	u	n	t	y	.	c	o	m
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

**MS4 Annual Report Form**

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

2	0	1	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
---

SPDES ID

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

**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

0	5
---	---

 / 

0	3
---	---

 / 

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

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

	1	4
--	---	---

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

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

☐ Yes ☒ No

If Yes, what was the date of the meeting?

--	--

 / 

--	--

 / 

--	--	--	--

If No, is one planned?

☐ Yes ☒ No

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

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

**6. Were comments received during this reporting period?**

☐ Yes ☒ No

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

**MS4 Annual Report Form**

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

2	0	1	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

SPDES ID

N	Y	R	2	0	A	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) Inform benefits of campus cleanup on stormwater facilities and water quality in promotion notification of campus cleanup day activity.

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

1) 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?**

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

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

L

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

University at Albany (SUNY) Uptown Campus

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

			1	1	#
--	--	--	---	---	---

		0
--	--	---

[illegible][illegible]

L

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

University at Albany (SUNY) Uptown Campus

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

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

[illegible]

		0
--	--	---

		0
--	--	---

		0
--	--	---

			%
--	--	--	---

☒ Yes      ☐ No  
☐ Yes      ☒ No

URL

[illegible]

URL

[illegible]

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

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

## URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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

**MS4 Annual Report Form**

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

2	0	1	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

SPDES ID

N	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) Review and update as necessary requirements of MS4 Permit
- 2) Continue to monitor and address illicit discharges.

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

- 1) Reviewed requirements of MS4 Permit Review and no updates required.
- 2) There were nor illicit discharges to address..

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

--	--	--	--

(ex.: samples/participants/events)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

- 1) Review and update as necessary requirements of MS4 Permit
- 2) Continue to monitor and address illicit discharges.

## MS4 Annual Report Form

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

2	0	1	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

SPDES ID

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

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

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

☒ Yes   ☐ No

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

☐ Yes   ☐ No   ☒ NT

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

☐ 09/2004   ☐ 03/2006   ☐ NT

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

☒ Yes   ☐ No

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

		0
--	--	---

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

☐ Yes   ☐ No   ☒ NT

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

--	--	--

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

☒ Yes   ☐ No

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

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

**MS4 Annual Report Form**

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

2	0	1	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

SPDES ID

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

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

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

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

How many MS4s contributed to this report? 

--	--	--

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

		3
--	--	---

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

		3
--	--	---

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

1	0	0
---	---	---

 %

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

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?

☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?

☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?

☒ Yes ☐ No

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



## MS4 Annual Report Form

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

2	0	1	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

SPDES ID

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

### 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 Management program Coordinator to continue to oversee Construction Activity Permit requirements
- 2) Perform site visits at construction sites as needed.

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

- 1) Stormwater Management program Coordinator oversaw Construction Activity Permit requirements
- 2) Site visits at construction sites were performed when needed.

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

--	--	--	--

*(ex.: samples/participants/events)*

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

☐ Yes    ☐ No

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

☐ Yes    ☐ No

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

- 1) Stormwater Management program Coordinator to continue to oversee Construction Activity Permit requirements
- 2) Perform site visits at construction sites as needed.

**MS4 Annual Report Form**

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

2	0	1	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

SPDES ID

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

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

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

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

How many MS4s contributed to this report? 

--	--	--

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

	# Inventoried	# Inspections	# Times Maintained									
<input type="radio"/> Alternative Practices	<table><tr><td></td><td>1</td><td>6</td></tr></table>		1	6	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
	1	6										
<input type="radio"/> Filter Systems	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Infiltration Basins	<table><tr><td></td><td></td><td>6</td></tr></table>			6	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
		6										
<input type="radio"/> Open Channels	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Ponds	<table><tr><td></td><td></td><td>6</td></tr></table>			6	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
		6										
<input type="radio"/> Wetlands	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Other	<table><tr><td></td><td></td><td>4</td></tr></table>			4	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
		4										

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

☒ Yes   ☐ No

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

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

☒ Other:

U	n	i	v	e	r	s	i	t	y		S	t	o	r	m	w	a	t	e	r		P	o	l	i	c	y			
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--

**MS4 Annual Report Form**

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

2	0	1	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

SPDES ID

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

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

☒ Yes    ☐ No

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

☐ Yes    ☒ No

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

☐ Yes    ☒ No

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

		1
--	--	---

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

		0
--	--	---

 %

**MS4 Annual Report Form**

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

2	0	1	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

SPDES ID

N	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) Inspect post-construction practices, and prepare report with any recommendations.
- 2) Review and update Post construction Practice inventory and mapping.

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

- 2) Post construction Practice inventory and mapping updated.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

- 1) Inspect post-construction practices, and prepare report with any recommendations.
- 2) Review and update Post construction Practice inventory and mapping.

## MS4 Annual Report Form

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

2	0	1	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

SPDES ID

N	Y	R	2	0	A	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  
☐ On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

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

**MS4 Annual Report Form**

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

2	0	1	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

SPDES ID

N	Y	R	2	0	A	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 # 

		1	1	8
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				0
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

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

	1	6	2	8
--	---	---	---	---
- Pesticide/Herbicide Applied # Acres 

		3	0	.	2
--	--	---	---	---	---

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

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

				6
--	--	--	--	---

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

0	3
---	---

 / 

0	6
---	---

 / 

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

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

	4	1
--	---	---

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

	2	4
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	1	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

SPDES ID

N	Y	R	2	0	A	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) Perform self audits on 3 facilities..

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

1) Self audit completed for the 3 facilities and reviewed with directors.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

1) Perform self audits on 3 facilities..  
2) Perform staff training.

## MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

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

How many MS4s contributed to this report?

1	1
---	---

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

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

- |  |  |
|--|--|
| <input checked="" type="radio"/> Construction Sites<br><input checked="" type="radio"/> General Stormwater Management Information<br><input type="radio"/> Household Hazardous Waste Disposal<br><input type="radio"/> Illicit Discharge Detection and Elimination<br><input checked="" type="radio"/> Infrastructure Maintenance<br><input checked="" type="radio"/> Smart Growth<br><input type="radio"/> Storm Drain Marking<br><input type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development<br><input checked="" type="radio"/> Other: | <input checked="" type="radio"/> Pesticide and Fertilizer Application<br><input checked="" type="radio"/> Pet Waste Management<br><input type="radio"/> Recycling<br><input checked="" type="radio"/> Riparian Corridor Protection/Restoration<br><input type="radio"/> Trash Management<br><input checked="" type="radio"/> Vehicle Washing<br><input type="radio"/> Water Conservation<br><input type="radio"/> Wetland Protection<br><input type="radio"/> None |
|--|--|

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

Other

#### 2. Specific audiences targeted during this reporting period:

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

G	e	n	e	r	a	l	P	u	b	l	i	c	-	C	o	a	l	i	t	i	o	n		W	e	b	s	i	t	e		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--

Other

## MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

☒ Construction Site Operators Trained

# Trained

			4	7
--	--	--	---	---

☐ Direct Mailings

# Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

# Locations

				7
--	--	--	--	---

☒ List-Serves

# In List

		1	8	1
--	--	---	---	---

☐ Mailing List

# In List

--	--	--	--	--

☐ Newspaper Ads or Articles

# Days Run

--	--	--	--	--

☒ Public Events/Presentations

# Attendees

			8	4
--	--	--	---	---

☐ School Program

# Attendees

--	--	--	--	--

☐ TV Spot/Program

# Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

			5	6
--	--	--	---	---

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

P	r	e	s	e	n	t	a	t	i	o	n	H	a	n	d	o	u	t	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

2		C	W	P		W	e	b	c	a	s	t	s						
---	--	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--

H	R	W	s	h	e	d	A	l	l	i	a	n	c	e	-	P	r	e	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

S	t	o	r	m	M	a	p	g	-	P	a	t	r	o	o	n	C	r	k
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☒ Other:

2		C	W	P		W	e	b	c	a	s	t	-	A	r	c	h	i	v
---	--	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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

URL

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

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

Coalition 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.

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

1. Coalition website maintained and updated  
2. Brochures provided or printed when requested  
3. Traditional MS4s provided with hard copy map of their MS4 land use types, matched to target audience types (residential, commercial, institutional, industrial), with info about associated pollution generating behavior, and Pollutants of Concern. Land use/target audience layer on SwIM.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☐ Yes   ☒ No

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

2019/2020 Coalition Goals: 1. Support and update Coalition website; 2. Sponsor one Center for Watershed Protection webcast; 3. Print and distribute stormwater publications for interested members; 4. Understand and explain to members Public Education/Outreach requirements suggested by the DRAFT Permit (GP-0-17-002; 5. Discuss with members the current inventory of printed material/decide which if any publications should be printed in large quantities/modified/dropped.

# MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

## Minimum Control Measure 2. Public Involvement/Participation

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

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

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

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

- |  |  |  |  |  |   |
|--|--|--|--|--|---|
| <input type="radio"/> Cleanup Events                       | # Events   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  |
| <input checked="" type="radio"/> Comments on SWMP Received | # Comments   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text" value="0"/>  |
| <input checked="" type="radio"/> Community Hotlines        | Phone #  | ( <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="8"/> ) | <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> | -  | <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="4"/> <input type="text" value="5"/> |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/>                                   | -  | <input type="text"/> <input type="text"/> <input type="text"/> |   |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/>                                   | -  | <input type="text"/> <input type="text"/> <input type="text"/> |   |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/>                                   | -  | <input type="text"/> <input type="text"/> <input type="text"/> |   |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/>                                   | -  | <input type="text"/> <input type="text"/> <input type="text"/> |   |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/>                                   | -  | <input type="text"/> <input type="text"/> <input type="text"/> |   |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/>                                   | -  | <input type="text"/> <input type="text"/> <input type="text"/> |   |
| <input type="radio"/> Community Meetings                   | # Attendees  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  |
| <input type="radio"/> Plantings                            | Sq. Ft.  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  |
| <input type="radio"/> Storm Drain Markings                 | # Drains   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  |
| <input type="radio"/> Stakeholder Meetings                 | # Attendees  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  |
| <input checked="" type="radio"/> Volunteer Monitoring      | # Events   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text" value="4"/>  |
| <input checked="" type="radio"/> Other:                    | P u b l i c C o m m e n t s J o i n t D R A F T M S 4 P m t        |  |  |  |   |

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

- |   |            |  |  |  |   |   |
|---|------------|--|--|--|---|---|
| <input checked="" type="radio"/> List-Serve | # In List  |  |  |  | 3 | 4 |
| <input type="radio"/> Newspaper Advertising | # Days Run |  |  |  |   |   |
| <input type="radio"/> TV/Radio Notices      | # Days Run |  |  |  |   |   |
| <input type="radio"/> Other:                |            |  |  |  |   |   |

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

## MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

URL

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

URL


URL


URL


URL


URL


URL




**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

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

SPDES ID

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

**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

0	5
---	---

 / 

0	3
---	---

 / 

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

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

	1	4
--	---	---

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

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

☐ Yes ☐ No

If Yes, what was the date of the meeting?

--	--

 / 

--	--

 / 

--	--	--	--

If No, is one planned?

☐ Yes ☐ No

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

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

**6. Were comments received during this reporting period?**

☐ Yes ☒ No

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

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

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

SPDES ID

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

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

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

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

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.

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

A hybrid Joint Coalition SWMP Plan "Annual Evaluation" document listing activities completed from 3/10/2017 to 3/9/2018 and goals for the permit reporting year 3/2018 to 3/2019) was posted on the Coalition website 4/28/2018. The CBI MS4Web 2.0 SWMP Plan module was used to create the document. Completed 4 Coalition-wide WAVE stream monitoring events (3 days & 4 sites)-1 site Salt Kill; 2 sites Vly Creek; and 1 site Lisha Kill.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

2019/2020 Coalition Goals: 1. Organize one or more Coalition-wide WAVE Volunteer Stream Monitoring events (July 1 to Sept 30); 2. With Coalition members, identify plausible, doable public participation activities which focus on water quality directly, which could be organized spring, summer or early fall. Develop an implementation plan with members, which respects available time. Develop a budget and staffing plan to implement, include in 2020 Coalition budget if advised.

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

Name of MS4/Coalition

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

	1	1
--	---	---

--	--	--	--	--

#

			%
--	--	--	---

--	--	--

[illegible][illegible]

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

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

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

[illegible]

--	--	--

--	--	--

--	--	--

			%
--	--	--	---

☒ Yes      ☐ No

☒ Yes      ☐ No

URL

[illegible][illegible]

## MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

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

GRANT: 1. Complete field work system/program map'g (outfalls-corrected/archive; PCSMPs-inventory/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

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

GRANT: 1&2. Storm system/program mapping completed-data posted on SwiM for Alb Cnty, T/ New Scotland, City/Albany, and V/Green Island. 2&3. Datasets from UAlbany, T/Bethlehem, and T/ Colonie prepared and integrated with V/Colonie, City/Albany, and Albany County datasets to completed 3 storm sewershed delineations (Ann Lee/Patroon/Krumkill). 4&5 ArcGIS Online Survey123/Collector forms created (ORI/Contruaction/MuniFac)/loaded to tablets for intersted MS4s.

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

			1
--	--	--	---

*(ex.: samples/participants/events)*

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

☒ Yes    ☐ No

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

☒ Yes    ☐ No

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

2019/2020 Coalition Goals: 1. Stock ORI kits as needed, based on current MS4 Permit; 2. Price water sample costs associated with DRAFT MS4 Permit MCM3 Outfall Sampling and MCM 6 MSGP requirements; 3. Discuss with Coalition members need/value of ORI field training using tablet. Organize if interest.

## MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

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

SPDES ID

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

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

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

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

GRANT: 1. Use Survey123 to develop MS4 Construction Site Inspection Form; 2. Purchase/load/give tablet w/MS4 Construction 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.

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

GRANT: 1/2. Survey123 MS4 Construction Site Inspection Form finalized and loaded onto tablets for interested MS4s-two tablet training sessions. OTHER: 3. (One) 4hr E/SC training for Construction Site Operators co-sponsored with ACSWCD (12/7/2018). 21 stormwater related staff from 4 MS4s attended Construction Activity Pmt related trainings (4hr E/SC trainings; 2 Eastern NY SW RTC trainings 4/19/18 Filtration-Infiltrations & 6/19/2018 Small Dam Design) Coalition funded

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

			1
--	--	--	---

*(ex.: samples/participants/events)*

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

☒ Yes    ☐ No

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

☐ Yes    ☒ No

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

2019/2020 Coalition goal: 1. Co-sponsor with ACSWCD, 1 4hr E/SC training for Construction Site Operators/distribute promotional material to Coalition members/post training info on Coalition website/pay tuition as needed, if possible. 2. Discuss with Coalition members need/value of MS4 Construction Site Inspection field training using tablets w/Form. Organize if interest.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

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

GRANT: 1. Complete field work-system and program map'g (outfalls-corrected/archive; PCSMPs-inventory/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 M

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

GRANT: 1. System and program mapping completed and data posted on SwIM for Alb County, T/NewScotland, City/Albany, and V/Green Island. 2. No Survey123/Collector ArcGIS Online forms created for PC SMP inspections.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

2019/2020 Coalition goals: 1. Develop pilot Survey123 PCSMP form using the NYSDEC Maintenance Guidance Stormwater Management Practices (March 31, 2017) while the Coalition Stormwater Program Technician is available

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

--	--	--	--	--
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles 

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

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

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

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

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

					.	
--	--	--	--	--	---	--

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

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

				5
--	--	--	--	---

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

0	3
---	---

 / 

0	7
---	---

 / 

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

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

		2
--	--	---

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

1	0	0
---	---	---

 %

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

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

GRANT: 1. Complete field work-system and program map'g (outfalls-corrected/archive; PCSMPs-inventory/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).

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

GRANT: 1. System and program mapping completed and data posted on SwIM for Alb County, T/NewScotland, City/Albany, and V/Green Island. 2/3. Survey123/Collector ArcGIS Online Municipal Self Audit form finalized and loaded onto tablets for interested MS4s. OTHER: 4. Training DVDs circulated among interested users at Coalition Working Group meetings. 5. No outside vendor or in-house trainings.

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

			0
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

2019/2020 Coalition goals: 1. Coordinate circulation of Coalition train'g DVDs for use by Coalition members; 2. Monitor closely DRAFT MS4 Permit requirements regarding MCM 6 municipal facilities (High, Low, MSGP). Explain/prepare Coalition members; 3. Develop Coalition-wide staff development/training needs assessment; identify best approach in-house/vendors/DVDs; research costs/support materials; and match needs to likely DRAFT MS4 Permit requirements.

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

MCC form for period ending March 9,

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

Name of MS4

City of Albany

SPDES ID

N	Y	R	2	0	A	4	6	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:

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

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

If Joint Report, enter coalition name:

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

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

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

City of Albany

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

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

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

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

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 ***each*** of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

First Name

P	e	t	e	r															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

W
---

Last Name

B	e	c	k																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

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

Address

1	0		N	.		E	n	t	e	r	p	r	i	s	e		D	r	i	v	e														
---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

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

State

N	Y
---	---

Zip

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

eMail

p	b	e	c	k	@	a	l	b	a	n	y	n	y	.	g	o	v																			
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

(	5	1	8	)	4	3	4	-	5	3	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---

County

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

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

MCC form for period ending March 9, 2019

Name of MS4 City of Albany

SPDES ID

N Y R 2 0 A 4 6 4

**Section 3 - Partner Information**

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

Partner/Coalition Name (con't.)

C o u n t y

SPDES Partner ID - If applicable

N Y R 2 0

Address

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

City

A l b a n y

State

N Y

Zip

1 2 2 0 2 -

eMail

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

Phone

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

Legally Binding Agreement in accordance  
with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

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

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

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

● MM3 O F S y s M a p g S w I M L y r - S v y 1 2 3 O R I F o r m

● MM4 S v y 1 2 3 C o l l e c t r - C o n s I n s p F o r m

● MM5 P C S M P M a p g S w I M - S W P P P R e v i e w L y r s

● MM6 F a c M a p g S w I M - S v y 1 2 3 M u n i F a c F o r m

Additional tasks/responsibilities

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

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

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

Name of MS4 City of Albany

SPDES ID

N Y R 2 0 A 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

J o s e p h

MI

E

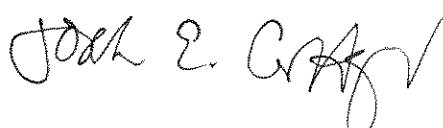
Last Name

C o f f e y , P . E .

Title (Clearly print title of individual signing report)

C o m m i s s i o n e r

Signature



Date

0 5 / 2 1 / 2 0 1 9

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

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

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

SPDES ID \_\_\_\_\_

City of Albany

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

## Water Quality Trends

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

- On behalf of a coalition

--	--	--

☐ Yes    ☒ No

If Yes, choose one of the following

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

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

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

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019

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 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

--	--	--

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

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

- |   |   |
|---|---|
| <input checked="" type="radio"/> Construction Sites   | <input checked="" type="radio"/> Pesticide and Fertilizer Application |
| <input checked="" type="radio"/> General Stormwater Management Information                      | <input checked="" type="radio"/> Pet Waste Management                 |
| <input checked="" type="radio"/> Household Hazardous Waste Disposal                             | <input checked="" type="radio"/> Recycling                            |
| <input checked="" type="radio"/> Illicit Discharge Detection and Elimination                    | <input type="radio"/> Riparian Corridor Protection/Restoration        |
| <input type="radio"/> Infrastructure Maintenance  | <input checked="" type="radio"/> Trash Management                     |
| <input type="radio"/> Smart Growth  | <input checked="" type="radio"/> Vehicle Washing                      |
| <input checked="" type="radio"/> Storm Drain Marking  | <input checked="" type="radio"/> Water Conservation                   |
| <input checked="" type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development | <input type="radio"/> Wetland Protection                              |
| <input checked="" type="radio"/> Other:   | <input type="radio"/> None  |

P o o l s , F o u n t a i n s & S p a s

Other

### 2. Specific audiences targeted during this reporting period:

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

S c h o o l C h i l d r e n

Other

## MS4 Annual Report Form

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

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

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
---	---	---	---	---	---	---	---	---

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

☐ Construction Site Operators Trained

# Trained

--	--	--	--	--

☐ Direct Mailings

# Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

# Locations

				1
--	--	--	--	---

☒ List-Serves

# In List

			4	8
--	--	--	---	---

☐ Mailing List

# In List

--	--	--	--	--

☐ Newspaper Ads or Articles

# Days Run

--	--	--	--	--

☒ Public Events/Presentations

# Attendees

	1	4	7	2
--	---	---	---	---

☒ School Program

# Attendees

			2	7
--	--	--	---	---

☐ TV Spot/Program

# Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

		1	5	1
--	--	---	---	---

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

A	l	b	a	n	y		W	a	t	e	r		D	e	p	t	.		
---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	--	--

C	i	t	y		H	a	l	l		O	n		T	h	e		R	o	a	d
---	---	---	---	--	---	---	---	---	--	---	---	--	---	---	---	--	---	---	---	---

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Other:

D	e	p	t	o	f		W	a	t	e	r		F	a	c	e		b	o	o	k	
---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	--

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

URL

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	p	x
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

SPDES ID

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

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

## MS4 Annual Report Form

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

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
---	---	---	---	---	---	---	---	---

### 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. 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.

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

1. SWC stenciled 23 catch basins within the Normanskill watershed. 2. SWC/staff maintained 2 brochure racks at AWD. 3. SWC/staff participated in Future Cities and performed tabling events during City Hall on the Road. 4. Instead of updating the cities stormwater website, numerous stormwater related posts were made on the recently created AWD Facebook & Twitter page. 5. Stormwater literature was not provided through direct mailings.

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

		1	9
--	--	---	---

(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

1. Stormwater 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, Facebook page & Twitter account with additional stormwater material. 5. SWC/staff will provide stormwater literature through direct mailings.



## MS4 Annual Report Form

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

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

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.**

URL

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

URL

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	p	x	

URL


URL


URL


URL


URL




**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

C	i	t	y	o	f	A	l	b	a	n	y
---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

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

D	e	p	a	r	t	m	e	n	t	o	f	W	a	t	e	r	&	W	a	t	e	r	S	u	p
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Address

1	0	N	o	r	t	h	E	n	t	e	r	p	r	i	s	e	D	r	i	v	e				
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

City

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

N	Y
---	---

Zip

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

Phone

(	5	1	8	)	4	3	4	-	5	3	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---

☐ Library

☐ Annual Report   ☐ SWMP Plan   ☐ Comments

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Zip

					-				
--	--	--	--	--	---	--	--	--	--

Phone

(				)				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

☒ Other

☒ Annual Report   ☒ SWMP Plan   ☒ Comments

Address

1	7	5	G	r	e	e	n	S	t	r	e	e	t												
---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

City

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

N	Y
---	---

Zip

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

Phone

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

☐ Web Page URL:

☒ Annual Report   ☒ SWMP Plan   ☒ Comments

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	p
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

☐ eMail

☐ Comments

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**MS4 Annual Report Form**

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

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

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
---	---	---	---	---	---	---	---	---

**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

0	4
---	---

 / 

2	6
---	---

 / 

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

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

	1	4
--	---	---

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

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

☐ Yes ☒ No

If Yes, what was the date of the meeting?

--	--

 / 

--	--

 / 

--	--	--	--

If No, is one planned?

☐ Yes ☒ No

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

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

**6. Were comments received during this reporting period?**

☐ Yes ☒ No

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

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

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
---	---	---	---	---	---	---	---	---

### 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 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.

#### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. SWC has updated the public contact. 2. The 2018 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?

		1	5
--	--	---	---

*(ex.: samples/participants/events)*

#### D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes    ☐ No

#### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes    ☐ No

#### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. City of Albany (COA) will update the public contact annually. 2. COA will post a 2019 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.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**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/planting event on Quail Street with local volunteers. 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?**

		1	5
--	--	---	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

☒ Yes ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☒ Yes ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

1. City of Albany (COA) will update the public contact annually. 2. COA will post a 2019 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.

## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,**

2	0	1	9
---	---	---	---

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 3. Illicit Discharge Detection and Elimination

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

**1. Enter the number and approx. percent of outfalls mapped:**

		2	5	6
--	--	---	---	---

 # 

1	0	0
---	---	---

 %

**2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?**

	2	2
--	---	---

**3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?**

☐ Auto Recyclers

☐ Landscaping (Irrigation)

☐ Building Maintenance

☐ Marinas

☐ Churches

☐ Metal Plateing Operations

☐ Commercial Carwashes

☐ Outdoor Fluid Storage

☐ Commercial Laundry/Dry Cleaners

☐ Parking Lot Maintenance

☐ Construction Vehicle Washouts

☐ Printing

☒ Cross-Connections

☐ Residential Carwashing

☐ Distribution Centers

☐ Restaurants

☐ Food Processing Facilities

☐ Schools and Universities

☐ Garbage Truck Washouts

☐ Septic Maintenance

☐ Hospitals

☐ Swimming Pools

☐ Improper RV Waste Disposal

☐ Vehicle Fueling

☐ Industrial Process Water

☐ Vehicle Maint./Repair Shops

☒ Other:

☐ None

O	R	I		b	a	s	e	d		o	n		r	o	t	a	t	i	n	g		s	c	h	e	d	u	l	e	
---	---	---	--	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--

☐ Sewersheds:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N	Y	R	2	0	A	4	6	4
---	---	---	---	---	---	---	---	---

[illegible]

	1	1
--	---	---

	1	1
--	---	---

	1	1
--	---	---

			%
--	--	--	---

☒ Yes      ☐ No  
☐ Yes      ☒ No

[illegible][illegible]

2	0	1	9
---	---	---	---

Name of MS4/Coalition

City of Albany

N	Y	R	2	0	A	4	6	4
---	---	---	---	---	---	---	---	---

**Please provide specific address of page where map(s) can be accessed - not home page**

[illegible][illegible][illegible][illegible][illegible]

- |  |   |   |   |
|--|---|---|---|
|  | 9 | 0 | % |
|--|---|---|---|

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

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
---	---	---	---	---	---	---	---	---

### 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. 118 new outfalls were identified & mapped. 2. Stormwater staff followed the ORI Inspection Schedule Map and completed ORI on 22 outfalls. 3. Stormwater staff reviewed existing procedures for the IDDE program, no updates were performed. 4. Stormwater staff has collected data for 11 illicit discharges.

#### 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    ☐ No

#### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes    ☐ No

#### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Stormwater staff will 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.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

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 Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?** ☒ Yes ☐ No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?** ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?** ☒ Yes ☐ No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

	2	4
--	---	---

**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?** ☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

		0
--	--	---

**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?** ☒ Yes ☐ No

**6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:**

<input checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>5</td></tr></table>					5	<input type="radio"/> No Authority
				5				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>5</td></tr></table>					5	<input type="radio"/> No Authority
				5				
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input checked="" type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table>					1	<input type="radio"/> No Authority
				1				
<input checked="" type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

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 4. Construction Site Stormwater Runoff Control**

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4  
☐ On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

	1	5
--	---	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

	1	1
--	---	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?

☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?

☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?

☐ Yes ☒ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9,**

2	0	1	9
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**6. con't.:**

Submit additional pages as needed.

## ● MS4/Coalition Office

Department

D	e	p	t	.			o	f		W	a	t	e	r		&		W	a	t	e	r		S	u	p	p	l	y		
---	---	---	---	---	--	--	---	---	--	---	---	---	---	---	--	---	--	---	---	---	---	---	--	---	---	---	---	---	---	--	--

Address

1	0		N	o	r	t	h		E	n	t	e	r	p	r	i	s	e		D	r	i	v	e							
---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--

City

A	l	b	a	n	y											
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

N	Y
---	---

Zip

1	2	2	0	4	-				
---	---	---	---	---	---	--	--	--	--

Phone

(	5	1	8	)	4	3	4	-	5	3	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---

## ○ Library

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Zip

					-				
--	--	--	--	--	---	--	--	--	--

Phone

(				)				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

## ○ Other

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Zip

					-				
--	--	--	--	--	---	--	--	--	--

Phone

(				)				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

## ○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**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. 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.**

1. The Stormwater Program Coordinator (SWC) e-mailed 48 contractors about the availability of 4-hr E-SC Training Courses on May 11, 2018. 2. The SWC reviewed the forms created by the Albany County Stormwater Coalition and has implemented them into the SWPPP Inspections. 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?**

		3	8
--	--	---	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

☐ Yes ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☒ Yes ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

1. Stormwater staff will 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.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**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 24 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?**

		3	8
--	--	---	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

☒ Yes   ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☒ Yes   ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

1. Stormwater staff will 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.

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
---	---	---	---	---	---	---	---	---

The information in this section is being reported (check one):

- |   |  |  |
|---|--|--|
| 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			
● Filter Systems	1 2	7	0
● Infiltration Basins	7	4	2
○ Open Channels			
● Ponds	1 5	8	4
○ Wetlands			
● Other	1 8 1	9 7	8 8

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes ☐ No

☒ Yes      ☐ No

**3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?**

- ☒ Building Codes
 ☒ Municipal Comprehensive Plans  
☐ Overlay Districts
 ☐ Open Space Preservation Program  
☒ Zoning
 ☒ Local Law or Ordinance  
☐ None
 ☒ Land Use Regulation/Zoning  
☐ Watershed Plans
 ☐ Other Comprehensive Plan  
☐ Other:

[illegible]

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

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
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		2
--	--	---

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impact Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

	8	5
--	---	---

 %

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**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 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. SWC/staff GPS 100 % all newly discovered/built practices.

**C. How many times was this observation measured or evaluated in this reporting period?**

			8
--	--	--	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

☒ Yes   ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☒ Yes   ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

1. SWC/staff will continue to update the inventory of built stormwater practices since 2003 and record them in the annual report.

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

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 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4  
☐ On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

- 1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input checked="" type="radio"/> Yes <input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input checked="" type="radio"/> Yes <input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input checked="" type="radio"/> Yes <input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input checked="" type="radio"/> Yes <input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input checked="" type="radio"/> Yes <input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input checked="" type="radio"/> Yes <input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input checked="" type="radio"/> No .....	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes <input checked="" type="radio"/> No .....	<input type="radio"/> Yes <input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input checked="" type="radio"/> Yes <input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input checked="" type="radio"/> Yes <input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input checked="" type="radio"/> Yes <input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other.....	<input type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input type="radio"/> No

**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9,**

2	0	1	9
---	---	---	---

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. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

				4
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

1	6	0	0	0
---	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

	3	0	4	6
--	---	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

			8	7
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

	4	0	2	7
--	---	---	---	---
- Pesticide/Herbicide Applied # Acres 

	3	9	0	.	1
--	---	---	---	---	---

  
(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

			1	3
--	--	--	---	---

**4. What was the date of the last training?**

0	2	/	2	8	/	2	0	1	9
---	---	---	---	---	---	---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

1	2	9
---	---	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

	7	5	%
--	---	---	---

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**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. 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.**

1. SWC reassessed 12 facilities identified in Year 1/1 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 : 3046 inspections, 167 repairs, 174 cleaned in the CSS and 127 cleaned in the MS4 areas with 812.4 tons debris removed.

**C. How many times was this observation measured or evaluated in this reporting period?**

		1	4
--	--	---	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**
☒ Yes   ☐ No
**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**
☒ Yes   ☐ No
**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

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.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**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?**

		1	4
--	--	---	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

☒ Yes   ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☒ Yes   ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

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.

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

### Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

- ☐ On behalf of an individual MS4  
☒ On behalf of a coalition

How many MS4s contributed to this report?

	1	1
--	---	---

### 1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- |  |   |
|--|---|
| <input checked="" type="radio"/> Construction Sites                                  | <input checked="" type="radio"/> Pesticide and Fertilizer Application     |
| <input checked="" type="radio"/> General Stormwater Management Information           | <input checked="" type="radio"/> Pet Waste Management                     |
| <input type="radio"/> Household Hazardous Waste Disposal                             | <input type="radio"/> Recycling   |
| <input type="radio"/> Illicit Discharge Detection and Elimination                    | <input checked="" type="radio"/> Riparian Corridor Protection/Restoration |
| <input checked="" type="radio"/> Infrastructure Maintenance                          | <input type="radio"/> Trash Management                                    |
| <input checked="" type="radio"/> Smart Growth  | <input checked="" type="radio"/> Vehicle Washing                          |
| <input type="radio"/> Storm Drain Marking  | <input type="radio"/> Water Conservation                                  |
| <input type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development | <input type="radio"/> Wetland Protection                                  |
| <input checked="" type="radio"/> Other:  | <input type="radio"/> None  |

C	o	a	l	i	t	i	o	n		W	e	b	s	i	t	e	-	W	h	a	t		Y	o	u		C	a	n		D	o
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	--	---	---	---	--	---	---

Other

### 2. Specific audiences targeted during this reporting period:

- |   |   |
|---|---|
| <input checked="" type="radio"/> Public Employees | <input checked="" type="radio"/> Contractors    |
| <input checked="" type="radio"/> Residential      | <input type="radio"/> Developers                |
| <input checked="" type="radio"/> Businesses       | <input checked="" type="radio"/> General Public |
| <input type="radio"/> Restaurants                 | <input type="radio"/> Industries                |
| <input checked="" type="radio"/> Other:           | <input type="radio"/> Agricultural              |

G	e	n	e	r	a	l	P	u	b	l	i	c	-	C	o	a	l	i	t	i	o	n		W	e	b	s	i	t	e		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--

Other

## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,**

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

### 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☒ Construction Site Operators Trained

# Trained

			4	7
--	--	--	---	---

☐ Direct Mailings

# Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

# Locations

				7
--	--	--	--	---

☒ List-Serves

# In List

		1	8	1
--	--	---	---	---

☐ Mailing List

# In List

--	--	--	--	--

☐ Newspaper Ads or Articles

# Days Run

--	--	--	--	--

☒ Public Events/Presentations

# Attendees

			8	4
--	--	--	---	---

☐ School Program

# Attendees

--	--	--	--	--

☐ TV Spot/Program

# Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

			5	6
--	--	--	---	---

Locations (e.g. libraries, town offices, kiosks)

P	r	e	s	e	n	t	a	t	i	o	n	H	a	n	d	o	u	t	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

2		C	W	P		W	e	b	c	a	s	t	s						
---	--	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--

H	R	W	s	h	e	d	A	l	l	i	a	n	c	e	-	P	r	e	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

S	t	o	r	m	M	a	p	g	-	P	a	t	r	o	o	n	C	r	k
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☒ Other:

2		C	W	P		W	e	b	c	a	s	t	-	A	r	c	h	i	v
---	--	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

w	w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

**4. Evaluating Progress Toward Measurable Goals MCM 1**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

Coalition 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.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

1. Coalition website maintained and updated  
2. Brochures provided or printed when requested  
3. Traditional MS4s provided with hard copy map of their MS4 land use types, matched to target audience types (residential, commercial, institutional, industrial), with info about associated pollution generating behavior, and Pollutants of Concern. Land use/target audience layer on SwIM.

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?**

☒ Yes   ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☐ Yes   ☒ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

2019/2020 Coalition Goals: 1. Support and update Coalition website; 2. Sponsor one Center for Watershed Protection webcast; 3. Print and distribute stormwater publications for interested members; 4. Understand and explain to members Public Education/Outreach requirements suggested by the DRAFT Permit (GP-0-17-002; 5. Discuss with members the current inventory of printed material/decide which if any publications should be printed in large quantities/modified/dropped.

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 1 9

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0			
---	---	---	---	---	--	--	--

## Minimum Control Measure 2. Public Involvement/Participation

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report?	1	1
---	---	---

**1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:**

- |  |  |  |  |  |   |
|--|--|--|--|--|---|
| <input type="radio"/> Cleanup Events                       | # Events   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  |
| <input checked="" type="radio"/> Comments on SWMP Received | # Comments   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text" value="0"/>  |
| <input checked="" type="radio"/> Community Hotlines        | Phone #  | ( <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="8"/> ) | <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> | -  | <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="4"/> <input type="text" value="5"/> |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/>                                   | -  | <input type="text"/> <input type="text"/> <input type="text"/> |   |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/>                                   | -  | <input type="text"/> <input type="text"/> <input type="text"/> |   |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/>                                   | -  | <input type="text"/> <input type="text"/> <input type="text"/> |   |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/>                                   | -  | <input type="text"/> <input type="text"/> <input type="text"/> |   |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/>                                   | -  | <input type="text"/> <input type="text"/> <input type="text"/> |   |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/>                                   | -  | <input type="text"/> <input type="text"/> <input type="text"/> |   |
| <input type="radio"/> Community Meetings                   | # Attendees  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  |
| <input type="radio"/> Plantings                            | Sq. Ft.  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  |
| <input type="radio"/> Storm Drain Markings                 | # Drains   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  |
| <input type="radio"/> Stakeholder Meetings                 | # Attendees  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  |
| <input checked="" type="radio"/> Volunteer Monitoring      | # Events   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text" value="4"/>  |
| <input checked="" type="radio"/> Other:                    | Public Comments Joint DR AFTMS 4 Pmt                               |  |  |  |   |

**2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?** ☒ Yes

- |   |            |  |  |  |   |   |
|---|------------|--|--|--|---|---|
| <input checked="" type="radio"/> List-Serve | # In List  |  |  |  | 3 | 4 |
| <input type="radio"/> Newspaper Advertising | # Days Run |  |  |  |   |   |
| <input type="radio"/> TV/Radio Notices      | # Days Run |  |  |  |   |   |
| <input type="radio"/> Other:                |            |  |  |  |   |   |

☒ Web Page URL: Enter URL(s) on the following two pages.

## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,**

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

### 2. URL(s) con't.:

**Please provide specific address(es) where notice(s) can be accessed - not home page.**

URL

w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		

URL


URL


URL


URL


URL


URL




**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

0	5
---	---

 / 

0	3
---	---

 / 

2	0	1	9
---	---	---	---

**4.b. For how many days was/will this report be posted?**

	1	4
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**

☐ Yes ☐ No

If Yes, what was the date of the meeting?

--	--

 / 

--	--

 / 

--	--	--	--

If No, is one planned?

☐ Yes ☐ No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

**6. Were comments received during this reporting period?**

☐ Yes ☒ No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

**7. Evaluating Progress Toward Measurable Goals MCM 2**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

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.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

A hybrid Joint Coalition SWMP Plan "Annual Evaluation" document listing activities completed from 3/10/2017 to 3/9/2018 and goals for the permit reporting year 3/2018 to 3/2019) was posted on the Coalition website 4/28/2018. The CBI MS4Web 2.0 SWMP Plan module was used to create the document. Completed 4 Coalition-wide WAVE stream monitoring events (3 days & 4 sites)-1 site Salt Kill; 2 sites Vly Creek; and 1 site Lisha Kill.

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

☒ Yes   ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☒ Yes   ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

2019/2020 Coalition Goals: 1. Organize one or more Coalition-wide WAVE Volunteer Stream Monitoring events (July 1 to Sept 30); 2. With Coalition members, identify plausible, doable public participation activities which focus on water quality directly, which could be organized spring, summer or early fall. Develop an implementation plan with members, which respects available time. Develop a budget and staffing plan to implement, include in 2020 Coalition budget if advised.

2	0	1	9
---	---	---	---

Name of MS4/Coalition	Stormwater Coalition of Albany County
-----------------------	---------------------------------------

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

How many MS4s contributed to this report?	1	1
---	---	---

**L**

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,**

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

**3.b. What types of illicit discharges have been found during this reporting period?**

- ☐ Broken Lines From Sanitary Sewer
  - ☐ Cross Connections
  - ☐ Failing Septic Systems
  - ☐ Floor Drains Connected To Storm Sewers
  - ☐ Illegal Dumping
  - ☐ Other:
  - ☐ Industrial Connections
  - ☐ Inflow/Infiltration
  - ☐ Pump Station Failure
  - ☐ Sanitary Sewer Overflows
  - ☐ Straight Pipe Sewer Discharges
  - ☐ None

[illegible]

**4. How many illicit discharges/potential illegal connections have been detected during this reporting period?**

--	--	--

**5. How many illicit discharges have been confirmed during this reporting period?**

--	--	--

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

--	--	--

**7. Has the storm sewershed mapping been completed in this reporting period?**

☐ Yes      ☐ No

If No, approximately what percent was completed in this reporting period?

			%
--	--	--	---

**8. Is the above information available in GIS?**

☒ Yes      ☐ No

**Is this information available on the web?**

☒ Yes      ☐ No

If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

[illegible]

URL

[illegible]

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

**12. Evaluating Progress Toward Measurable Goals MCM 3**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

GRANT: 1. Complete field work system/program map'g (outfalls-corrected/archive; PCSMPs-inventory/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

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

GRANT: 1&2. Storm system/program mapping completed-data posted on SwiM for Alb Cnty, T/ New Scotland, City/Albany, and V/Green Island. 2&3. Datasets from UAlbany, T/Bethlehem, and T/ Colonie prepared and integrated with V/Colonie, City/Albany, and Albany County datasets to completed 3 storm sewershed delineations (Ann Lee/Patroon/Krumkill). 4&5 ArcGIS Online Survey123/Collector forms created (ORI/Contruccion/MuniFac)/loaded to tablets for intersted MS4s.

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

☒ Yes ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☒ Yes ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

2019/2020 Coalition Goals: 1. Stock ORI kits as needed, based on current MS4 Permit; 2. Price water sample costs associated with DRAFT MS4 Permit MCM3 Outfall Sampling and MCM 6 MSGP requirements; 3. Discuss with Coalition members need/value of ORI field training using tablet. Organize if interest.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

**7. Evaluating Progress Toward Measurable Goals MCM 4**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

GRANT: 1. Use Survey123 to develop MS4 Construction Site Inspection Form; 2. Purchase/load/give tablet w/MS4 Construction 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.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

GRANT: 1/2. Survey123 MS4 Construction Site Inspection Form finalized and loaded onto tablets for interested MS4s-two tablet training sessions. OTHER: 3. (One) 4hr E/SC training for Construction Site Operators co-sponsored with ACSWCD (12/7/2018). 21 stormwater related staff from 4 MS4s attended Construction Activity Pmt related trainings (4hr E/SC trainings; 2 Eastern NY SW RTC trainings 4/19/18 Filtration-Infiltrations & 6/19/2018 Small Dam Design) Coalition funded

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

☒ Yes   ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☐ Yes   ☒ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

2019/2020 Coalition goal: 1. Co-sponsor with ACSWCD, 1 4hr E/SC training for Construction Site Operators/distribute promotional material to Coalition members/post training info on Coalition website/pay tuition as needed, if possible. 2. Discuss with Coalition members need/value of MS4 Construction Site Inspection field training using tablets w/Form. Organize if interest.

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

### 6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

#### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

GRANT: 1. Complete field work-system and program map'g (outfalls-corrected/archive; PCSMPs-inventory/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 M

#### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

GRANT: 1. System and program mapping completed and data posted on SwIM for Alb County, T/NewScotland, City/Albany, and V/Green Island. 2. No Survey123/Collector ArcGIS Online forms created for PC SMP inspections.

#### C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

*(ex.: samples/participants/events)*

#### D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes   ☐ No

#### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☐ Yes   ☒ No

#### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2019/2020 Coalition goals: 1. Develop pilot Survey123 PCSMP form using the NYSDEC Maintenance Guidance Stormwater Management Practices (March 31, 2017) while the Coalition Stormwater Program Technician is available

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

**2. Provide the following information about municipal operations good housekeeping programs:**

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres 

--	--	--	--	--
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles 

--	--	--	--	--
- ☐ Catch Basins Inspected and Cleaned Where Necessary # 

--	--	--	--	--
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

--	--	--	--	--
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied # Acres 

					.	
--	--	--	--	--	---	--

  
(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

				5
--	--	--	--	---

**4. What was the date of the last training?**

0	3	/	0	7	/	2	0	1	9
---	---	---	---	---	---	---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

		2
--	--	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

1	0	0	%
---	---	---	---

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

### 7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

#### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

GRANT: 1. Complete field work-system and program map'g (outfalls-corrected/archive; PCSMPs-inventory/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).

#### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

GRANT: 1. System and program mapping completed and data posted on SwIM for Alb County, T/NewScotland, City/Albany, and V/Green Island. 2/3. Survey123/Collector ArcGIS Online Municipal Self Audit form finalized and loaded onto tablets for interested MS4s. OTHER: 4. Training DVDs circulated among interested users at Coalition Working Group meetings. 5. No outside vendor or in-house trainings.

#### C. How many times was this observation measured or evaluated in this reporting period?

			0
--	--	--	---

*(ex.: samples/participants/events)*

#### D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes    ☐ No

#### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes    ☐ No

#### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2019/2020 Coalition goals: 1. Coordinate circulation of Coalition train'g DVDs for use by Coalition members; 2. Monitor closely DRAFT MS4 Permit requirements regarding MCM 6 municipal facilities (High, Low, MSGP). Explain/prepare Coalition members; 3. Develop Coalition-wide staff development/training needs assessment; identify best approach in-house/vendors/DVDs; research costs/support materials; and match needs to likely DRAFT MS4 Permit requirements.

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9,

2019

Name of MS4

TOWN OF BETHLEHEM

SPDES ID

N Y R 2 0 A 2 0 8

Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ☐ An Annual Report for a single MS4
- ☐ A Single Entity (Per Part II.E of GP-0-10-002)
- ☒ A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f		A	l	b	a	n	y
C	o	u	n	t	y																								

**MS4 Municipal Compliance Certification(MCC) Form**MCC form for period ending March 9, 

2	0	1	9
---	---	---	---

Name of MS4 

T	O	W	N	O	F	B	E	T	H	L	E	H	E	M
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

**Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for **each** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☒ Principal Executive Officer/Chief Elected Official
- ☐ Duly Authorized Representative
- ☐ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

First Name

J	o	h	n											
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

MI

--

Last Name

A	n	a	s	t	a	s	i							
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

Title

S	u	p	e	r	i	n	t	e	n	d	e	n	t		o	f		H	i	g	h	w	a	y	s						
---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Address

4	4	5		D	e	l	a	w	a	r	e		A	v	e																
---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

D	e	l	m	a	r																									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	2	0	5	4	-						
---	---	---	---	---	---	--	--	--	--	--	--

eMail

J	A	n	a	s	t	a	s	i	@	t	o	w	n	o	f	b	e	t	h	l	e	h	e	m	.	o	r	g				
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

Phone

(	5	1	8	)	4	3	9	-	4	9	5	5
---	---	---	---	---	---	---	---	---	---	---	---	---

County

A	l	b	a	n	y												
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

**MS4 Municipal Compliance Certification(MCC) Form**MCC form for period ending March 9, 

2	0	1	9
---	---	---	---

Name of MS4 

T	O	W	N	O	F	B	E	T	H	L	E	H	E	M
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

**Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for **each** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☐ Principal Executive Officer/Chief Elected Official
- ☐ Duly Authorized Representative
- ☒ Local Stormwater Public Contact
- ☒ Stormwater Management Program (SWMP) Coordinator
- ☒ Report Preparer

First Name

J	o	e																	
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

--

Last Name

C	l	e	v	e	l	a	n	d											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

Title

S	t	o	r	m	w	a	t	e	r		P	r	o	g	r	a	m		C	o	o	r	d	i	n	a	t	o	r						
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Address

4	4	5		D	e	l	a	w	a	r	e		A	v	e																					
---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

D	e	l	m	a	r																															
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	2	0	5	4	-														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

eMail

j	c	l	e	v	e	l	a	n	d	@	t	o	w	n	o	f	b	e	t	h	l	e	h	e	m	.	o	r	g						
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Phone

(	5	1	8	)	4	3	9	-	4	9	5	5
---	---	---	---	---	---	---	---	---	---	---	---	---

County

A	l	b	a	n	y														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**MS4 Municipal Compliance Certification (MCC) Form**

MCC form for period ending March 9, 2019

Name of MS4 TOWN OF BETHLEHEM

SPDES ID

N Y R 2 0 A 2 0 8

**Section 3 - Partner Information**

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ☐ Yes ☐ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S t o r m w a t e r C o a i l i t i o n o f

Partner/Coalition Name (con't.)

A l b a n y C o u n t y

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 7 5 G r e e n S t r e e t - C o u n t y H e a l t h B l d g

City

A l b a n y

State

N Y

Zip

1 2 2 0 2 -

eMail

n a n c y . h e i n z e n @ a l b a n y c o u n t y n y . g o v

Phone

( 5 1 8 ) 4 4 7 - 5 6 4 5

Legally Binding Agreement in accordance  
with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 P u b l i c a t i o n s - P r o g r a m s - W e b s i t e

● MM2 S W M P D o c - A R P u b l i c I n p u t s - W A V E S t r

● MM3 O F S y s M a p g S w I M L y r - S v y 1 2 3 O R I F o r m

● MM4 S v y 1 2 3 C o l l e c t o r - C o n s t I n s p F o r m

● MM5 P C S M P M a p g S w I M - S W P P P R e v i e w L y r s

● MM6 F a c M a p g S w I M - S v y 1 2 3 M u n i F a c F o r m

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, 2019

Name of MS4 | TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

## **Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name

[illegible]

MI



Last Name

A	n	a	s	t	a	s	i							
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

**Title** (Clearly print title of individual signing report)

[illegible]

Signature

*V. John Cuth*

Date \_\_\_\_\_

0512012019

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator  
Division of Water  
4th Floor  
625 Broadway  
Albany, New York 12233-3505

2	0	1	9
---	---	---	---

\_\_\_\_\_ SPDES ID \_\_\_\_\_

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---



0	1	1
---	---	---

☐ Yes      ☒ No

[illegible][illegible][illegible][illegible]

2	0	1	9
---	---	---	---

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

--	--	--

S	w	i	m	m	i	n	g		P	o	o	l		M	a	i	n	t	e	n	a	n	c	e									
---	---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

[illegible]

**L**

## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,**

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

T	O	W	N	O	F	B	E	T	H	L	E	H	E	M
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

### 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☒ Construction Site Operators Trained

# Trained 

				3
--	--	--	--	---

☐ Direct Mailings

# Mailings 

--	--	--	--	--

☒ Kiosks or Other Displays

# Locations 

				3
--	--	--	--	---

☐ List-Serves

# In List 

--	--	--	--	--

☐ Mailing List

# In List 

--	--	--	--	--

☐ Newspaper Ads or Articles

# Days Run 

--	--	--	--	--

☒ Public Events/Presentations

# Attendees 

		6	0	0
--	--	---	---	---

☐ School Program

# Attendees 

--	--	--	--	--

☐ TV Spot/Program

# Days Run 

--	--	--	--	--

☒ Printed Materials:

Total # Distributed 

		1	5	9
--	--	---	---	---

Locations (e.g. libraries, town offices, kiosks)

B	u	i	l	d	i	n	g		D	e	p	a	r	t	m	e	n	t	
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--

E	n	g	i	n	e	e	r	i	n	g		D	i	v	i	s	i	o	n
---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---

H	i	g	h	w	a	y		D	e	p	a	r	t	m	e	n	t		
---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Other:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

w	w	w	.	t	o	w	n	o	f	b	e	t	h	l	e	h	e	m	.	o	r	g	/	1	7	2	/	S	t	o	r
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

m	w	a	t	e	r	-	M	a	n	a	g	e	m	e	n	t															
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

w	w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g	/	
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

3. Web Page cont'.: Provide specific web addresses - not home page.

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	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. Rain Garden Sign at Elm Ave Park will be removed and Temporarily Stored for re-installation once new rain garden is designed and built 2. Existing Post Construction SW Practices without signage will be identified and signs created over multiple years 3. Distribute Stormwater literature at Household Hazardous Waste Collection Day 4. Continue to distribute Moving Dirt and Pool Brochure to individuals seeking building permits and monitor amounts distributed

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

1. Rain garden sign was removed and temporarily stored 2. All Town-maintained Post Construction SW Practices needing signage have been identified 3. 600 "What's wrong with this picture" stormwater fliers were distributed at the September 29, 2018 Household Hazardous Waste Cleanup Day event 4. 128 "Moving Dirt" and 21 Pool Brochures were distributed

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?**

☒ Yes   ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☒ Yes   ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

1. Meet with relevant Town Staff to decide future of Elm Ave. Park Rain Garden (relocation, time frame, tasks, and feasibility) 2. Distribute stormwater literature at two Household Hazardous Waste Collection days 3. Continue to distribute Moving Dirt and Pool Brochure to individuals seeking building permits and monitor amounts distributed

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

T	O	W	N	O	F	B	E	T	H	L	E	H	E	M
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

**Minimum Control Measure 2. Public Involvement/Participation**

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

**1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:**

<input checked="" type="radio"/> Cleanup Events	# Events	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>3</td></tr></table>					3															
				3																		
<input checked="" type="radio"/> Comments on SWMP Received	# Comments	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table>					0															
				0																		
<input checked="" type="radio"/> Community Hotlines	Phone #	( <table border="1" style="display: inline-table;"><tr><td>5</td><td>1</td><td>8</td></tr></table> ) <table border="1" style="display: inline-table;"><tr><td>4</td><td>3</td><td>9</td></tr></table> - <table border="1" style="display: inline-table;"><tr><td>4</td><td>9</td><td>5</td><td>5</td></tr></table>	5	1	8	4	3	9	4	9	5	5										
5	1	8																				
4	3	9																				
4	9	5	5																			
Phone #	( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> ) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>										Phone #	( <table border="1" style="display: inline-table;"><tr><td>5</td><td>1</td><td>8</td></tr></table> ) <table border="1" style="display: inline-table;"><tr><td>7</td><td>6</td><td>7</td></tr></table> - <table border="1" style="display: inline-table;"><tr><td>9</td><td>6</td><td>1</td><td>8</td></tr></table>	5	1	8	7	6	7	9	6	1	8
5	1	8																				
7	6	7																				
9	6	1	8																			
Phone #	( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> ) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>										Phone #	( <table border="1" style="display: inline-table;"><tr><td>5</td><td>1</td><td>8</td></tr></table> ) <table border="1" style="display: inline-table;"><tr><td>4</td><td>4</td><td>7</td></tr></table> - <table border="1" style="display: inline-table;"><tr><td>5</td><td>6</td><td>4</td><td>5</td></tr></table>	5	1	8	4	4	7	5	6	4	5
5	1	8																				
4	4	7																				
5	6	4	5																			
Phone #	( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> ) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>										Phone #	( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> ) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>										
Phone #	( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> ) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>										Phone #	( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> ) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>										
Phone #	( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> ) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>										Phone #	( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> ) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>										
<input type="radio"/> Community Meetings	# Attendees	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
<input checked="" type="radio"/> Plantings	Sq. Ft.	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>2</td><td>0</td><td>5</td></tr></table>			2	0	5															
		2	0	5																		
<input type="radio"/> Storm Drain Markings	# Drains	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
<input type="radio"/> Stakeholder Meetings	# Attendees	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
<input checked="" type="radio"/> Volunteer Monitoring	# Events	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>3</td></tr></table>					3															
				3																		
<input checked="" type="radio"/> Other:	P u b l i c C o m m e n t F o r D r a f t M S 4 A n n R p t																					

**2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?**

☒ Yes ☐ No

<input checked="" type="radio"/> List-Serve	# In List	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
<input type="radio"/> Newspaper Advertising	# Days Run	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
<input type="radio"/> TV/Radio Notices	# Days Run	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
<input checked="" type="radio"/> Other:	P o s t e d i n T o w n H a l l						

☒ Web Page URL: Enter URL(s) on the following two pages.

## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,**

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF BETHLEHEM
-------------------

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

### 2. URL(s) con't.:

**Please provide specific address(es) where notice(s) can be accessed - not home page.**

URL

W	W	W	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g			
w	w	w	.	t	o	w	n	o	f	b	e	t	h	l	e	h	e	m	.	o	r	g	/	1	7	5	/	O	u	r	-	
S	t	o	r	m	w	a	t	e	r	-	M	a	n	a	g	e	m	e	n	t	-	P	r	o	g	r	a	m				

URL


URL


URL


URL


URL


URL


If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

**Please provide specific address(es) where notices can be accessed - not home page.**

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

--	--

 / 

--	--

 / 

--	--	--	--

**4.b. For how many days was/will this report be posted?**

	1	4
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**

☐ Yes ☒ No

If Yes, what was the date of the meeting?

--	--

 / 

--	--

 / 

--	--	--	--

If No, is one planned?

☐ Yes ☒ No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

**6. Were comments received during this reporting period?**

☐ Yes ☒ No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

**7. Evaluating Progress Toward Measurable Goals MCM 2**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

1. Continue to support Annual Report public comment process and posting of Final Annual report
2. Continue to support Track a concern program and monitor/respond to public questions complaints and other issues of concern
3. Continue to support community clean up days
4. Support coalition outreach to recruit volunteer stream monitors (WAVE)

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

1. Annual report was posted for public comment - no comments were received
2. Within the Town's Track a Concern the Town received and responded to 15 submitted concerns
3. The Town successfully continued the community clean up events (3): 4/14/18, 4/21/18, 7/26/18
4. The Town supported coalition outreach to recruit volunteer stream monitors (WAVE) by posting fliers in Town Hall and posting the informational flier on the Town's main webpage for fourteen (14) days prior

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

☒ Yes ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☒ Yes ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

1. Continue to support Annual Report public comment aprocess nd posting of FINAL Annual Report
2. Continue to support community cleanup days
3. Continue to support and track street tree plantings
4. Continue to support Coalition outreach to recruit volunteer stream monitors (WAVE)

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

**Minimum Control Measure 3. Illicit Discharge Detection and Elimination**

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1. Enter the number and approx. percent of outfalls mapped: 

		5	6	3
--	--	---	---	---

 # 

		9	7
--	--	---	---

 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 

1	2	6
---	---	---

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

☐ Auto Recyclers

☐ Landscaping (Irrigation)

☐ Building Maintenance

☐ Marinas

☐ Churches

☐ Metal Plateing Operations

☐ Commercial Carwashes

☐ Outdoor Fluid Storage

☐ Commercial Laundry/Dry Cleaners

☐ Parking Lot Maintenance

☐ Construction Vehicle Washouts

☐ Printing

☐ Cross-Connections

☐ Residential Carwashing

☐ Distribution Centers

☐ Restaurants

☐ Food Processing Facilities

☐ Schools and Universities

☐ Garbage Truck Washouts

☐ Septic Maintenance

☐ Hospitals

☐ Swimming Pools

☐ Improper RV Waste Disposal

☐ Vehicle Fueling

☐ Industrial Process Water

☐ Vehicle Maint./Repair Shops

☒ Other:

☐ None

O	R	I		b	a	s	e	d		o	n		r	o	t	a	t	i	n	g		s	c	h	e	d	u	l	e	
---	---	---	--	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--

☐ Sewersheds:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



2	0	1	9
---	---	---	---

Name of MS4/Coalition	TOWN OF BETHLEHEM
-----------------------	-------------------

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

## URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

- |  |   |   |   |
|--|---|---|---|
|  | 5 | 5 | % |
|--|---|---|---|

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

### 12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

#### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. Continue to map new outfalls as described previously 2. Complete mapping of existing storm system and program elements (outfalls, PCSMPs and municipal systems) 3. Delineate storm sewer shed boundaries for all stormwater conveyances system 4. Complete ORI for 20% of outfalls (The Town will prioritize the newly mapped outfalls)

#### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. The Town mapped newly identified outfalls as they were discovered in the Summer 2018 2. The Town made progress but did not complete mapping of all existing storm system and program elements 3. The Town provided MS4 GIS data to the Coalition to complete sewershed delineations of the Krumkill watershed - no progress was made elsewhere in Town due to network server upgrades 4. The Town completed 126 ORI surveys in the Summer of 2018

#### C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

*(ex.: samples/participants/events)*

#### D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes   ☐ No

#### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☐ Yes   ☒ No

#### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Continue ongoing storm system mapping throughout the Town - prioritized area of interest = "Old Delmar"; locate and map storm system infrastructure and connectivity to outfalls 2. Create layer in Town GIS showing historically suspected, confirmed, and eliminated illicit discharges 3. Provide to the Coalition the Town's SSM GIS data for posting on SwIM (basins, main lines, outfalls) 4. Map new outfalls as needed 5. Conduct annual ORIs for 20% of Outfall inventory

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

### Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?** ☒ Yes ☐ No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?** ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?** ☒ Yes ☐ No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

	1	4
--	---	---

**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?** ☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

		0
--	--	---

**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?** ☐ Yes ☒ No

**6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:**

<input checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td>3</td><td>7</td></tr></table>				3	7	<input type="radio"/> No Authority
			3	7				
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input checked="" type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>7</td></tr></table>					7	<input type="radio"/> No Authority
				7				
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input checked="" type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>4</td></tr></table>					4	<input checked="" type="radio"/> No Authority
				4				

## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,**

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4  
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

**1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?**

		7
--	--	---

**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?** ☐ NT

1	0	0
---	---	---

 %

**4. What percent of active construction sites were inspected more than once?** ☐ NT

1	0	0
---	---	---

 %

**5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?**

☒ Yes ☐ No ☐ NT

**6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?**

☒ Yes ☐ No ☐ NT

**If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?**

☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	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.**

1. 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 NYSDEC standards and Specifications for erosion and Sediment Control ("Blue Book") 2. Town will review and update pre-construction meeting requirements and revise existing pre-construction meeting form and procedures as needed

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

1. The Town updated the construction site inspection procedures. There were no known changes to the Construction activity permit or Blue Book during this reporting period The Town assisted the Coalition in creating new digital inspection forms to meet DRAFT MS4 permit requirements 2. The Town updated the pre-construction meeting documents, procedures, and requirements to better suit the common types of construction activity in Town (SPDES, SPA only, Grading Permit only, etc.)

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

☒ Yes ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☒ Yes ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

1. Review and update SWPPP review procedures as needed 2. Continue to conduct formal, routine inspections of all active construction sites

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

TOWN OF BETHLEHEM

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

### **Minimum Control Measure 5. Post-Construction Stormwater Management**

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report?		
---	--	--

**1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?**

	# Inventoried	# Inspections	# Times Maintained
● Alternative Practices	1 3	1 3	0
● Filter Systems	4 1	1 2	1
● Infiltration Basins	1 0	1	0
● Open Channels	1 5	7	3
● Ponds	3 2	2 0	1
● Wetlands	1	0	0
● Other	1 8	9	3

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes ☐ No

☒ Yes      ☐ No

**3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?**

- ☐ Building Codes      ☒ Municipal Comprehensive Plans  
☐ Overlay Districts      ☒ Open Space Preservation Program  
☒ Zoning      ☒ Local Law or Ordinance  
☐ None      ☒ Land Use Regulation/Zoning  
☐ Watershed Plans      ☐ Other Comprehensive Plan

[illegible]

## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,**

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

**4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?**

☒ Yes    ☐ No

**4b. Does the MS4 have a banking and credit system for stormwater management practices?**

☐ Yes    ☒ No

**4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?**

☐ Yes    ☒ No

**4d. How many stormwater management practices have been implemented as part of this system in this reporting period?**

		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?**

	2	9
--	---	---

 %

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

### 6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

#### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. Complete inspections on all Town owned PCSMPs 2. Integrate Town work orders and maintenance requirements for PCSP with the Towns HTE work order system 3. Continue to contact owners of non Town owned post construction SW practices for information and certifications and maintenance documentations 4. SWPPP review document procedures to be written

#### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. All active Town-owned PCSMPs were inspected and maintenance requirements were identified 2. It was infeasible to integrate the town work order and maintenance requirements with the Town's HTS work order system and was dropped as a goal 3. Hard-copy Town letterhead was mailed to the owners of all known privately owned PCSMPs. The Town had an approximate 40-50% response rate 4. SWPPP review document procedures were not completed due to time constraints

#### C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

*(ex.: samples/participants/events)*

#### D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes   ☐ No

#### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☐ Yes   ☒ No

#### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Continue to inspect all town-owned PCSMPs annually per permit requirements 2. Continue to contact owners of private PCSMPs to obtain inspection and maintenance documentation

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF BETHLEHEM																			
-------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

### Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4  
☐ On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

- 1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input checked="" type="radio"/> Yes <input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input checked="" type="radio"/> Yes <input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input checked="" type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input checked="" type="radio"/> Yes <input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input checked="" type="radio"/> Yes <input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input checked="" type="radio"/> Yes <input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No .....	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other.....	<input type="radio"/> Yes <input checked="" type="radio"/> No .....	<input type="radio"/> Yes <input checked="" type="radio"/> No

**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9,**

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF BETHLEHEM
-------------------

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- ☒ Parking Lots Swept (Number of acres X Number of times swept) # Acres 

				6
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles 

		1	1	0
--	--	---	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary # 

			1	8
--	--	--	---	---
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

--	--	--	--	--
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- ☒ Nitrogen Applied In Chemical Fertilizer # Lbs. 

	2	0	0	0
--	---	---	---	---
- ☒ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

			0	.	1
--	--	--	---	---	---

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

				7
--	--	--	--	---

**4. What was the date of the last training?**

0	2
---	---

 / 

1	9
---	---

 / 

2	0	1	9
---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

	3	6
--	---	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

	5	5
--	---	---

 %

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

### 7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

#### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. Email town staff minimally (2x) with stormwater program updates about town initiatives changes in MS4 construction Activity Permit regs and other pertinent information 2. SW program coordinator will identify new staff and show rain check DVD 3. Complete all municipal facility self audits 4. Establish and oversee Third-Party Contracted Entity Certification Statements

#### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. Relevant Town staff were emailed frequently (>2x) with stormwater program/training updates and other pertinent information 2. The SW Program Coordinator trained several new staff included in the 36 total Town staff trained for the reporting period 3. All MS4 municipal facility self audits were completed 4. Third-Party Contracted Entity Certification was implemented with 7 certifications obtained during the reporting period

#### C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

*(ex.: samples/participants/events)*

#### D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes   ☐ No

#### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☐ Yes   ☒ No

#### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Communicate training opportunities, MS4 Construction Activity, or other relevant permitting updates to all relevant staff as needed 2. Train 100% of relevant Town staff by use of stormwater training DVDs, 4-hour erosion & sediment control training sessions, or other relevant trainings as available and applicable 3. Conduct MS4 facility self audits on a rotating schedule as needed based on last inspection date

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

### Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

- ☐ On behalf of an individual MS4  
☒ On behalf of a coalition

How many MS4s contributed to this report?

1	1
---	---

#### 1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- |  |  |
|--|--|
| <input checked="" type="radio"/> Construction Sites<br><input checked="" type="radio"/> General Stormwater Management Information<br><input type="radio"/> Household Hazardous Waste Disposal<br><input type="radio"/> Illicit Discharge Detection and Elimination<br><input checked="" type="radio"/> Infrastructure Maintenance<br><input checked="" type="radio"/> Smart Growth<br><input type="radio"/> Storm Drain Marking<br><input type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development<br><input checked="" type="radio"/> Other: | <input checked="" type="radio"/> Pesticide and Fertilizer Application<br><input checked="" type="radio"/> Pet Waste Management<br><input type="radio"/> Recycling<br><input checked="" type="radio"/> Riparian Corridor Protection/Restoration<br><input type="radio"/> Trash Management<br><input checked="" type="radio"/> Vehicle Washing<br><input type="radio"/> Water Conservation<br><input type="radio"/> Wetland Protection<br><input type="radio"/> None |
|--|--|

C	o	a	l	i	t	i	o	n		W	e	b	s	i	t	e	-	W	h	a	t		Y	o	u		C	a	n		D	o
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	--	---	---	---	--	---	---

Other

#### 2. Specific audiences targeted during this reporting period:

- |  |   |
|--|---|
| <input checked="" type="radio"/> Public Employees<br><input checked="" type="radio"/> Residential<br><input checked="" type="radio"/> Businesses<br><input type="radio"/> Restaurants<br><input checked="" type="radio"/> Other: | <input checked="" type="radio"/> Contractors<br><input type="radio"/> Developers<br><input checked="" type="radio"/> General Public<br><input type="radio"/> Industries<br><input type="radio"/> Agricultural |
|--|---|

G	e	n	e	r	a	l	P	u	b	l	i	c	-	C	o	a	l	i	t	i	o	n		W	e	b	s	i	t	e		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--

Other

## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,**

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

### 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☒ Construction Site Operators Trained

# Trained

			4	7
--	--	--	---	---

☐ Direct Mailings

# Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

# Locations

				7
--	--	--	--	---

☒ List-Serves

# In List

		1	8	1
--	--	---	---	---

☐ Mailing List

# In List

--	--	--	--	--

☐ Newspaper Ads or Articles

# Days Run

--	--	--	--	--

☒ Public Events/Presentations

# Attendees

			8	4
--	--	--	---	---

☐ School Program

# Attendees

--	--	--	--	--

☐ TV Spot/Program

# Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

			5	6
--	--	--	---	---

Locations (e.g. libraries, town offices, kiosks)

P	r	e	s	e	n	t	a	t	i	o	n	H	a	n	d	o	u	t	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

2		C	W	P		W	e	b	c	a	s	t	s						
---	--	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--

H	R	W	s	h	e	d	A	l	l	i	a	n	c	e	-	P	r	e	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

S	t	o	r	m	M	a	p	g	-	P	a	t	r	o	o	n	C	r	k
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☒ Other:

2		C	W	P		W	e	b	c	a	s	t	-	A	r	c	h	i	v
---	--	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

w	w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

**4. Evaluating Progress Toward Measurable Goals MCM 1**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

Coalition 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.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

1. Coalition website maintained and updated  
2. Brochures provided or printed when requested  
3. Traditional MS4s provided with hard copy map of their MS4 land use types, matched to target audience types (residential, commercial, institutional, industrial), with info about associated pollution generating behavior, and Pollutants of Concern. Land use/target audience layer on SwIM.

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?**

☒ Yes   ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☐ Yes   ☒ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

2019/2020 Coalition Goals: 1. Support and update Coalition website; 2. Sponsor one Center for Watershed Protection webcast; 3. Print and distribute stormwater publications for interested members; 4. Understand and explain to members Public Education/Outreach requirements suggested by the DRAFT Permit (GP-0-17-002; 5. Discuss with members the current inventory of printed material/decide which if any publications should be printed in large quantities/modified/dropped.



## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,**

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

### 2. URL(s) con't.:

**Please provide specific address(es) where notice(s) can be accessed - not home page.**

URL

w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		

URL


URL


URL


URL


URL


URL




**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9,**

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

0	5
---	---

 / 

0	3
---	---

 / 

2	0	1	9
---	---	---	---

**4.b. For how many days was/will this report be posted?**

	1	4
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**

☐ Yes ☐ No

If Yes, what was the date of the meeting?

--	--

 / 

--	--

 / 

--	--	--	--

If No, is one planned?

☐ Yes ☐ No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

**6. Were comments received during this reporting period?**

☐ Yes ☒ No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

**7. Evaluating Progress Toward Measurable Goals MCM 2**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

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.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

A hybrid Joint Coalition SWMP Plan "Annual Evaluation" document listing activities completed from 3/10/2017 to 3/9/2018 and goals for the permit reporting year 3/2018 to 3/2019) was posted on the Coalition website 4/28/2018. The CBI MS4Web 2.0 SWMP Plan module was used to create the document. Completed 4 Coalition-wide WAVE stream monitoring events (3 days & 4 sites)-1 site Salt Kill; 2 sites Vly Creek; and 1 site Lisha Kill.

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

☒ Yes   ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☒ Yes   ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

2019/2020 Coalition Goals: 1. Organize one or more Coalition-wide WAVE Volunteer Stream Monitoring events (July 1 to Sept 30); 2. With Coalition members, identify plausible, doable public participation activities which focus on water quality directly, which could be organized spring, summer or early fall. Develop an implementation plan with members, which respects available time. Develop a budget and staffing plan to implement, include in 2020 Coalition budget if advised.

L

2 0 1 9



Stormwater Coalition of Albany County

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

How many MS4s contributed to this report?	1	1
---	---	---

--	--	--	--	--

#				%
---	--	--	--	---

--	--	--

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,**

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

**3.b. What types of illicit discharges have been found during this reporting period?**

- ☐ Broken Lines From Sanitary Sewer
  - ☐ Cross Connections
  - ☐ Failing Septic Systems
  - ☐ Floor Drains Connected To Storm Sewers
  - ☐ Illegal Dumping
  - ☐ Other:
  - ☐ Industrial Connections
  - ☐ Inflow/Infiltration
  - ☐ Pump Station Failure
  - ☐ Sanitary Sewer Overflows
  - ☐ Straight Pipe Sewer Discharges
  - ☐ None

**4. How many illicit discharges/potential illegal connections have been detected during this reporting period?**

--	--	--

**5. How many illicit discharges have been confirmed during this reporting period?**

--	--	--

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

--	--	--

**7. Has the storm sewershed mapping been completed in this reporting period?**

☐ Yes      ☐ No

If No, approximately what percent was completed in this reporting period?

			%
--	--	--	---

**8. Is the above information available in GIS?**

☒ Yes      ☐ No

**Is this information available on the web?**

☒ Yes      ☐ No

If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

[illegible]

URL

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

**12. Evaluating Progress Toward Measurable Goals MCM 3**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

GRANT: 1. Complete field work system/program map'g (outfalls-corrected/archive; PCSMPs-inventory/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

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

GRANT: 1&2. Storm system/program mapping completed-data posted on SwiM for Alb Cnty, T/ New Scotland, City/Albany, and V/Green Island. 2&3. Datasets from UAlbany, T/Bethlehem, and T/ Colonie prepared and integrated with V/Colonie, City/Albany, and Albany County datasets to completed 3 storm sewershed delineations (Ann Lee/Patroon/Krumkill). 4&5 ArcGIS Online Survey123/Collector forms created (ORI/Constrution/MuniFac)/loaded to tablets for intersted MS4s.

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

☒ Yes ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☒ Yes ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

2019/2020 Coalition Goals: 1. Stock ORI kits as needed, based on current MS4 Permit; 2. Price water sample costs associated with DRAFT MS4 Permit MCM3 Outfall Sampling and MCM 6 MSGP requirements; 3. Discuss with Coalition members need/value of ORI field training using tablet. Organize if interest.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

**7. Evaluating Progress Toward Measurable Goals MCM 4**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

GRANT: 1. Use Survey123 to develop MS4 Construction Site Inspection Form; 2. Purchase/load/give tablet w/MS4 Construction 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.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

GRANT: 1/2. Survey123 MS4 Construction Site Inspection Form finalized and loaded onto tablets for interested MS4s-two tablet training sessions. OTHER: 3. (One) 4hr E/SC training for Construction Site Operators co-sponsored with ACSWCD (12/7/2018). 21 stormwater related staff from 4 MS4s attended Construction Activity Pmt related trainings (4hr E/SC trainings; 2 Eastern NY SW RTC trainings 4/19/18 Filtration-Infiltrations & 6/19/2018 Small Dam Design) Coalition funded

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

☒ Yes   ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☐ Yes   ☒ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

2019/2020 Coalition goal: 1. Co-sponsor with ACSWCD, 1 4hr E/SC training for Construction Site Operators/distribute promotional material to Coalition members/post training info on Coalition website/pay tuition as needed, if possible. 2. Discuss with Coalition members need/value of MS4 Construction Site Inspection field training using tablets w/Form. Organize if interest.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

**6. Evaluating Progress Toward Measurable Goals MCM 5**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

GRANT: 1. Complete field work-system and program map'g (outfalls-corrected/archive; PCSMPs-inventory/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 M

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

GRANT: 1. System and program mapping completed and data posted on SwIM for Alb County, T/NewScotland, City/Albany, and V/Green Island. 2. No Survey123/Collector ArcGIS Online forms created for PC SMP inspections.

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

☒ Yes ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☐ Yes ☒ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

2019/2020 Coalition goals: 1. Develop pilot Survey123 PCSMP form using the NYSDEC Maintenance Guidance Stormwater Management Practices (March 31, 2017) while the Coalition Stormwater Program Technician is available

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9,**

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

**2. Provide the following information about municipal operations good housekeeping programs:**

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres 

--	--	--	--	--
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles 

--	--	--	--	--
- ☐ Catch Basins Inspected and Cleaned Where Necessary # 

--	--	--	--	--
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

--	--	--	--	--
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied # Acres 

					.	
--	--	--	--	--	---	--

  
 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

				5
--	--	--	--	---

**4. What was the date of the last training?**

0	3	/	0	7	/	2	0	1	9
---	---	---	---	---	---	---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

		2
--	--	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

1	0	0	%
---	---	---	---

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

**7. Evaluating Progress Toward Measurable Goals MCM 6**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

GRANT: 1. Complete field work-system and program map'g (outfalls-corrected/archive; PCSMPs-inventory/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).

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

GRANT: 1. System and program mapping completed and data posted on SwIM for Alb County, T/NewScotland, City/Albany, and V/Green Island. 2/3. Survey123/Collector ArcGIS Online Municipal Self Audit form finalized and loaded onto tablets for interested MS4s. OTHER: 4. Training DVDs circulated among interested users at Coalition Working Group meetings. 5. No outside vendor or in-house trainings.

**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

☒ Yes   ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☒ Yes   ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

2019/2020 Coalition goals: 1. Coordinate circulation of Coalition train'g DVDs for use by Coalition members; 2. Monitor closely DRAFT MS4 Permit requirements regarding MCM 6 municipal facilities (High, Low, MSGP). Explain/prepare Coalition members; 3. Develop Coalition-wide staff development/training needs assessment; identify best approach in-house/vendors/DVDs; research costs/support materials; and match needs to likely DRAFT MS4 Permit requirements.

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

### Additional Watershed Improvement Strategy Best Management Practices

The information in this section is being reported (check one):

- ☐ On behalf of an individual MS4  
☒ On behalf of a coalition

How many MS4s contributed to this report?

	1	1
--	---	---

**MS4s must answer the questions or check NA as indicated in the table below.**

MS4 Description	Answer	Check NA	(POC)
<b>NYC EOH Watershed</b>	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
<b>Onondaga Lake Watershed</b>	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
<b>Greenwood Lake Watershed</b>	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>Oyster Bay</b>	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
<b>Peconic Estuary</b>	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
<b>Oscawana Lake Watershed</b>	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>LI 27 Embayments</b>	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

**1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?**      ☐ Yes    ☐ No    ☒ N/A

**2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?**      ☐ Yes    ☐ No    ☒ N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

			%
--	--	--	---

Estimate what percentage was mapped in this reporting period.

			%
--	--	--	---

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

**3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?** ☐ Yes ☐ No ☒ N/A

**4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?**

--	--	--

 %

**5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?** ☐ Yes ☐ No ☒ N/A

**6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?** ☐ Yes ☐ No ☒ N/A

**7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?** ☐ Yes ☐ No ☒ N/A

**7b. How many projects have been sited in this reporting period?**

--	--	--

**7c. What percent of the projects included in 7b have been completed in this reporting period?**

--	--	--

 %

**7d. What percent of projects planned in previous years have been completed?**

--	--	--

 %

☐ No Projects Planned

**8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?** ☐ Yes ☐ No ☒ N/A

**8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?** ☐ Yes ☐ No ☒ N/A

**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9,**

2	0	1	9
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County
---------------------------------------

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

**9. Has your MS4/Coalition developed and implemented a program of native planting?**

☐ Yes ☐ No ☒ N/A

**10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?**

☐ Yes ☐ No ☒ N/A

**11. Does your MS4/Coalition have a pet waste bag program?**

☐ Yes ☐ No ☒ N/A

**12. Does your MS4/Coalition have a program to manage goose populations?**

☐ Yes ☐ No ☒ N/A