# **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

#### HOW TO SUBMIT COMMENTS

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

#### OTHER INFORMATION

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



## **MS4 Annual Report Cover Page**

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

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

SPI	DES	ID				
N	Y	R	2	0		

#### **Choose one:**

Fill in SPDES ID in upper right hand corner.

1	Nar	ne c	t M														

### OR

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

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

Nar	ne c	ngie	e En	tity												

### OR

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

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

Nar	ne c	of Co	oalit	ion																						
S	t	0	r	m	W	а	t	υ	r	С	0	a	1	i	t	i	0	n	0	f	A	1	b	a	n	У
С	0	u	n	t	У																					

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

SPI	ES	ID													
N	Y	R	2	0	А	3	7	7							
SPI	ES	ID													
N															
SPI	DES	ID													
N	SPDES ID           N         Y         R         2         0         A         1         4         4														
SPI	ES	ID													
N	Y	R	2	0	А	4	6	3							
SPI	DES	ID													
N	Y	R	2	0	A	0	8	7							
SPI	DES	ID													

SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	ES	ID					
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	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A

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

	_	SPI	)ES	עו						
Name of MS4 City of Cohoes		N	Y	R	2	0	А	2	4	3

Each MS4 must submit an MCC form.

# **Section 1 - MCC Identification Page**

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

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

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

If Joint Report, enter coalition name:

S	t	0	r	m	w	а	t	е	r	С	0	а	1	i	t	i	0	n	0	f	A	1	b	а	n	У
С	0	u	n	t	У																					

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  9

		SPI	DES	ID						
Name of MS4	City of Cohoes	N	Y	R	2	0	А	2	4	3

### **Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	st Na	Name														MI		Las	t Na	ame										
S	h	a	W	n														M	0	r	s	е								
Titl	e																													
M	a	У	0	r																										
Add	lres	s																												
9	7		М	0	h	a	W	k		S	t	r	е	е	t															
			•																											
City	у																			S	tate		Zip	)				_		
City	0	h	0	е	s																	Y	Zip 1	2	0	4	7	<b>-</b>		
	0	h	0	е	s																				0	4	7	<b>-</b>		
С	0	h	o t	e	s	n	@	С	i	•	С	0	h	0	е	s	•	n	У						0	4	7	<b>-</b>		
eMa	o ail n					n	@	С	i	•	С	0	h	0	е	s		n Cou			1 7	Y			0	4	7	_		

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  9

51 DE5 1D				
Name of MS4 City of Cohoes N Y R 2	0 A	2	4	3

### **Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	t Na	Name														MI		Las	t Na	ıme										
G	a	r	r	У												F		N	а	t	h	a	n							
Titl	e																													
С	i	t	У		E	n	g	i	n	е	е	r																		
Add	lres	s																												
9	7		M	0	h	a	w	k		S	t	r	е	е	t															
City	/																			S	tate	:	Zip	)						
City	0	h	0	е	s																	Y	Zip 1	2	0	4	7	_		
	0	h	0	е	s																				0	4	7	_		
С	0	h	o t	e	s	n	@	С	i	•	С	0	h	0	е	S	•	n	У						0	4	7	] -		
eMa	o ail n					n	@	С	i	•	С	0	h	0	е	ದ			У		N .	Y			0	4	7	] <b>-</b>		

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  9

		SPI	DES	ID						
Name of MS4	City of Cohoes	N	Y	R	2	0	А	2	4	3

#### **Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	t Na	Name														MI		Las	t Na	ame	;									
R	0	b	У	n														K	i	n	g									
Titl	e																													
С	i	t	У		Р	1	а	n	n	е	r																			
Add	lres	s																·												
9	7		M	0	h	a	w	k		S	t	r	е	е	t															
					7   M o h a w k S t r e e t																									
City	/																			S	tate	<b>:</b>	Zij	)						
City	0	h	0	е	s																	Y	Zip	2	0	4	7	_		
	0	h	0	е	S																				0	4	7	_		
С	0	h	o	е	s @	С	i	•	С	0	h	0	е	s	•	n	У	•	u						0	4	7	] <b>-</b>		
C eMa	o ail k					С	i	•	С	0	h	0	е	S	•	n		Cou		s					0	4	7	] <b>-</b>		

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

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/CoalitionName  Storman Walter Coolition Name(con't)  A 1 b a n y C o u n t y Storman Statement.  State  T 7 5 G r e e n S t r e e t C o u n t y H e a 1 t h B 1 d g State  Address  1 7 5 G r e e n S t r e e t C o u n t y H e a 1 t h B 1 d g State  A 1 b a n y State  A			_																				SPL	DES	ID						
Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  • Yes ONO  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/CoalitionName  Store  Store  Store  Store  Store  State  Zip  A 1 b a n y C o u n t y D e e t C o u n t y D e a 1 t h B 1 d g  City  A 1 b a n y C o u n t y D e e t C o u n t y D e a 1 t t h B 1 d g  City  State  Zip  A 1 b a n y C B B D E B D	Name of	MS	54 <sup>(</sup>	City	of Co	ohoe	S																N	Y	R	2	0	А	2	4	3
Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  • Yes ONO  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/CoalitionName  Store  Store  Store  Store  Store  State  Zip  A 1 b a n y C o u n t y D e e t C o u n t y D e a 1 t h B 1 d g  City  A 1 b a n y C o u n t y D e e t C o u n t y D e a 1 t t h B 1 d g  City  State  Zip  A 1 b a n y C B B D E B D	Section	ı 3	- P	ar	tn	er	In	for	ma	atio	on																				
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/CoalitionName  S t o r m w a t e r C o a l l i t i o n o f  A l b a n y C o u n t y  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 R 2 0 2 - State  State  N Y R 2 0 2 - State  N Y R 2 0												to c	com	ple	te s	om	e oı	all	per	mit	rec	quir	eme	ents	s du	ring			_		_
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/CoalitionName  S t o r m w a t e r C o a 1 i t i o n o f  The partner/CoalitionName (con't.)  A 1 b a n y C o u n t y  A 1 b a n y  Address  1 7 5 G r e e n S t r e e t C o u n t y H e a 1 t h B 1 d g  City  A 1 b a n y  A 1 b a n	If Yes, co	omp	let	e ir	nfo	rma	itio	n b	elo	w.																					
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/CoalitionName			-	-						-							-												•		
If No, proceed to Section 4 - Certification Statement.    Partner/CoalitionName		coalition. It is not necessary to include a separate sheet for each MS4 in																				he									
S	If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName																														
S	Partner/Co	No, proceed to Section 4 - Certification Statement.  tner/CoalitionName																													
Address  1 7 5		r/CoalitionName or mwater Coallition															0	f													
Address  1 7 5 G r e e n S t r e e t C o u n t y H e a 1 t h B 1 d g  City  A 1 b a n y  N N 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 O 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 D 1 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 1 1 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 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	Partner/Co																			SPI	DES	Par	tne	r ID	) - If	app	lica	ble			
City A	A 1 b	ormwater Coalitionomo																		N	Y	R	2	0							
City	Address																														_
A 1 b a n y	1 7 5		G	r	е	е	n		S	t	r	е	е	t		С	0	u	n	t	У	Η	е	a	1	t	h	В	1	d	g
eMail    N	City																		1 [					_							$\neg$
Phone ( 5 1 8 ) 4 4 7 - 5 6 4 5  Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?		a	n	У																1 X	<u>-</u>	Т		2	U	2	-				
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 O No  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)  • MM1 PUBLICATIONS-PROGRAMS-WEBSITE  • MM2 SWMPDOC-ARPUBLICINDULT IN PULT-WAVES TREE  • MM3 OFSYSMAPBSWIMLYR-SVY123ORIFORM  • MM4 SVY123CO11ectr-ConsInspForm  • MM4 SVY123CO11ectr-ConsInspForm  • MM5 PCSMPMapgSwIM-SVY123MuniFactrory  • MM6 FacMapgSwIM-SVY123MuniFactrory  • MM6 FacMapgSwIM-SVY123MuniFactrory  • MM6 FacMapgSwIM-SVY123MuniFactrory  • MM6 FacMapgSwIM-SVY123MuniFactrory  • Watershed Improvement Strategy Best Management Practices required for MS4s in impaired		C	v		ш	T.	_	NT.	7	T.	ът		7\	_	ъ	7	NT.	v	C	0	тт	NT	т	v	NT.	v		C		77	
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 PUBLICATIONS-PROGRAMS-WEBSITE  MM2 SWMPDoc-ARPublicInput-WAVEStrm  MM3 OFSYSMapgSwIMLyr-Svy1230RIForm  MM4 Svy123Colllectr-ConsInsprend  MM5 PCSMPMapgSwIM-SWPPPReviewLyrs  MM6 FacMapgSwIM-Svy123MuniFacForm  MM6 FacMapgSwIM-Svy123MuniFacForm  MM6 FacMapgSwIM-Svy123MuniFacForm  MM6 FacMapgSwIM-Svy123MuniFacForm  Md6 FacMapgBest Management Practices required for MS4s in impaired		C	ı	•	п	Ŀ	Т	IA	۷	Ŀ	IA	_ w	A	ш	Ь	A	IN	I		U	U	IN	1	1	IN	1	•	G		V	
What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)  MM1 PUBLICATIONS-PROGRAMS-WEBSITE  MM2 SWMPDoc-ARPublicInput-WAVEStrm  MM3 OFSYSMAPGSWIMLYR-SVY123ORIFORM  MM4 SVY123Colllectr-ConsInsprorm  MM5 PCSMPMapgSwIM-SWPPPReviewLyrs  MM6 FacMapgSwIM-SVY123MuniFacForm  MM6 FacMapgSwIM-SVY123MuniFacForm  MM6 FacMapgSwIM-SVY123MuniFacForm  Md6 Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	,	8	)	4	4	7	]_	5	6	4	5																			$\cap$	Nο
● 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	\		,																												
<ul> <li>MM2</li> <li>SWMPDoc-ARPublicInput-WAVEStrm</li> <li>MM3</li> <li>OFSYSMApgSwIMLyr-Svy1230RIForm</li> <li>MM4</li> <li>Svy123Colllectr-ConsInspForm</li> <li>MM5</li> <li>PCSMPMapgSwIM-SWPPPReviewLyrs</li> <li>MM6</li> <li>FacMapgSwIM-Svy123MuniFacForm</li> </ul> Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	What tas	ks/r	esp	on	sib	iliti	ies	are	sha	arec	l w	ith	this	s pa	ırtn	er (	(e.g	g. M	IM:	1 S	cho	ol l	Pro	gra	ms	or	Mυ	ıltip	ole '	Tas	ks)'
MM3 OFSysMapgSwIMLyr-Svy123ORIForm  MM4 Svy123Colllectr-ConsInspForm  MM5 PCSMPMapgSwIM-SWPPPReviewLyrs  MM6 FacMapgSwIM-Svy123MuniFacForm  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	• MM1	Р	U	В	L	I	С	А	Т	I	0	N	S	_	Р	R	0	G	R	А	М	S	-	W	E	В	S	I	Т	Е	
MM4 S v y 1 2 3 C o 1 1 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	• MM2	S	W	M	Р	D	0	С	_	А	R	Р	u	b	1	i	С	I	n	р	u	t	_	W	А	V	Е	S	t	r	m
MM5  PCSMPMapgSwIM-SWPPPReviewLyrs  MM6  FacMapgSwIM-Svy123MuniFacForm  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	<ul><li>MM3</li></ul>	0	F	S	У	s	М	a	р	g	S	w	I	М	L	У	r	-	S	v	У	1	2	3	0	R	I	F	0	r	m
MM5  PCSMPMapgSwIM-SWPPPReviewLyrs  MM6  FacMapgSwIM-Svy123MuniFacForm  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	• MM4	s	v	У	1	2	3	С	0	1	1	е	С	t	r	_	С	0	n	s	I	n	s	p	F	0	r	m			_
MM6 FacMapgSwIM-Svy123MuniFacForm  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired										a						S		D	D			٩					т.	\	r		
Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired															<u> </u>																
Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	• IVIIVIO	ition. It is not necessary to include a separate sheet for each Marcoced to Section 4 - Certification Statement.    CoalitionName														u	11		Г	a	C	-		L	<u> </u>						
water street improvement streeted years in the most street in the most street in the most streeted in the most str	Addition	al t	ask	s/re	esp	ons	ibi	litie	es																						
watersneds included in GP-0-08-002 Part IX.				•						-				•	gen	ien	t Pi	rac	tice	s re	equ	irec	l fo	r N	1S4	s ii	ı in	npa	ire	d	
	wate	rsh	eas	ıno	ciuc	ied	ın	GP	′-U-	υ8-	UU.	2 P	art	IX.																	

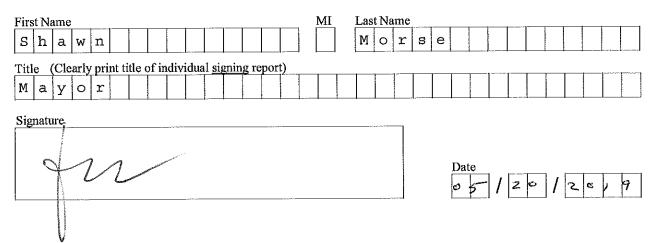
MCC form for period ending March 9, 2 0 1 9

	SPE	ES	ID						
Name of MS4 City of Cohoes	N	Y	R	2	0	A	2	4	3

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

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

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



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

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

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

		2LT	)ES	עו						
Name of MS4/Coalition	City of Cohoes	N	Y	R	2	0	А	2	4	3

	., 00		/													J											
							<u>7</u>	<u>Vat</u>	<u>ter</u>	· Q	<u>ua</u>	lity	у <b>Т</b>	re	nd	<u>.S</u>											
The infor	mation	ı in t	this se	ection	ı is b	eing	rep	orte	d (d	che	ck (	one)	:														
On bel					MS4																						
○ On bel	alf of ow ma				conti	ribut	tod	ta t1	hia	ror	ort	., [			1												
110	JW III	any i	M19 <del>4</del> 8	are	COIII	iioui	ıcu	to ti	1115	ıcı	JOIT	· • [															
					_			-		_						_			_					ure	<b>,</b>		
One		2001							- ' '			<b>P</b> -0									- 0-					•	No
If Yes, cl	noose	one o	of the	follo	wing																						
○ Report	(s) atta	ache	d to th	e an	nual 1	repoi	rt																				
○ Web P	age(s)	whe	re rep	ort(s	) is/a	re p	rovi	ded	bel	.ow																	
	Pleas	e pr	ovide	spec	cific	addı	ess	of 1	pag	ge v	vhe	re 1	repo	ort(	s) (	can	be	acc	ess	ed	- n	ot l	on	ne p	age	<b>e.</b>	
	URL																										
	URL																										
	URL																										
																	g water quality trends finimum Control Measure  O Yes No  an be accessed - not home page.										
	URL																										
		+																									
		1																									

Other

# **MS4 Annual Report Form**

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

Name of MS4/Coalition	City of Cohoes	SPDES ID    N   Y   R   2   0   A   2   4   3
	mum Control Measure 1. Public Ed	
	is section is being reported (check one):	deation and Outreach
<ul><li>On behalf of an indi</li><li>On behalf of a coali</li></ul>	lividual MS4	1
1. Targeted Public	c Education and Outreach Best Manageme	ent Practices
Check all topics that	t were included in Education and Outreach d	uring this reporting period:
<ul><li>Construction Sites</li></ul>		• Pesticide and Fertilizer Application
• General Stormwater	r Management Information	Pet Waste Management
<ul><li>Household Hazardo</li></ul>	ous Waste Disposal	○ Recycling
<ul> <li>Illicit Discharge De</li> </ul>	etection and Elimination	O Riparian Corridor Protection/Restoration
• Infrastructure Main	ntenance	○ Trash Management
O Smart Growth		• Vehicle Washing
O Storm Drain Markin	ng	O Water Conservation
● Green Infrastructure	re/Better Site Design/Low Impact Development	O Wetland Protection
Other:		○ None
Other	ces targeted during this reporting period:	
2. Specific audienc	ces targeted during this reporting period.	
Public Employees	○ Contractors	
<ul><li>Residential</li></ul>	○ Developers	
<ul><li>Businesses</li></ul>	O General Public	
<ul><li>Restaurants</li></ul>	○ Industries	
• Other:	O Agricultural	
Student		

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

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

SPDES ID

Name	of M	[S4/	Coa	litio	on	City o	of Co	hoes	1														N	Y	R	2	0	А	2	4	3
3. V															e to	o ac	chie	eve	ed	uca	tio	n a	nd	ou	trea	ach	go	als	du	rin	g
○ Co	nstrı	ıcti	on S	Site	Op	oera	ıtor	s T	rain	ed													7	# Tı	aine	ed				$\Box$	
					•																		#	Ma	ilin	gs		$\exists$			
• Kio	osks	ect Mailings sks or Other Displays																			atio	_		Ħ		Ħ	1				
O Lis	t-Se	sks or Other Displays -Serves																			# I	n Li	ist		$\exists$		$\exists$				
○ Ma	iling	-Serves																			# I	n Li	ist		$\exists$		$\exists$				
○ Ne	wspa	ape	r Ao	ds o	or A	Artio	cles																# ]	Day	s Rı	ın					
• Pul	olic	Ev	ents	/Pr	esei	ntat	ion	S															# 4	Atte	nde	es		1	0	5	3
	nool	Pro	ogra	ım																			# 4	Atte	nde	es				Ī	
$\circ$ TV	Spo	ot/F	rog	ran	1																		# ]	Day	s Rı	ın					
									_												To	otal	# D	istri	bute	ed		1	6	5	2
	his reporting period? Check all that apply:  onstruction Site Operators Trained  rect Mailings osks or Other Displays st-Serves ailing List ewspaper Ads or Articles blic Events/Presentations hool Program // Spot/Program inted Materials: Locations (e.g. libraries, town offices, kiosks)  C i t y H a 1 1																														
																		T													
Otl	ner:																														
○ We		age		Pro	ović edec	le s d.	pec	ific	we	b ac	ldre	esse	es -	not	hoi	ne j	page	e. <b>C</b>	Con	tinı	ie o	n ne	ext j	pag	e if	ado	litic	onal	spa	ace	is
UR	L																														
							<u> </u>																					$\dashv$		=	=
						<u> </u>	<u> </u>		<u> </u>																					$\dashv$	4

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

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

SPDES ID

ame c	of M	S4/0	Coa	litio	on C	City o	of Co	hoes															N	Y	R	2	0	А	2	4	3
. W		Pag	ge c	con	't.:		Pro	ovi	de s	spe	cifi	c w	eb	ado	lres	sses	s - r	ot :	hor	ne j	pag	e.									
URL	,																						-		-						
URL																															
	,																														
URL	,																														
URL	,																														
URL	,																														
URL	,	,					1																								
			_				-	-	-	1											L		1		1					_	

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

Name of MS4/Coalition City of Cohoes	SPDES ID           N         Y         R         2         0         A         2         4         3
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMPI III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SV	VMPP in this reporting period.
Insert stormwater information in some City correspondence, and h businesses.	ad direct mailings to some
B. Briefly summarize the observations that indicated the overa Goal.	ll effectiveness of this Measurable
Included a link to the Stormwater Education Facebook page with s of people reached on Facebook was 2647.	tormwater information. Number
C. How many times was this observation measured or evaluate	
D. Has your MS4 made progress toward this Measurable Goal	(ex.: samples/participants/events during this reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in th	● Yes ○ No  e SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation scheduler)	
Continue to include stormwater information in mailings and encound Stormwater Education Facebook page for timely posts about storm infrastructure, and upcoming events.	

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

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

							SPI	DES	ID						
Name of MS4/Coalition City of Cohoes							N	Y	R	2	0	А	2	4	3
<b>Minimum Control Measure 2</b>	. Public	Iı	<b>1V</b> 0	lv	em	en	t/P	ar	<u>tic</u>	ipa	<u>iti(</u>	<u>)n</u>			
The information in this section is being reported (che	eck one):														
• On behalf of an individual MS4															
On behalf of a coalition  How many MS4s contributed to this	report?			1											
1 What amountumities were married for mul-			.4.		<b>:</b> .	1	ا		4~4	<b>!</b>					
1. What opportunities were provided for pub development, evaluation and improvement	-	-				-					_	ran	n		
(SWMP) Plan during this reporting period	l? Check	al	l th	at a	app	oly:									
<ul><li>Cleanup Events</li></ul>								# E	Even	nts					8
<ul> <li>Comments on SWMP Received</li> </ul>							# C	om	men	ıts					0
<ul><li>Community Hotlines</li></ul>	Phone	#	(	5	1	8	)	4	4	7	-	5	6	4	5
Phone # ( )	Phone	#	(				)				_				
Phone # ( ) -	Phone	#	(				)				-				
Phone # ( ) -	Phone	#	(				)				_				
Phone # ( )	Phone	#	(				)				_				
Phone # ( ) -	Phone	#	(				)				_				
O Community Meetings			•				# 1	Atte	nde	es					
○ Plantings								S	Sq. F	Ft.					
O Storm Drain Markings								# <u>C</u>	Orai	ns					
O Stakeholder Meetings							# /	Atte	nde	es					
<ul><li>Volunteer Monitoring</li></ul>								# E	Even	ıts					1
Other:															
2. Was public notice of availability of this and	nual repo	rt	and	l S	tor	mw	ate	er N	<b>⁄Ia</b> i	nag	em	ent	t		
Program (SWMP) Plan provided?	•										•	Ye		0	No
○ List-Serve								# I	n Li	ist					_
O Newspaper Advertising							#]	Day	s Ru	un					
○ TV/Radio Notices							#]	Day	s Rı	un					_
$lackbox{Other:} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	1 M	e	е	t	i	n	g								

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

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

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

SPDES ID

ame o	of M	S4/0	Coal	litio	on C	ity o	of Co	hoes															N	Y	R	2	0	А	2	4	3
. U	RL(	(s)	con	't.:	:					ess(	es)	wł	ere	e no	otic	e(s	) ca	an l	be a	acc	ess	ed	- ne	ot l	on	ıe p	pag	e.			
h	t	t	р	:	/	/	w	w	w		С	0	h	0	е	s		С	0	m	/	С	i	t	_	е	_	А	С	С	е
s	s	/	w	е	b	р	a	g	е		С	f	m	?	Т	I	D	=	3	4	&	Т	Р	I	D	=	9	8	9	8	
URI	Ĺ																														
URI	L						1		1			1											1			1					
URI	L																														
URI																															
URI	L																														
URI	L																														

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

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

SPDES ID

ne of MS4/Coalition	City of Co	hoes														N	Y	R	2	0	A	2	4	
URL(s) con't.: Please provide			ess(	es)	wh	ere	e no	otic	es (	can	be	ac	ces	sec	<b>l -</b> 1	not	ho	me	pa	ge.				
URL																								
JRL																								L
																								F
																								Ė
JRL																								_
JAL .																								
																								Ē
JRL																								_
JRL																								
																								F
																								L
JRL																								L
URL																								_
																								Ī
URL																								_
																								Ē

Name of MS4/Coalition City of Cohoes

### **MS4 Annual Report Form**

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

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

SPDES ID

N Y R 2 0 A 2 4 3

3. W					_						_							_		Sto cun				M	ana	age	me	nt			
Er	nter	ad	dre	ss/	con	itac	t in	fo	and	se	lect	rae	dio	bu	ttor	ı to	inc	dica	ate	wh	ich	do	cum al p							d	
• MS																				Rep			SV	_						nme	nts
]	Dep	artr	nen																												$\neg$
	Е	n	g	i	n	е	е	r	i	n	g		D	е	р	a	r	t	m	е	n	t									
ĺ	Add		S			,			,		_																				$\neg$
	9 City	7		M	0	h	a	W	k		S	t	r	е	е	t						7:									
	CIIS	0	h	0	е	s												Г	N .	Y		Zip 1	2	0	4	7	_ /				
	Pho		11			В												Ľ	LV						1		_				
	(	5	1	8	)	2	3	3	-	2	1	3	1																		
O Libr	ary Add	lres	S														) <b>A</b> :	nnu	al I	Rep	ort		S	WN	IP I	Plar	ı	0	Con	nme	nts
ĺ	100		,																												
L	City	,																				Zip									
	Ĩ																					Ì					_				
]	Pho	ne																_									,				
	(				)				-																						
• Oth	er Add	lres	s														) <b>A</b> :	nnu	al I	Rep	ort		S	WN	IP I	Plar	ı	0	Con	nme	nts
ĺ	1	7	5		G	r	е	е	n		S	t	r	е	е	t		С	0	а	1	i	t	i	0	n		R	m		
Į.	City	,																				Zip									
	Α	1	b	а	n	У													И.	Y		1	2	2	0	7	-				
]	Pho	ne																_											l		
	(	5	1	8	)	4	4	7	-	5	6	4	5																		
• Web	o Pa	ige	UR	L:													) <b>A</b> :	nnu	al I	Rep	ort		S	WN	1P I	Plar	1	0	Con	nme	nts
	W	W	W		S	Т	0	R	М	W	А	Т	E	R	А	L	В	А	N	Y	С	0	U	N	Т	Y		0	R	G	
																															Ħ
[																															닉
					_																										
• eMa		ase	pr	ovi	de	spe	cifi	ic a	ddr	ess	of	pag	ge v	whe	ere	rep	ort	car	ı be	e ac	ces	sed	l - n	ot	hor	ne			Con	nme	nte
			<u></u> .		_	_		_	_			-	_	_	_	_														mie	IIIS
	S	W	С	0	А	L	I	Т	I	0	N	@	A	L	В	Α	N	Y	•	С	0	М									

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

		SPL	DES ID						
Name of MS4/Coalition City of Cohoes		N	YR	2	0	A	2	4	3
4.a. If this report was made available on the internet, what da	nte was it	t po	sted?						
Leave blank if this report was not posted on the internet.	0	4	/ 2	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 submitt	ing a joir	nt re	eport,	ans	we	r 5.	b		
5.a. Was an Annual Report public meeting held in this report	ing perio	od?	•			Ye	es	$\circ$	No
If Yes, what was the date of the meeting?	0	4	/ 2	3	/	2	0	1	9
If No, is one planned?					С	Ye	es	0	No
5.b. Was an Annual Report public meeting held for all MS4s	contribu	ıtin	g to tl	his	rep	or	t dı	ıriı	ıg
this reporting period?					С	Ye	es		No
If No, is one planned for each?					C	Ye	es		No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.					С	Ye	es		No

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

		SPDES ID
Name of MS4/Coalition Circumstance	ty of Cohoes	N Y R 2 0 A 2 4 3
7. Evaluating Progre	ess Toward Measurable Goals MCM 2	
	t on your progress and project plans toward mwater Management Program Plan (SWM onal pages as needed.	
A. Briefly summarize	e the Measurable Goal identified in the	SWMPP in this reporting period.
	b/ Hazardous Waste and Electronics Recyclish information about water quality.	eling. Host Beautification Days.
B. Briefly summarize Goal.	e the observations that indicated the ove	erall effectiveness of this Measurable
Public participation has Education Facebook p	as been relatively strong at events. Have repage.	eached 400 "likes" on Stormwater
C. How many times	was this observation measured or evalua	ated in this reporting period?  (ex.: samples/participants/events
D. Has your MS4 ma	nde progress toward this measurable goa	al during this reporting period?  ● Yes ○ No
E. Is your MS4 on so	chedule to meet the deadline set forth in	
•	e the stormwater activities planned to m g cycle (including an implementation sch	neet the goals of this MCM during
Continue these progra	ams and implement new programs to invol-	ve more residents.

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

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

SPDES ID

Name of MS4/Coalition City of Cohoes	N Y R 2 0 A 2 4 3
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination
The information in this section is being reported (  ● On behalf of an individual MS4  ○ On behalf of a coalition  How many MS4s contributed to the	
1. Enter the number and approx. percent	of outfalls mapped: 105# 100%
2. How many of these outfalls have been so reporting period (outfall reconnaissance	creened for dry weather discharges during this e inventory)?
3.a. What types of generating sites/sewershe reporting period?	eds were targeted for inspection during this
<ul><li>Auto Recyclers</li></ul>	○ Landscaping (Irrigation)
<ul> <li>Building Maintenance</li> </ul>	○ Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
<ul> <li>Construction Vehicle Washouts</li> </ul>	○ Printing
○ Cross-Connections	O Residential Carwashing
O Distribution Centers	<ul><li>Restaurants</li></ul>
○ Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	○ Septic Maintenance
○ Hospitals	<ul><li>Swimming Pools</li></ul>
O Improper RV Waste Disposal	<ul><li>Vehicle Fueling</li></ul>
O Industrial Process Water	<ul> <li>Vehicle Maint./Repair Shops</li> </ul>
Other: E d d y H e a l t h C	○ None   a   r   e     F   a   c   i   l   i   t   y
O Sewersheds:	

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 M	S4/0	Coal	litio	n C	ity o	f Col	hoes															N	Y	R	2	0	A	2	4	3
3.b.\	Wha	ıt ty	ype	s o	f il	lici	t di	iscł	ar	ges	ha	ve	bee	en f	ou	nd	du	rin	g tł	nis I	rep	ort	ting	g pe	erio	od?					
O Bro	oken	Lir	nes	Fro	m S	San	itar	y S	ewe	r			0	Ind	ustr	ial	Co	nne	ctio	ns											
O Cr	oss (	Con	nec	tior	ıs									Infl	OW/	/Inf	iltra	tio	n												
○ Fa	iling	Sej	otic	Sy	ster	ns							0	Pun	np S	Stat	ion	Fai	ilur	e											
O Flo	or E	rai	ns (	Con	nec	ted	То	Sto	orm	Se	wer	S	0	San	itar	y S	ew	er C	)vei	rflo	WS										
• Ille	egal	Duı	mpi	ng									0	Stra	aigh	t P	ipe	Sev	ver	Dis	cha	rge	S								
• Oti	n	i ma	m	a ill	1	di	F sch	e	C res/	e not	s	tial		Noi		onn	nec1	tion	ne h	l l	e h	een	de	tec	ted	l dı	ırir		hic		
	epo		•				3C11	ai g	ÇCS/	ρυι		uai	. 111	cga	11 (	<b>9111</b> .	icci	1101	13 1	ıav	C D	CCII	uc	icc	icu	u	41 II.	ig i	1113		0
																												I.			
5. H	Iow	ma	any	ill	icit	di	sch	arg	ges	hav	ve t	)ee	n c	onf	irn	ned	l dı	ırir	ıg t	this	re	poı	tin	g p	eri	iod	?				0
6. H	Iow erio		any	ill	icit	di	sch	arg	ges/	ille	gal	co	nn	ecti	ion	s h	ave	be	en	eliı	nin	ato	ed o	dur	ing	g th	is 1	ер	orti	ing	
P	CIIO	u.																													0
7. I	<b>Ias</b> 1 f No										_				_					_			_		od?		0	Ye	1	1	No
_		, <sub>1</sub>	P						P					P-					·P·		-0 r								8	0	%
8. I	s the																											Ye			No
	s un f Ye								DIE	OII	LII	e w	en	•														Ye	S	O	No
	lease	pr	ovi	de	spe	cif	ic a	ddı	ess	of	pag	ge v	whe	ere	ma	p(s)	) ca	ın b	e a	cce	sse	d -	not	ho	me	pa	ge.				
UR P		s	ន	W	0	r	d		Р	r	0	t	е	С	t	е	d		R	е	s	t	r	i	С	t	е	d			
h	t	t	р	s	:	/	/	a	С	v	a	r	С	g	i	s		a	1	b	a	n	У	С	0	u	n	t	У	•	C
0	m	/	W	е	b	m	a	р	/																						_
UR	L																														

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

Please	s) coi	1't.:																									
	,		spe	cific	ad	dre	ess	of	pag	ge v	vhe	ere	ma	p(s	s) c	an	be	acc	ess	ed	- n	ot l	hon	ne j	pag	ge .	
JRL				1						1	I	1					1	I									_
																											L
JRL				Τ																							
		_		<u> </u>																							
JRL																											
																											_
JRL																											
				+																							
JRL																											
				+																							
					1 1																						1

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

					SPDES ID			
Name of MS4/Coalition	City of Cohoes				N Y R	2 0 A	2 4 3	3
12. Evaluating Pro	gress Toward Me	asurable Goa	ls MCM 3					
Use this page to repidentified in your St III.C.1. Submit addi	tormwater Manager	ment Program	_	_		_	n Part	
A. Briefly summar	rize the Measurab	le Goal ident	ified in the S	SWMPP i	n this rep	orting po	eriod.	_
Complete, distribut	e, and file IDDE pr	rogram and tra	ack detected a	and elimir	nated illici	t discharg	ges.	
B. Briefly summar Goal.	rize the observatio	ons that indic	ated the ove	rall effect	iveness o	f this Me	asurab	le
Written procedures illicit discharges. W	_					nd elimin	ation of	f
C. How many time	es was this observ	ation measur	ed or evalua	ted in thi	s reportii	ng period	?	L
						.: samples/	participa	
D. Has your MS4	made progress tov	ward this mea	isurable goa	l during t	this repor		od? s     ○ N	lo
E. Is your MS4 on	schedule to meet	the deadline	set forth in t	the SWM	PP?	• Yes	s ON	O
F. Briefly summar the next reporti	rize the stormwate ing cycle (includin	_		_	als of this	s MCM d	uring	_
Periodically review and educate resider requirements.	•	•					arges	

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

		SPD	ES ID					
Name of MS4/Coalition City of Cohoes		N	YR	2	0 A	2	4	3
Minimum Control Measures 4 Construction Site and Post-Constru		_	<u>trol</u>					
The information in this section is being reported (check one):								
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition         How many MS4s contributed to this report?         1     </li> </ul>	-							
1a. Has each MS4 contributing to this report adopted a law, or mechanism that provides equivalent protection to the NYS				•	_	•		
Stormwater Discharges from Construction Activities?	SI DES	J.	nci al	1 61	• Ye		$\circ$ I	No
1b. Has each Town, City and/or Village contributing to this re equivalent to a NYSDEC Sample Local Law for Stormwat Sediment Control through either an attorney cerfification Analysis Workbook?  If Yes, Towns, Cities and Villages provide date of equivalent in the control of th	er Mana or using NYS Sar	agen g the	nent a NYS Y Loca	nnd DE 'es al La	Erosi C Ga O N	ion p		NT
2. Does your MS4/Coalition have a SWPPP review procedure	e in plac	æ?			• Ye	es	$\circ$	No
3. How many Construction Stormwater Pollution Prevention reviewed in this reporting period?	Plans (S	SWI	PPPs)	ha	ve be	en		1
4. Does your MS4/Coalition have a mechanism for receipt an comments related to construction SWPPPs?	d consid	lera	tion o	_	ıblic ● N	o	$\circ$ 1	NT
If Yes, how many public comments were received during this	reporting	g pe	riod?					
5. Does your MS4/Coalition provide education and training f SWPPP process?	or contr	acto	ors ab	out	the l		l • I	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:

O Notices of Violation	#		O No Authority
O Stop Work Orders	#		O No Authority
O Criminal Actions	#		O No Authority
O Termination of Contracts	#		O No Authority
O Administrative Fines	#		O No Authority
O Civil Penalties	#		O No Authority
O Administrative Orders	#		O No Authority
• Enforcement Actions or Sanctions	#	2	
Other	#		○ No Authority

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

Nar	me of MS4/Coalition City of Cohoes N Y R	2 0	) A 2	2 4 3
	Minimum Control Measure 4. Construction Site Stormwater Ru	ınof	f Cor	<u>itrol</u>
The	e information in this section is being reported (check one):			
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?			
1.	How many construction projects have been authorized for disturbances of o during this reporting period?	ne ac	cre or	more 1
2.	How many construction projects disturbing at least one acre were active in during this reporting period?	your	jurisc	diction 3
3.	What percent of active construction sites were inspected during this reporting	ng po	eriod?	
4.	What percent of active construction sites were inspected more than once?		1 0	O NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report Construction Stormwater Inspection Manual?		he NY  No	
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Pro (SWPPPs) of construction projects that are subject to MS4 review and appr	oval		ans
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made public review?	avai		
	If Yes, use the following page to identify location(s) where SWPPPs can be acce	ssed.		

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

																			_			SPI	DES	ID						
Name	of M	S4/C	Coalit	ion	City	of Co	hoes	S														N	Y	R	2	0	A	2	4	3
6. co			ıddit	iona	al pa	age	s as	s ne	ede	ed.																				
• MS	54/C	oali	tion	Offi	ce																									
	Dep																													
	E	n	g j	i n	е	е	r	i	n	g		D	е	р	a	r	t	m	e	n	t									
	Add	ress																												
	9	7	M	o l	h	a	W	k		S	t	r	е	е	t															
	City																_	_			Zip					1				
	С	0	h c	е	s												N	1 7	ζ		1	2	0	4	7	<b>-</b>				
	Phor			٦.				1					1																	
	(	5	1 8	3 )	2	3	2	-	2	1	3	1																		
O Lib	rary																													
	Add	ress			1				1				1								1									
	City			_	_																Zip			1		1				
																										<b>-</b>				
	Phor	ne		٦,				]					1																	
	(			)				-																						
O Oth	ner																													
	Add	ress																												
	City																		_		Zip									
																										-				
	Phor	ne						1					1						_											
	(			)				-																						
○ We	h Pa	σe Ì	IIRI	(e)·	P	169	ce n	rov	ide	ene	cifi	ic a	ddr	200	wh	oro	CW/	'DD	De 1	ran	be a	2006	2000	d -	not	ho	me	naa	Δ	
	URL	igc	UKL	(3).	1	ica	sc p	лον	iuc	spc	CIII	ic a	uur	CSS	WII	J1 C	D 11	11.	150	Jan	oc a	icci	Jose	u -	пос	1101	inc	pag	C.	
				+																										
		_	_		<u> </u>																									
	URL																													
	$\vdash$		+																											
	$\vdash$	+	+																											

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

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

SPDES ID

Name of MS4/Coalition	City of Cohoes	N Y R 2 0 A 2 4 3
7. Evaluating Pro	gress Toward Measurable Goals MCM 4	
identified in your St	ort on your progress and project plans toward tormwater Management Program Plan (SWM tional pages as needed.	
A. Briefly summar	rize the Measurable Goal identified in the	SWMPP in this reporting period.
Document construc	ction site inspection and enforce procedures.	
B. Briefly summar Goal.	rize the observations that indicated the over	erall effectiveness of this Measurable
	ures by identifying who is responsible for wl ems noted in inspections were corrected mor	
C. How many time	es was this observation measured or evalua	ated in this reporting period?
		(ex.: samples/participants/events
D. Has your MS4	made progress toward this measurable go	al during this reporting period?
F Is your MS4 on	schedule to meet the deadline set forth in	● Yes ○ No the SWMPP?
E. Is your WIS4 on	schedule to meet the deadinic set forth in	• Yes O No
•	rize the stormwater activities planned to ming cycle (including an implementation sch	
	l inspection reports and resolve construction procedures to ensure they are accurate.	site issues as quickly as possible.

R e v i s e d

### **MS4 Annual Report Form**

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

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

II SUDIIIIU	ng uns iorm as p	art of a joint rep	on on benail of	a coantion leave SP	
	City of Cohoes			SPDES II N Y R	
Name of MS4/Coalition	n City of Conoes			NIR	. 2 0 A 2 4 3
Minimum	Control Mea	asure 5. Post	-Constructio	on Stormwater	<u>Management</u>
The information in the	nis section is bein	ng reported (chec	ck one):		
<ul><li>On behalf of an inc</li><li>On behalf of a coa</li></ul>					
How m	nany MS4s cont	cributed to this	report?	1	
1. How many and MS4/Coalition i				anagement practice reporting period?	s has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	ces				
• Filter Systems		6			
• Infiltration Basins		1			
Open Channels					
Ponds		1 0	2	2	
○ Wetlands					
Other		1	1		
2. Do you use an BMPs, inspecti		, ,	abase, spreads	heet) to track pos	t-construction ● Yes ○ No
3. What types of Development/I		-		-	<b>Impact</b>
O Building Codes	O Municipal C	Comprehensive P	lans		
Overlay Districts	Open Space	Preservation Pro	ogram		
<ul><li>Zoning</li></ul>	• Local Law o	or Ordinance			
○ None	O Land Use R	egulation/Zoning			
O Watershed Plans	Other Comp	rehensive Plan			
• Other:					

G r e e n

I n f r a

for

C o d e

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

		S.	PL	ES	Ш						
Nar	me of MS4/Coalition City of Cohoes	1	1	Y	R	2	0	A	2	4	3
4a.	. Are the MS4s contributing to this report involved in a regional/w	vatershed	W	ide	e pl	ann	_				
								Υe	es	0	No
<b>4</b> b.	. Does the MS4 have a banking and credit system for stormwater	managem	eı	nt p	rac	ctic	es?				
	,	J		•				Υe	es		No
4c.	Do the SWMP Plans for each MS4 contributing to this report inc and approval of banking and credit of alternative siting of a stor	_					t pr	ract	ice	?	No
<b>4d</b> .	. How many stormwater management practices have been implem	nented as	pa	ırt	of t	his	sys	ten	ı in	thi	is
	reporting period?									0	
5.	What percent of municipal officials/MS4 staff responsible for pro-	ogram im	a)	lem	ent	tati	on a	atte	nde	ed	
	training on Low Impace Development (LID), Better Site Design (	0	-								
	Infrastructure principles in this reporting period?									0	%

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

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

SPDES ID

Name of MS4/Coalition	City of Cohoes	N Y R 2 0 A 2 4 3
6. Evaluating Pro	gress Toward Measurable Goals MCM 5	
o. Lyanaamg 110	gress Toward Mediana Godis Men 2	
identified in your St	ort on your progress and project plans toward formwater Management Program Plan (SWM tional pages as needed.	
A. Briefly summar	rize the Measurable Goal identified in the S	SWMPP in this reporting period.
Passed New G.I. pla	anning. Have reduced number of parking spa	ces.
B. Briefly summar Goal.	rize the observations that indicated the ove	rall effectiveness of this Measurable
to include green inf	model local law and posted a revised local law rastructure practices in new construction proj added more green spaces.	
C. How many time	es was this observation measured or evalua	ted in this reporting period?
		1
D. H MCA		(ex.: samples/participants/events
D. Has your MS4 i	made progress toward this measurable goa	• Yes ○ No
E. Is your MS4 on	schedule to meet the deadline set forth in	the SWMPP?
		• Yes O No
•	rize the stormwater activities planned to moing cycle (including an implementation sch	S S
City comp. plan is b	being updated to include G.I. and better site d	esign

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

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

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

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

The information in this section is being reported (check one):		
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>		
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.

**Self-Assessment** 

Operation/Activity/Facility performed within the past 3 **Operation/Activity/Facility** vears? Addressed in SWMP? Street Maintenance..... 9 Yes ○ No ...... • Yes  $\bigcirc$  No Bridge Maintenance.... 

• Yes ○ No ..... • Yes  $\bigcirc$  No Winter Road Maintenance.... 

• Yes ○ No ..... • Yes  $\bigcirc$  No Salt Storage..... • Yes ○ No ..... • Yes  $\bigcirc$  No Solid Waste Management..... O Yes ● No ...... ○ Yes  $\bigcirc$  No ● No ..... ○ Yes New Municipal Construction and Land Disturbance.. O Yes  $\bigcirc$  No ● No ..... ○ Yes Right of Way Maintenance..... O Yes  $\bigcirc$  No ● No ..... ○ Yes Marine Operations.... O Yes  $\bigcirc$  No Hydrologic Habitat Modification..... O Yes ● No ..... ○ Yes  $\bigcirc$  No ○ No Yes  $\bigcirc$  No Parks and Open Space.... 

Yes ○ No ..... • Yes Municipal Building..... • Yes  $\bigcirc$  No  $\bigcirc$  No Stormwater System Maintenance..... • Yes ○ No ..... • Yes ○ No ..... • Yes  $\bigcirc$  No Vehicle and Fleet Maintenance..... • Yes  $\bigcirc$  No Other..... O Yes

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

	SPDES ID			
Name of MS4/Coalition City of Cohoes	NYR2	0 A	2 4	1 3
2. Provide the following information about municipal operation	ions good housekeep	oing pr	ogra	ms:
• Parking Lots Swept (Number of acres X Number of times swep	t) # Acres			3
• Streets Swept (Number of miles X Number of times swept)	# Miles	1	4 7	4
<ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>	#		1 6	6
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#			1
O Phosphorus Applied In Chemical Fertilizer	# Lbs.			
O Nitrogen Applied In Chemical Fertilizer	# Lbs.			
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	# Acres umber of			•
3. How many stormwater management trainings have been p during this reporting period?	provided to municipa	al empl	loyee	2 <b>s</b>
4. What was the date of the last training?	0 4 / 1 9	]/[2	0 1	. 8
5. How many municipal employees have been trained in this	reporting period?			1
6. What percent of municipal employees in relevant positions stormwater management training?	s and departments r	eceive	1 0	%

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

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

SPDES ID

Name of MS4/Coalition	City of Cohoes	N Y R 2 0 A 2 4 3
7 Familia dia 2 Dag	TI M	
7. Evaluating Pro	gress Toward Measurable Goals MCM 6	
identified in your St	ort on your progress and project plans toward tormwater Management Program Plan (SWMI tional pages as needed.	
A. Briefly summar	rize the Measurable Goal identified in the S	WMPP in this reporting period.
	e reporting is on going. Catch basin cleaning to wns. The City of Cohoes hopes to achieve go	
B. Briefly summar Goal.	rize the observations that indicated the over	rall effectiveness of this Measurable
More developers ar	re aware of the green infrastructure goals.	
C. How many time	es was this observation measured or evalua	ted 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 t	
•	rize the stormwater activities planned to me ing cycle (including an implementation sch	
Student interns will	be aiding in facility audits as well as O.R.I. is	nspections

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

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

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

<u>Minir</u>	<u>num Control Measure 1. Public Ed</u>	ucation and Outreach						
<ul><li>On behalf of an indi</li><li>On behalf of a coali</li></ul>		1						
1. Targeted Public	Education and Outreach Best Manageme	ent Practices						
Check all topics that	were included in Education and Outreach du	uring this reporting period:						
<ul><li>Construction Sites</li></ul>		Pesticide and Fertilizer Application						
• General Stormwater	Management Information	• Pet Waste Management						
O Household Hazardon	us Waste Disposal	○ Recycling						
O Illicit Discharge De	tection and Elimination	Riparian Corridor Protection/Restoration						
• Infrastructure Main	tenance	○ Trash Management						
<ul><li>Smart Growth</li></ul>		<ul> <li>Vehicle Washing</li> </ul>						
O Storm Drain Markin	ng	O Water Conservation						
○ Green Infrastructure	e/Better Site Design/Low Impact Development	O Wetland Protection						
Other:  Coalitti		O None  t Y o u C a n D o						
2. Specific audience	ces targeted during this reporting period:							
Public Employees	Contractors							
<ul><li>Residential</li></ul>	O Developers							
<ul><li>Businesses</li></ul>	• General Public							
○ Restaurants	○ Industries							
• Other:	○ Agricultural							

i t i

o n

i

t

W e b s

o a 1

С

1

а

G e n

Other

e r

u b

1 i

С

Name of MS4/Coalition

## **MS4 Annual Report Form**

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

Stormwater Coalition of Albany County

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

SPDES ID

Y R 2 0

3. V	Vha nis 1			_			-								se t	o a	chi	eve	e ed	luca	atio	n a	nd	ou	tre	ach	ı go	als	du	ırin	ıg
• Co	nstrı	ıcti	on	Site	O	era	tors	s Tı	rain	ed														# Tı	rain	ed				4	7
O Dir	ect	Ma	ilin	gs																			#	Ma	ilin	gs					
• Kio	osks	or	Oth	ner l	Dis	play	/S																# ]	Loc	atio	ns					7
• Lis	t-Se	rve	S																					# I	n L	ist			1	8	1
○ Ma	iling	g L	ist																					# I	n L	ist					
○ Ne	wspa	ape	r A	ds o	or A	Artic	cles																# :	Day	s Rı	un					
• Pul	olic	Ev	ents	s/Pr	esei	ntat	ions	S															# .	Atte	nde	es				8	4
	nool	Pro	ogra	am																			# .	Atte	nde	es					
$\circ$ TV	Spo	ot/F	rog	gran	1																		# :	Day	s Rı	un					
• Pri																					Т	otal	# D	istri	ibut	ed				5	6
	Loca	tion r	is (e	g. li	ibrai e	ries, n	tow	n of	fices t	, kio i			Н	a	n	d	0	u	t	s											
	2		C	W	Р	11	W	e	b	C	a	s	t	s	11	<u>а</u>		<u>u</u>													
	Н	R	W	s	h	е	_	A	1	1	i		n	C	e		P	r	e	s											
	S	t	0	r	m	М				_	P	a		r	0	0	n	C		k											
<ul><li>Otl</li></ul>	$\sqcup \sqcup$				111	1*1	а	р	g			а		_	0		11			1,7											
	2		С	W	Р		W	е	b	С	а	s	t	-	A	r	С	h	i	v											
● We		age	:		ovio		peci	ific	we	b ac	ddr	esse	es -	not	ho	me	pag	ge.	Cor	ntin	ue o	n n	ext	pag	ge if	ad	diti	ona	l sp	ace	is
W	7 W	W		s	t	0	r	m	W	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У		0	r	g		
UR	L											_		_			_														
			<u> </u>	<u> </u>													+	<u> </u>													
			<u> </u>	<u> </u>			<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>			+	+		<u> </u>											

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

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

	 SPD.	ES	ID				
Name of MS4/Coalition Stormwater Coalition of Albany County	N Z	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 rep	oorting 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).

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.

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

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						N	Y	R	2	0				
Minimum Control Measure 2. 1	Public Ir	1 <b>V</b> (	lve	em	<u>en</u>	t/P	ar	tici	ipa	<u>atic</u>	<u>on</u>			
The information in this section is being reported (check	one):													
<ul> <li>On behalf of an individual MS4</li> <li>● On behalf of a coalition</li> <li>How many MS4s contributed to this re</li> </ul>	port?	1	1											
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	f the Stori	nw	ate	r N	<b>Ta</b> ı	nag				-	ran	n		
○ Cleanup Events							# F	Even	ts					
<ul> <li>Comments on SWMP Received</li> </ul>						# <b>C</b>	Com	men	ts					0
<ul><li>Community Hotlines</li></ul>	Phone #	(	5	1	8	)	4	4	7	_	5	6	4	5
Phone # ( )	Phone #	(				)				_				
Phone # ( )	Phone #	(				)				<b>-</b>				
Phone # ( )	Phone #	(				)				<b>-</b>				
Phone # ( )	Phone #	(				)				_				
Phone # ( )	Phone #	(				)				_				
O Community Meetings						# .	Atte	nde	es					
○ Plantings							5	Sq. F	₹t.					
O Storm Drain Markings							# I	Orair	ns					
O Stakeholder Meetings						# .	Atte	nde	es					
<ul><li>Volunteer Monitoring</li></ul>							# E	Even	ts					4
Other: PublicComments	Joi	n	t	D	R	А	F	Т	M	S	4	P	m	t
2. Was public notice of availability of this annu- Program (SWMP) Plan provided?	al report	and	d St	tori	mw	ato	er I	Mai	nag	_	ien Ye		0	No
• List-Serve							# I	n Li	st				3	4
O Newspaper Advertising						# :	Day	s Ru	ın					
○ TV/Radio Notices						# :	Day	s Ru	ın					
O4														

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

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

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

ne o	f M	S4/0	Coa	litio	n S	torm	wate	r Co	alitio	n of	Alba	ny C	Count	У									N	Y	R	2	0			
Ple	eas			't.: 'ide		eci	fic	ad	dre	ess(	es)	wh	iero	e no	otic	e(s	) ca	an l	be a	acc	ess	ed	- ne	ot l	ion	ne j	pag	e.		
URL W	w	W		s	t	0	r	m	w	а	t	е	r	а	1	b	а	n	v	С	0	u	n	t	У		0	r	g	Τ
		•••					<u> </u>										<u> </u>		1										رد	÷
																														+
URL																														_
UKL																														Τ
																														Ť
																														t
URL																														_
																														Ť
																														Ť
JRL	,						-	-	-			-		-		-							-				-			_
URL																														
URL	,							1			<u> </u>	1		1		I		I		<u> </u>		<u> </u>	I			<u> </u>	I			_
																														Ļ
4																														$\perp$

Name of MS4/Coalition

## **MS4 Annual Report Form**

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

Stormwater Coalition of Albany County

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

3. W	ne: rog				_													-	_					M	ana	age	me	nt			
Eı	nter	ad	dre	SS/	con	tac	t in	fo	and	se	lect	tra	dio	bu	ttor	ı to	inc	dica	ate	wh	ich	do	cun	nen	t is	av	aila	ıble	ar	ıd	
$\mathbf{w}$	hetl	ner	coi	nm	nent	ts n	nay	be	sub	omi	itte	d at	t th	at l	oca	tio	1. \$	Sub	mi	t ac	ldit	ion	al p	oag	es a	as n	ieec	led			
• MS					ffic	e											A	nnu	al l	Rep	ort		S	WN	<b>1</b> P 1	Plar	1	• (	Cor	nm	ents
	Dep						1					_			_							_	-	,		1			T	1.	
	S	t	0	r	m	W	a	t	е	r		С	0	a	1	i	t	i	0	n	_	A	1	b	a	n	У	С	n	t	У
	Add	ress	5		<u> </u>	70			<u></u>		C	_	70			_		<u> </u>	200	_		тт		_	7	_	h	Ъ	1	٦	~
	1 City		5		G	r	е	е	n		S	t	r	е	е	t	_	С	n	t	У	H Zip	е	a	1	t	h	В	1	d	g
	A	1	b	a	n	У													N :	Y		1	2	2	0	2	_				
	∟∟ Pho	ne				_												L									1				
	(	5	1	8	)	4	4	7	-	5	6	4	5																		
O Libi	rary Add	, 															) <b>A</b>	nnu	al l	Rep	ort	(	> <b>S</b> `	WN	<b>1</b> P 1	Plar	1	$\circ$	Cor	nm	ents
	Add	iress	\$   																												
	City																					 Zip									
																											-				
	Pho	ne																_									1				
	(				)				-																						
Oth	er																) <b>A</b>	nnu	al l	Rep	ort	(	⊃ <b>S</b> `	WN	1P 1	Plar	1	01	Cor	nme	ents
	Add	lress	S																												
	<u> </u>																														
	City	7																Г				Zip					l _ '				
	 Pho	ne																L									ı				
	(				)				_																						
	\				,									J																	
• Wel	o Pa	age	UR	L:													) A	nnu	al l	Rep	ort		S	WN	1P ]	Plar	1	• (	Cor	nm	ents
	W	W	W	•	s	t	0	r	m	W	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У		0	r	g	
	Ple	ase	pre	ovi	de.	sne	cif	ic a	ddr	ess	of	na	ge v	whe	ere	ren	ort	car	l 1 be	 - ac	ces	sec	l - r	L	hor	ne.	pag	re.			
• eMa		usc	L,	J 11		SPC	· • 11	. C U			. 01	Pu	<b>⊳</b> ~ '	,,110		. ~P	J1 t	Jui		· uc			. 1	.01	.101	.110	rue		Cor	nme	ents
	s	w	С	0	a	1	i	t	i	0	n	@	a	1	b	а	n	У	С	0	u	n	t	У		С	0	m			

This report is being submitted for the reporting period ending March 9,  $\boxed{2}$ 

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

	<u> </u>	SPL	<u> JES IL</u>	)				
Name of MS4/Coalition Stormwater Coalition of Albany County	]	N	Y R	2	0			
4.a. If this report was made available on the internet, what date	e was it	po	sted	•				
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	ıg a join	t r	eport,	ans	swe	r 5.b	<b>).</b> .	
5.a. Was an Annual Report public meeting held in this reporting	ng perio	d?			C	Yes	S	○ No
If Yes, what was the date of the meeting?			/		]/			
If No, is one planned?					С	Yes	S	○ No
5.b. Was an Annual Report public meeting held for all MS4s co	ontribu	tin	g to t	his	_			
this reporting period?					С	Yes	S	No
If No, is one planned for each?					С	Yes	S	• No
6. Were comments received during this reporting period?					С	Yes	S	• No
If Yes, attach comments, responses and changes made to								
SWMP in response to comments to this report.								

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

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

	 SPD.	ES	ID				
Name of MS4/Coalition Stormwater Coalition of Albany County	N Z	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	d?
---	----

				1	
(ex.: samp	les/	part	ici	pant	s/events

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

Yes	0	No

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

• Yes •
---------

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

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.

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

Stormwater Coalition of Albany County

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

N Y R 2 0

Name	of M	S4/C	oaliti	on_3	tomiwat	ei Co	anuon	OI A	ibany	_	Ounty										N	Y	R	2	U			
	$\underline{\mathbf{N}}$	<u> Iini</u>	mur	<u>n C</u>	Contr	ol	Mea	asu	re_	3.	. I	llic	cit_	Di	isc	<u>har</u>	·ge	e D	<u>ete</u>	<u>cti</u>	<u>on</u>	an	ıd ː	<u>Eli</u>	<u>mi</u>	na	<u>tio</u>	<u>n</u>
The in	nfor	mati	on in	this	section	n is	bein	ıg re	por	te	d (c	he	ck (	one	):													
○ On • On		alf c	f a co	oalit				ribu	ted	. to	o th	is 1	rep	ort	? [		1	1										
1. E	nte	r th	e nui	mbe	er and	l ap	pro	х. р	erc	er	nt o	f o	utf	all	s n	nap	peo	d:						#				%
			•		ese ou (outf											•	W	eat	her	dis	scha	arg	es (	dur	ing	th [	is	
		•	pes o g per	_	enera ?	ting	site	s/se	ewe	rs	shed	ls '	we	re	tar	gete	ed :	for	ins	peo	ctio	n d	ur	ing	thi	S		
0	Aut	to R	ecycl	ers								0	Laı	nds	cap	oing	(Ir	riga	ation	1)								
0	Bui	lding	g Ma	inte	nance							0	Ma	ırin	as													
0	Chu	ırch	es									0	Me	etal	Pla	atein	ıg (	Эре	eratio	ons								
0	Coı	nme	rcial	Car	washe	S						0	Ou	tdo	or	Flui	d S	tor	age									
0	Coı	nme	rcial	Lau	ndry/[	ry	Clear	ners				0	Paı	rkir	ng l	Lot ]	Ma	inte	enan	ce								
0	Coı	ıstru	ction	Vel	nicle V	Vas	houts	3				0	Pri	nti	ng													
0	Cro	oss-C	Conne	ctio	ns							0	Re	sid	enti	al C	Carv	was	shing	5								
0	Dis	tribu	ition	Cen	ters							0	Re	stai	ıra	nts												
0	Foo	od P	roces	sing	Facili	ties						0	Scl	100	ls	and	Un	ive	rsitie	es								
0	Gaı	rbag	e Tru	ck V	Vasho	ıts						0	Sep	otic	M	laint	ena	ince	e									
0	Hos	spita	ls									0	Sw	'im	mir	g P	ool	S										
0	Imp	orope	er RV	Wa	ste D	ispo	sal					0	Ve	hic	le ]	Fuel	ing											
0	Ind	ustri	al Pro	oces	s Wat	er						0	Ve	hic	le I	Mair	nt./I	Rep	air	Sho	ps							
0	Oth	er:										0	No	ne														
0	Sev	versl	neds:																									

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 M	S4/0	Coal	litio	n S	torm	wate	r Coa	alitio	n of .	Alba	ny C	ount	У									N	Y	R	2	0				
3.b.	Wha	at ty	ype	s o	f il	lici	t di	iscł	ıar	ges	ha	ve	bee	en f	ou	nd	du	rin	g tl	nis	rep	ort	ing	g pe	erio	od?	ı				
○ Bı	oken	Lir	nes	Fro	m S	San	itar	y S	ewe	r				Ind	ustr	ial	Co	nne	ctio	ns											
○ C1	oss	Con	nec	tior	ıs									Infl	OW/	/Inf	iltra	atio	n												
○ Fa	Failing Septic Systems  O Pump Station Failure  O Floor Drains Connected To Storm Sewers  O Sanitary Sewer Overflows																														
○ Fl	oor I	Orai	ns (	Con	nec	ted	То	Sto	orm	Se	wer	s	0	San	itar	y S	lew	er (	)ve	rflo	ws										
$\circ$ III	egal	Dui	mpi	ng									0	Stra	aigh	nt P	ipe	Sev	ver	Dis	cha	rge	s								
	Other:  None  How many illicit discharges/potential illegal connections have been detected during this reporting period?																														
			•				sch	arg	ges/	pot	ten	tial	ill	ega	l c	onr	1ec1	tior	is h	av	e b	een	de	tec	ted	l dı	ıriı	ıg t	his	;	
,	repo	1 111	ıg I	Jer.	IOU	. <b>é</b>																									
<b>5.</b> ]	How	ma	any	ill	icit	di	sch	arg	es	hav	ve l	oee	n c	onf	irn	ned	l dı	ıriı	1g (	this	re	poi	tin:	ıg p	eri	iod	?				
																						_									
	6. How many illicit discharges/illegal connections have been eliminated during this reporting period?																														
<b>7.</b> ]	7. Has the storm sewershed mapping been completed in this reporting period?   Yes O No If No, approximately what percent was completed in this reporting period?																														
]	If No	, ap	pro	oxi	mat	tely	wł	hat	per	cen	ıt w	as	cor	npl	ete	d ir	th	is r	epo	rtii	ng p	peri	od'	?							%
<b>8.</b> ]	ls th	e al	bov	e i	nfo	rm	atio	on :	ava	ila	ble	in	GI	S?														Υe	es	0	No
]	ls th	is iı	nfo	rm	ati	on	ava	ila																			•	Υe	es		No
	lf Ye leas	-							<b>:</b> 000	of	200	70.1	who	ro	ma	n(s	) 00	n h		000	000	d	not	- ho	mo		.00				
	RL	- pi	OVI	ue	spc	C11.	ic a	luui	CSS	OI	Paş	30 '	WIIC		IIIa	h(s	,	ui U	ic a		330	u -	1100	. IIC	71110	ра	ge.				
]	⊇ a	s	s	W	0	r	d		Р	r	0	t	е	С	t	е	d		R	е	s	t	r	i	С	t	е	d			
]	n t	t	р	s	:	/	/	a	С	V	а	r	С	g	i	s		а	1	b	a	n	У	С	0	u	n	t	У	•	С
(	0	m	/	W	е	b	m	a	р	/																					
UI	RL																														
																														=	
L																														_	

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

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

	_	SPL	DES	ID.				
Name of MS4/Coalition Stormwater Coalition of Albany County		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?
	(ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goal durin	ng this reporting period?
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SW	MPP?
	● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the 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.

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

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

		SPL	DES	ID				
Name of MS4/Coalition	Stormwater Coalition of Albany County	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 Contruction Site Inspection Form to interested MS4s. OTHER: 3. Co-sponsor with ACSWCD, 1 4hr E/SC training for Construction Site Operators; distribute promotional material to Coalition members for distribution to their contacts; post training info on Coalition website; pay tuition(s) as needed, funds permitting.

#### 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?
	(ex.: samples/participants/events
D.	Has your MS4 made progress toward this measurable goal during this reporting period?
	$lacktriangle$ Yes $\bigcirc$ No
E.	Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
	○ Yes ● No
F.	Briefly summarize the stormwater activities planned to meet the goals of this MCM during

the next reporting cycle (including an implementation schedule).

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.

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

	CDD	EC ID
	SPDE Stormwater Coalition of Albany County  N Y	R 2 0
ame of MS4/Coalition	1 1 1 1	
se this page to rep entified in your St	port on your progress and project plans toward achieving meatormwater Management Program Plan (SWMPP), including litional pages as needed.	<u> </u>
. Briefly summaı	rize the Measurable Goal identified in the SWMPP in th	is reporting period.
nventory/mapped; NewScotland/Ci-A after NYSDEC Ma	ete field work-system and program map'g (outfalls-corrected; muni facilities inventory/mapped); finalize data/post on Swalb/VGrnIs); 2. Use Survey123 to develop PC SMP inspection intenance Guidance - SW Mgmt Practices 3. Purchase/load/Form(s) to interested M	VIM (AlbCnty/T- on form(s) modeled
3. Briefly summar Goal.	rize the observations that indicated the overall effectiven	ess of this Measurable
•	m and program mapping completed and data posted on SwIM v/Albany, and V/Green Island. 2. No Survey123/Collector And P inspections.	
C. How many time	es was this observation measured or evaluated in this rep	1
•		(ex.: samples/participants/
-	nes was this observation measured or evaluated in this rep	(ex.: samples/participants/
D. Has your MS4 1		(ex.: samples/participants/oreporting period?  ● Yes ○ No
D. Has your MS4 in the second of the second	made progress toward this measurable goal during this	(ex.: samples/participants/oreporting period?  • Yes • No  • Yes • No

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

	SPI	DES ID					
Name of MS4/Coalition Stormwater Coalition of Albany County	N	Y R	2	0			
2. Provide the following information about municipal operations	good h	ousek	eepi	ing p	rogi	am	ıs:
O Parking Lots Swept (Number of acres X Number of times swept)		# Acı	es				
O Streets Swept (Number of miles X Number of times swept)		# Mi	les				
O Catch Basins Inspected and Cleaned Where Necessary			#				
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>			# [				
O Phosphorus Applied In Chemical Fertilizer		# Ll	os.				
O Nitrogen Applied In Chemical Fertilizer		# Ll	os.				
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)		# Acre	s			]•[	
3. How many stormwater management trainings have been provide	ded to	muni	cipal	l emr	olov	ees	
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 report	rting p	eriod	?				2
6. What percent of municipal employees in relevant positions and stormwater management training?	depar	tment	s re	ceive		0	%

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

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

		_	SPI	DES	ID.				
Name of MS4/Coalition	Stormwater Coalition of Albany County		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 from 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 inhouse trainings.

C. How many times was this observation measured or evaluated in this reporting period	C. F	How many	times was	this observa	ation measured	d or evaluated	l in this	reporting period	1?
---	------	----------	-----------	--------------	----------------	----------------	-----------	------------------	----

					0	
:	samp	les/	part	ici	pant	s/events

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

Yes		No
168	$\sim$	INO

(ex.

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

-	<b>T</b> 7	
(	Yes	
_	100	$\bigcirc$ No

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

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.

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

		SPL	)ES	ID						
Name of MS4	Town of Colonie	N	Y	R	2	0	А	1	9	0

Each MS4 must submit an MCC form.

## **Section 1 - MCC Identification Page**

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

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

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

If Joint Report, enter coalition name:

S	t	0	r	m	w	а	t	е	r	С	0	а	1	i	t	i	0	n	0	f	A	1	b	а	n	У
С	0	u	n	t	У																					

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  9

	_	SPD	<b>ES</b>	ID						
Name of MS4 Town of Colonie		N	Y	R	2	0	A	1	9	0

### **Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	st Na	ıme														MI		Las	t Na	ame										
Р	а	u	1	a												А		М	a	h	а	n								
Titl	e																													
S	u	р	е	r	v	i	ល	0	r																					
Add	lres	S																												
5	3	4		L	0	u	d	0	n		R	0	a	d																
							•		•																					 
City	y																			S	tate		Zip	)						
City N	e	w	t	0	n	v	i	1	1	е												Y	Zip 1	2	1	2	8	_		
	е	W	t	0	n	v	i	1	1	е															1	2	8	_		
N	е	w	t	o	n	v	i	1	1	e @	С	0	1	0	n	i	е		0						1	2	8	<b>-</b>		
N eMa	e ail u										С	0	1	0	n	i		·		r	1 .				1	2	8	] <b>-</b>		

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  9

	_	SPD	<b>ES</b>	ID						
Name of MS4 Town of Colonie		N	Y	R	2	0	A	1	9	0

#### **Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	st Na	ame														MI		Las	t Na	ıme										
J	0	h	n													Н		С	u	n	n	i	n	g	h	a	m			
Titl	e																													
С	0	m	m	i	s	s	i	0	n	е	r		0	f		Р	u	b	1	i	С		W	0	r	k	s			
Add	dres	s																												
3	4	7		0	1	d		N	i	s	k	a	У	u	n	a		R	0	a	d									
City	y																			S	tate		Zip							
															l .	l		l						1	1	1	1	1		
L	a	t	h	a	m															1	1 7	Y	1	2	1	1	0	-		
L eMa		t	h	a	m															1	1 7	Y	1	2	1	1	0	_		
		t n	h n	a	m n	g	h	a	m	j	@	С	0	1	0	n	i	е	•	0	ı r	g	1	2	1	1	0	<b>-</b>		
eMa	ail u					g	h	a	m	j	@	С	0	1	0	n		e Cou		0			1	2	1	1	0	<b>-</b>		

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  9

	_	SPL	)ES	ΙD						
Name of MS4 Town of Colonie		N	Y	R	2	0	A	1	9	0

### **Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	st Na	ame													_	MI	_	Las	t Na	ame												
J	0	h	n													J		D	Z	i	a	1	0									
Titl	e																															
S	t	0	r	m	W	a	t	е	r		М	a	n	a	g	е	m	е	n	t		С	0	0	r	d	i	n	a	t	0	r
Add	dres	s																														
3	4	7		0	1	d		N	i	s	k	a	У	u	n	a		R	0	a	d											
City	У																			S	tate		Zip	)			_	_				
City	a	t	h	а	m																	Y	Zip	2	1	1	0	_				
	a	t	h	a	m																				1	1	0	_				
L	a	t	h	a 1	m	j	@	С	0	1	0	n	i	е		0	r	g							1	1	0	<b>-</b>				
L eM	a ail z					j	@	С	0	1	0	n	i	е	•	0		g Cou	inty	1					1	1	0	_				

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

		_																				SPL	DES	ID						
Name of	MS	S4_	Γow	n of (	Colo	nie																N	Y	R	2	0	А	1	9	0
Section	1 3	- F	ar	tn	er	Inf	for	ma	atio	on																				
Did your period?											to c	com	ple	te s	om	e oı	all	per	mit	rec	quir	eme	ents	s du	ring		is re	_		g No
If Yes, co	omp	olet	e iı	nfo	rma	atio	n b	elo	w.																					
Subm									-							-												•		
accep coalit			•				-																				he			
If No, pro							-										101	cac	/11 1	<b>V1</b> D-	Т 111	LIIV		Juii	tioi	1.				
Partner/Co																														
Sto		m		a	t	е	r		С	0	a	1	i	t	i	0	n		0	f										
Partner/Co	aliti	on l	Van	ne (c	on't	t.)																SPI	DES	Par	tne	r ID	- If	app	lica	ble_
A l b	a	n	У		C	0	u	n	t	У												N	Y	R	2	0				
Address																														_
1 7 5		G	r	е	е	n		S	t	r	е	е	t	_	С	0	u	n	t	У	Н	е	а	1	t	h	В	1	d	g
City																		1 [	ate		Zip					ŀ			$\overline{}$	$\neg$
A l b	a	n	У															N	1   A		1	2	2	0	2	-				
eMail													_	1_			I		_			_								$\neg$
N a n	С	У	•	Η	е	i	n	Z	е	n	@	a	1	b	a	n	У	С	0	u	n	t	У	n	У	•	g	0	V	
Phone <b>(</b> 5 1	8	1	4	4	7	]_	5	6	4	5								gall th G									dan		$\bigcirc$	No
(   3   1		,															WI	ui O	rP-U	-08	-002	. Pa	rt I v	V .G.			Ye	<b>:</b> S	<b>O</b> .	NO
What tas	ks/1	esp	on	sib	iliti	ies	are	sha	arec	l w	ith	this	s pa	ırtn	er (	(e.g	g. N	IM	1 S	cho	ol l	Pro	gra	ms	or	Μu	ıltip	ole '	Γas	ks)ʻ
• MM1	Р	u	b	1	i	С	a	t	i	0	n	s	_	Р	r	0	g	r	a	m	s	-	W	е	b	s	i	t	е	
• MM2	S	W	M	Р	D	0	С	-	А	R	Р	u	b	1	i	С	I	n	р	u	t	_	W	А	V	E	S	t	r	m
<ul><li>MM3</li></ul>	0	F	S	У	s	М	a	р	g	S	w	I	М	L	У	r	_	S	v	У	1	2	3	0	R	I	F	0	r	m
• MM4	S	v	У	1	2	3	C	0	1	1	e	С	t	r	-	C	0	n	I	n	s	р	F	0	r	m			$\exists$	
																														$\dashv$
• MM5	Р	С	S	M	Р	М	a	р	g	S	W	I	М	_	S	M	Р	Р	Р	R	е	V	i	е	W	L	У	r	s	_
• MM6	F	а	С	M	a	р	g	S	W	Ι	М	_	S	v	У	1	2	3	M	u	n	i	F	a	С	F	0	r	m	
Addition	al t	ask	s/re	esp	ons	ibi	litie	es																						
O Wate	ersk	ied	Im	pro	ver	nen	t S	trat	tegy	v B	est.	Ma	na	zen	ien	t Pi	rac	tice	s re	equ	irec	l fo	r N	<b>1</b> S4	s iı	ı in	npa	ire	1	
wate	rsh	eds	in	clu	ded	in	GP	-0-	08-	002	2 P	art	IX.																	

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

		SPI	DES	ID						
Name of MS4	Town of Colonie	N	Y	R	2	0	A	1	9	0

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

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

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

First Name	МІ	Last Name
Paula I	A	M a h a n
Title (Clearly print title of individual signing report)		
Supervisor		
Signature		
1		
Paula a Maken		Date
		05/21/2019

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

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

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

	SPDES ID
Name of MS4/Coalition Town of Colonie	N Y R 2 0 1 9 0

Name of MS4/Coalition	Town of C	Colonie								N	Y	R	2 0	1	9	0	
			Wa	<u>ater</u>	Qua	lity	Tre	ends									
The information in thi	is section	n is being	report	ed (c	check o	one):											
<ul><li>On behalf of an ind</li><li>On behalf of a coal</li><li>How many M</li></ul>	ition		ted to	this	report	t? [		1									
1. Has this MS4/C related to storm One.	awater 3	? If not,		-	_			_		_	-		Meas	sure Ye		• N	lo
If Yes, choose one of ○ Report(s) attached to																	
● Web Page(s) where Please prov	•	•				ere re	port	(s) car	ı be a	ccess	sed	- no	t hor	ne p	age	<b>).</b>	
																	Ī
																	Ī
URL																	
																	Ī
URL																	_
																	Ī
URL		· · · · · · · · · · · · · · · · · · ·								-		_					_

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

T	SPDES ID
Name of MS4/Coalition Town of Colonie	N Y R 2 0 1 9 0
Minimum Control Measure 1. Public Ed	ucation 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. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach de	uring this reporting period:
• Construction Sites	Pesticide and Fertilizer Application
● General Stormwater Management Information	Pet Waste Management
<ul> <li>Household Hazardous Waste Disposal</li> </ul>	<ul><li>Recycling</li></ul>
O Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	○ Trash Management
<ul><li>Smart Growth</li></ul>	<ul><li>Vehicle Washing</li></ul>
Storm Drain Marking	○ Water Conservation
• Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
<ul><li>Other</li><li>2. Specific audiences targeted during this reporting period:</li></ul>	
Public Employees Contractors	
<ul><li>Residential</li><li>Developers</li></ul>	
○ Businesses • General Public	
<ul><li>Restaurants</li><li>Industries</li></ul>	
○ Other: ○ Agricultural	
Other	

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

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

Name	of M	<b>IS</b> 4/	'Coa	litio	n	own	of C	Colon	ie														N	Y	R	2	0	1	9	0	
3. V	Vha his 1			_			-								e to	o ac	chie	eve	edi	uca	tio	n a	nd	out	tre	ach	go	als	du	ırin	ıg
• Co	nstr	ucti	on S	Site	Op	pera	tor	s Tı	rain	ed													i	# Tr	ain	ed				2	5
O Dia	rect	Ma	ilin	gs																			#	Ma	ilin	gs					
• Ki	osks	or	Oth	er l	Disp	play	/S																#]	Loca	atio	ns					3
O Lis	st-Se	rve	S																					# I	n Li	ist					
O Ma	ailing	g L	ist																					# I	n Li	ist					
○ Ne	wsp	ape	r A	ds c	or A	Artic	eles																#]	Day	s Rı	ın					
○ Pu	blic	Ev	ents	/Pr	esei	ntat	ions	S															# /	Atte	nde	es					
	hool	Pro	ogra	ım																			# 1	Atte	nde	es					
$\circ$ TV	Sp.	ot/F	rog	ran	1																		#]	Day	s Rı	ın					
• Pri									_												To	otal	# D	istri	but	ed			2	5	1
	Loca	ution u	b (e	.g. li 1	ibrai i	ries,	tow	_	p p	, kio e	sks)	a	t	i	0	n	s														
	С	е	n	t	е	r			_																						
	Т	0	w	n		Н	a	1	1																						
• Ot	her:																														
	S	i	g	n	s		a	t		s	t	r	е	a	m	х	i	n	g	s											
● We		age			ović edec		pec	ific	we	b ac	ldre	esse	S - 1	not	hoi	ne j	pag	e. <b>(</b>	Con	tinu	e o	n ne	ext	pag	e if	ado	ditio	onal	l sp	ace	is
W		W		С	0	1	0	n	i	е		0	r	g	/	d	е	р	a	r	t	m	е	n	t	s	/	h	i	g	h
W	a	У	/																												
I	i	n	k		t	0		С	0	a	1	i	t	i	0	n		W	е	b	ន	i	t	е							
UF	RL						1		1																						
																<u> </u>															
	+																<u> </u>														
																														Ш	

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

me of	f MS4	/Coa	litio	on T	own	of C	olon	ie														N	Y	R	2	0	1	9	0	
We URL	eb Pa	.ge c	con	't.:		Pro	ovi	de s	spec	cifi	c w	eb	adc	lres	sses	- n	ot ]	hor	ne j	pag	e.									
$\vdash$		+																												
<u></u>																														
URL																														
		<u> </u>																										Ш		
		<u> </u>																												
URL																														1
URL		-			-		-			-		-										-								
		+																												
URL		<u> </u>																												
_		+																												
URL																														
+																														
URL																														
+		+																												
		<u> </u>																												

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

ii subilitting	tills form as part of a j	joint report on benaif of		SPDES ID	S ID blank.	
Name of MS4/Coalition To	Cown of Colonie			N Y R 2	2 0 1 9	0
Traine of 1415 1/ Countrion			[			
4. Evaluating Progr	ress Toward Measur	rable Goals MCM 1	1			
Use this page to report identified in your Store III.C.1. Submit addition	rmwater Managemen	nt Program Plan (SW	_		_	Part
A. Briefly summariz	ze the Measurable G	Goal identified in the	e SWMPP i	n this repo	rting per	iod.
1. Require that all posts of the Design Manu certificate of occupan 2. Town staff will ma Public Operations Ce	ual. Town staff will in acy. The number of significations and contractions are stated in the rain garden	nspect, and photo do igns installed will be	cument prior	r to signing nually.	off on a	
B. Briefly summariz Goal.	ze the observations t	that indicated the o	verall effect	iveness of	this Meas	urable
1. All projects in the Manual (8 signs).	reporting year install	led signage in confor	mance with	Chapter3 o	f the Desig	gn
2. The rain garden ha	as been maintained an	nd the signage is in g	ood condition	on.		
C. How many times	was this observation	n measured or eval	uated in thi			1
D. Has your MS4 ma	ade progress toward	d this Measurable (	Goal during			
·	• 0		S	•	• Yes	$\bigcirc$ No
E. Is your MS4 on so	chedule to meet the	deadline set forth i	n the SWM	PP?	• Yes	$\bigcirc$ No
F. Briefly summariz	ze the stormwater ac g cycle (including a	_	_	als of this	MCM du	ring
1. The Town will con management areas.	ntinue to require, insp	pect, and quantify sig	gns installed	for all storr	nwater	
2. The Town will con	ntinue to maintain the	e rain garden and it's	sign.			

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

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

Name of MS4/Coalition Town of Colonie						N	Y	R	2	0	1	9	0	
Minimum Control Measure 2. Pu	ıblic In	VO	lve	eme	<u>ent</u>	t/ <b>P</b>	ar	tic	ipa	<u>tio</u>	<u>)n</u>			
The information in this section is being reported (check on	ne):													
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report</li> </ul>	art?		1											
1. What opportunities were provided for public padevelopment, evaluation and improvement of the (SWMP) Plan during this reporting period? Cl	articipa he Storr	nw	ate	r M	an						ran	1		
○ Cleanup Events							# I	Ever	ıts					
O Comments on SWMP Received						# C	om	mer	ıts					
<ul><li>Community Hotlines</li></ul>	Phone #	(	5	1	8	)[	7	8	3	-	2	7	5	8
Phone # ( ) - F	Phone #	(				) [				-				
Phone # ( ) - F	Phone #	(				) [				-				
Phone # ( ) - F	Phone #	(				)				-				
Phone # ( ) - F	Phone #	(				)				-				
Phone # ( ) - F	Phone #	(				)				-				
O Community Meetings				'		# A	\tte	ende	es					
○ Plantings							Š	Sq. l	Ft.					
○ Storm Drain Markings							# I	Orai	ns					
O Stakeholder Meetings						# <i>A</i>	Atte	ende	es					
<ul><li>Volunteer Monitoring</li></ul>							# I	Ever	ıts					4
Other:														
2. Was public notice of availability of this annual Program (SWMP) Plan provided?	report a	anc	l St	orn	ıw	ate	er I	Ma	nag	,	nent Ye		0	No
○ List-Serve							#]	In L	ist					
O Newspaper Advertising						# I	Day	s R	un					
Newspaper Advertising # Days Run TV/Radio Notices # Days Run														
Other:														

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

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

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

me c	of M	S4/0	Coa	litio	n_T	own	of C	olon	ie														N	Y	R	2	0	1	9	0	
Ul	RL( eas	(s)	con	't.:	:					ess(	es)	wł	iere	e no	otic	e(s	) ca	an l	be a	acc	ess	ed	- n	ot l	ıon	ne p	pag	ge.			
W	w	W	•	С	0	1	0	n	i	е		0	r	g	/	d	е	р	a	r	t	m	е	n	t	s	/	h	i	g	h
w	a	У																													
1	i	n	k		t	0		С	0	a	1	i	t	i	0	n		w	е	b	s	i	t	е							
URI	_																														
																													L		
URI	_																														
URI																															
URI	_				I		-				I		-									I			1			1			
URI	_					1	<u> </u>		<u> </u>				I					<u> </u>								<u> </u>					
URI	_																														

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

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

SPDES ID

ne of MS4/Coalition	Town of Colo	nie													N	Y	R	2	0	1	9	0
URL(s) con't.: Please provide			ss(es)	wh	iere	no	tic	es (	can	be	ac	ces	sed	<b>l -</b> 1	not	ho	me	pa	ge.			
URL																						
JRL																						
JRL				T																		
URL																						
URL																						
JRL																						
UKL																						
		+																				

## **MS4 Annual Report Form**

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

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 1 9 0

3. W					_						_							_		Sto cur				M	ana	age	me	nt			
																				wh										d	
• MS	4/C Dep				ffic	e	·										A	nnu	al ]	Rep	ort		SV	WN	1P 1	Plar	1	• (	Con	nme	nts
	S	t	0	r	m	W	a	t	е	r		М	a	n	a	g	е	m	е	n	t		0	f	f	i	С	е			
	Add																												$\overline{}$		
	3	4	7		0	1	d		N	i	s	k	a	У	u	n	a		R	0	a	d									
	City																	Г				Zip									
	L Pho	a	t	h	a	m													N	Y		1	2	1	1	0	-				
	7110	пе 5	1	8	١	7	8	3	_	2	7	5	8																		
	(				)		0		_			٦	0																		
O Libi	ary Add	lres	S														) <b>A</b>	nnu	al ]	Rep	ort		SV	WN	1P 1	Plar	1	0 (	Con	nme	ents
	City	7																				Zip									
																											-				
	Pho	ne												,				_			,										
	(				)				-																						
Oth	er																) <b>A</b>	nnu	al ]	Rep	ort		SV	WN	1P I	Plar	1	$\circ$	Con	nme	ents
İ	Add	lres	S																	_											
	<u> </u>																														
	City	7																				Zip					_				
	Pho	ne																L													
	(				)				_																						
• Wel	. De	0.00	I ID	т.										•			Δ.	nnıı	ıa1 1	Rep	ort		) SV	WN	1P I	Plar	1	• (	Con	nme	nts
• wei				L.			,									,				Ť											
	W	W	W	·	С	0	1	0	n	i	е	•	0	r	g	/	d	е	р	a	r	t	m	е	n	t	ន	/	h	i	a
	h	W	a	У	/																										
	L	i	n			t	0		С	0	a	1	i	t	i	0	n		W	е		ន	i	t	е						
	Ple	ase	pr	ovi	de	spe	cifi	ic a	.ddr	ess	of	pag	ge v	whe	ere	rep	ort	car	ı be	e ac	ces	sed	l - n	ot	hor	ne	pag	e.			
○ eMa	ail																											$\circ$	Con	nme	ents

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

Name of MS4/Coalition Town of Colonie  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?  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?  If No, is one planned?  O Yes • No  5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?  O Yes • No		SPL	<u>DES ID</u>					
Leave blank if this report was not posted on the internet.    0 5 / 0 3 / 2 0 1 9	Name of MS4/Coalition Town of Colonie	N	YR	2	0	L 9	0	
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?  If Yes, what was the date of the meeting?  If No, is one planned?  O Yes  No  No  S.b. Was an Annual Report public meeting held for all MS4s contributing to this report during	· · · · · · · · · · · · · · · · · · ·	ite was it po	osted?					
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?  If Yes, what was the date of the meeting?  If No, is one planned?  O Yes  No  No  S.b. Was an Annual Report public meeting held for all MS4s contributing to this report during	Leave blank if this report was not posted on the internet.	0 5	/ 0	3	/	2 0	1	9
<ul> <li>5.a. Was an Annual Report public meeting held in this reporting period?</li></ul>	4.b. For how many days was/will this report be posted?						1	4
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	If submitting a report for single MS4, answer 5.a If submitti	ing a joint r	eport,	ans	wer	5.b		
If No, is one planned? ○ Yes ● No  5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during		ing period?	?			res		No
5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during			/				Ш	
	If No, is one planned?				Ο'	l es		No
this reporting period? • Yes • No		contributin	g to tl	his	repo	rt d	uriı	ıg
	this reporting period?				0	l'es		No
If No, is one planned for each? ○ Yes • No	If No, is one planned for each?				0	Yes	•	No
6. Were comments received during this reporting period? ○ Yes • No	9 1 91				0	<i>l</i> 'es	•	No
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.	1							

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

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

Name of MS4/Coalition	Town of Colonie	N Y R 2 0 1 9 0
7 Evoluting Pro	gress Toward Measurable Goals MCM 2	
7. Evaluating Frog	gress Toward Measurable Goals MCM 2	
identified in your St	ort on your progress and project plans toward formwater Management Program Plan (SWMI tional pages as needed.	
A. Briefly summar	rize the Measurable Goal identified in the S	WMPP in this reporting period.
	n staff will identify four sites to submit to NYS for WAVE sampling.	SDEC WAVE program and
B. Briefly summar Goal.	rize the observations that indicated the over	rall effectiveness of this Measurable
Four sites were san	npled, and submitted to the NYSDEC WAVE	program.
C. How many time	es was this observation measured or evalua	ted in this reporting period?
		(ex.: samples/participants/events
D. Has your MS4 i	made progress toward this measurable goal	l during this reporting period?  ● Yes ○ No
E. Is your MS4 on	schedule to meet the deadline set forth in t	he SWMPP?  ● Yes ○ No
•	rize the stormwater activities planned to me ing cycle (including an implementation sch	eet the goals of this MCM during
Volunteers will be a sampling season.	organize, and samples will be submitted to NY	YSDEC for more sites during the

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

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

Name of MS4/Coalition Town of Colonie	N Y R 2 0 1 9 0										
Minimum Control Measure 3.	. Illicit Discharge Detection and Elimination										
The information in this section is being reported	d (check one):										
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to</li> </ul>	o this report? 1										
1. Enter the number and approx. percen	nt of outfalls mapped: 6 4 3 # 1 0 0 %										
2. How many of these outfalls have been reporting period (outfall reconnaissan	a screened for dry weather discharges during this nee inventory)?										
3.a. What types of generating sites/sewers reporting period?	sheds were targeted for inspection during this										
O Auto Recyclers	• Landscaping (Irrigation)										
<ul><li>Building Maintenance</li></ul>	○ Marinas										
<ul><li>Churches</li></ul>	O Metal Plateing Operations										
<ul> <li>Commercial Carwashes</li> </ul>	Outdoor Fluid Storage										
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance										
<ul><li>Construction Vehicle Washouts</li></ul>	○ Printing										
<ul><li>Cross-Connections</li></ul>	<ul><li>Residential Carwashing</li></ul>										
O Distribution Centers	<ul><li>Restaurants</li></ul>										
O Food Processing Facilities	O Schools and Universities										
○ Garbage Truck Washouts	O Septic Maintenance										
O Hospitals	<ul><li>Swimming Pools</li></ul>										
<ul><li>Improper RV Waste Disposal</li></ul>	<ul><li>Vehicle Fueling</li></ul>										
O Industrial Process Water	<ul><li>Vehicle Maint./Repair Shops</li></ul>										
Other:	○ None										
O Sewersheds:											

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 Colonie							N	Y	R	2	0	1	9	0	
3.b.What types of illicit discharges have	e been	found	during	g this	rep	or	ting	pe	rio	d?					
O Broken Lines From Sanitary Sewer	○ In	dustrial	Connec	ctions											
O Cross Connections	○ In	flow/Inf	ïltratio	1											
O Failing Septic Systems	○ Pu	ımp Sta	tion Fai	lure											
O Floor Drains Connected To Storm Sewers	• Sa	anitary S	Sewer C	verfl	ows										
● Illegal Dumping	$\circ$ St	raight P	ipe Sev	ver D	scha	ırge	s								
<ul> <li>Other:</li></ul>															
reporting period?															3
5. How many illicit discharges have be	een cor	nfirmed	l durir	ng thi	s re	poi	rtin	g pe	eri	od'	?				3
<ul><li>6. How many illicit discharges/illegal period?</li><li>7. Has the storm sewershed mapping</li></ul>												<b>rep</b> Ye			3 No
If No, approximately what percent wa	as comp	oleted in	n this r	eport	ing <sub>]</sub>	peri	od?	)							%
8. Is the above information available in Is this information available on the If Yes, provide URL(s):		?										Ye Ye			No No
Please provide specific address of page	e where	e map(s	) can b	e acc	esse	ed -	not	hor	me	pa	ge.				
URL Password Pro	tec	tle	d	R e	s	t	r	i	С	t	е	d			
https://acva	r c g	y i s	. a	1 b	a	n	У	С	0	u	n	t	У		C
com/webmap/															
URL															

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

	viuv	e sp	eci	iic a	addı	ress	10	paş	ge v	vne	ere	ma	p(s	) C	an	pe :	acc	ess	ea	- n	ot 1	non	ne j	pag	ge	
RL																										
																										L
RL																										_
																										L
RL																										_
					<u> </u>																					Ļ
					4																					L
RL																										_
					<u> </u>																					L
					_																					Ļ

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

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

		SPL	)ES	ID						
Name of MS4/Coalition	Town of Colonie	N	Y	R	2	0	1	9	0	

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

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

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

- 1. Town staff will conduct dry weather screenings for 17% of their known outfalls. We will conduct dry weather sampling for 23% of outfalls in the next reporting year to get back on target for a five year cycle.
- 2. Town staff will review completed construction projects for potential additional outfalls and update inventory.

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

- 1. The Town conducted 108 outfall screenings (17%) using the IDDE Program procedures.
- 2. All completed construction projects were reviewed for additional outfalls and an additional twelve outfalls were added to the Town's inventory. Outfall were GPS'd and added to the GIS.

C. How many times was this observation measured or evaluated in this reporting period	C.	How many	times was	this observ	ation measur	ed or evaluat	ed in this	reporting period?
---	----	----------	-----------	-------------	--------------	---------------	------------	-------------------

					1	
:	samp	les/	'part	ici	pant	s/events

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

Yes	$\bigcirc$	No
168	$\sim$	INO

(ex.

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

-	<b>T</b> 7	
(	Yes	
_	100	$\bigcirc$ No

- F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
- 1. The Town will conduct dry weather screenings for 23% of their known outfalls.
- 2. All completed construction projects will be evaluated for potential new outfalls and mapped as needed.

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

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

Name of MS4/Coalition Town of Colonie		N Y I	R 2	0 1	9	0				
Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control										
The information in this section is being reported (check one):										
● On behalf of an individual MS4 ○ On behalf of a coalition How many MS4s contributed to this report?	1									
1a. Has each MS4 contributing to this report adopted a law, mechanism that provides equivalent protection to the NY Stormwater Discharges from Construction Activities?				_	or	○ 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 • No										
If Yes, Towns, Cities and Villages provide date of equivalent			cal L			O NT				
2. Does your MS4/Coalition have a SWPPP review procedu	re in plac	ee?		• Ye	es	○ No				
3. How many Construction Stormwater Pollution Prevention reviewed in this reporting period?	on Plans (S	SWPPP	s) ha	ve be	en	2 8				
4. Does your MS4/Coalition have a mechanism for receipt a comments related to construction SWPPPs?	and consid		of p Yes	ublic O N	Го	ONT				
If Yes, how many public comments were received during this	s reporting	g period	?			4				
5. Does your MS4/Coalition provide education and training SWPPP process?	g for contr	actors	abou	t the l		l ○ 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:

<ul><li>Notices of Violation</li></ul>	#		3	O No Authority
O Stop Work Orders	#			O No Authority
O Criminal Actions	#			O No Authority
○ Termination of Contracts	#			O No Authority
O Administrative Fines	#			O No Authority
O Civil Penalties	#			O No Authority
O Administrative Orders	#			O No Authority
O Enforcement Actions or Sanctions	#			
Other	#		1	O No Authority

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

			SPD	ES ID					
Nar	ne of MS4/Coalition Town of Colonie		N	YR	2	0 1	9	0	
	Minimum Control Measure 4. Construction Site	Stormy	<u>wat</u>	er Ru	<u>no</u> :	ff Co	<u>ontı</u>	<u>:ol</u>	
The	e information in this section is being reported (check one):								
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?	1							
1.	How many construction projects have been authorized for during this reporting period?	disturb	ance	es of o	ne a	cre o			0
2.	How many construction projects disturbing at least one aduring this reporting period?	cre were	acti	ive in y	y <b>ou</b> l	r juri [			<b>n</b>
3.	What percent of active construction sites were inspected d	luring th	is re	eportii	ng p	eriod		Ω Ω 0 0	IT %
4.	What percent of active construction sites were inspected n	nore tha	n on	ice?		1		 	
5.	Do all inspectors working on behalf of the MS4s contribute Construction Stormwater Inspection Manual?	ting to th	nis r	eport (			IYS		
6.	Does your MS4/Coalition provide public access to Stormy (SWPPs) of construction projects that are subject to MS				ova			is O N	JТ
	If your MS4 is Non-Traditional, are SWPPPs of construct public review?	tion proj	ects				e fo		
	If Yes, use the following page to identify location(s) where S	WPPPs c	an b	e acce	ssec	l.			

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

				_																		SPI	DES	ID						
Name o	of MS	54/C	oalit	ion	Town	of C	Color	nie														N	Y	R	2	0	1	9	0	
6. co	o <b>n't.</b> ubm		ddit	iona	al pa	age	s as	s ne	ede	ed.																				
• MS	4/Cc	alit	ion	Offi	ce																									
	Depa			O111																										
	S	t	o r	r m	W	a	t	е	r		M	а	n	а	g	е	m	е	n	t		0	f	f	i	С	е			
	Addı	ess																												
	3	4	7	0	1	d		N	i	s	k	a	У	u	n	a		R	0	a	d									
	City	_		_														_	_		Zip					1				
	L	a	t h	ı a	m												N	1 7			1	2	1	1	0	-				
	Phon			$\Box$	_			]			_																			
	(	5	1   8	3 )	7	8	3	-	2	7	5	8																		
O Lib																														
	Addı	ess																												
																					7.									
	City	Т																			Zip					] _				
	L Phon																									-				
	<b>1</b>	e		٦,				] _																						
	(			_ <i>,</i>				] _																						
Oth																														
	Addı	ess			1																									
																					7.									
	City			Т	Т																Zip					_				
	L Phon	$\perp$																								_				
	<b>1</b>	e		٦,				] <b>_</b>																						
	(			_ <i>)</i>				]																						
○ We	b Pa	ge I	JRL	(s):	P	lea	se p	rov	ide	spe	cifi	ic a	ddr	ess	whe	ere	SW	PP.	Ps o	can	be a	acce	esse	d -	not	ho	me	pag	e.	
	URL	$\top$	_	_																										
		_	4																											
		Ť	Ť	İ																								П		$\equiv$
	URL	Т	Т																											
		+	+	+	<u> </u>																								_	닉
			$\perp$																											

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

		SPDES ID	
Name of MS4/Coalition	Town of Colonie	N Y R 2 0 1 9 0	
7. Evaluating Pro	gress Toward Measurable Goals MCM 4	1	
identified in your St	oort on your progress and project plans towar tormwater Management Program Plan (SWN itional pages as needed.		
A. Briefly summar	rize the Measurable Goal identified in the	e SWMPP in this reporting period.	
I .	visit and track all active construction sites in ojects with earth disturbance.	n the Town. A preconstruction meeting	
B. Briefly summar Goal.	rize the observations that indicated the ov	verall effectiveness of this Measurable	
_	nintenance to erosion and sediment control p weekly inspection reports.	practices on active sites has improved	
C. How many time	es was this observation measured or evalu	uated in this reporting period?	s/events
D. Has your MS4	made progress toward this measurable go	oal during this reporting period?  ● Yes ○ No	
E. Is your MS4 on	schedule to meet the deadline set forth in		
· ·	rize the stormwater activities planned to r ing cycle (including an implementation sc	meet the goals of this MCM during	
1. Better record kee	eping to track and document the compliance	e with the Construction Permit.	

• Other:

S|t|r|e|a|m

## **MS4 Annual Report Form**

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

If submitting	ng this form as p	art of a joint rep	ort on behalf of	a coalition leave S	PDES ID blank.
Name of MS4/Coalition	Town of Colonie			SPDES N Y	ID R 2 0 1 9 0
Minimum	Control Mea	asure 5. Post	-Construction	on Stormwater	r Management
The information in the	nis section is bei	ng reported (che	ck one):		
<ul><li>On behalf of an inc</li><li>On behalf of a coa</li></ul>					
	nany MS4s con	tributed to this	report?	1	
1. How many and MS4/Coalition is	• • •			nnagement praction eporting period?	ees has your
		# Inventoried	# Inspections	# Times Maintained	
Alternative Practice	ces	4	2 5	3	
• Filter Systems		3	3 0	1	
• Infiltration Basins		4	3 6	2	
<ul><li>Open Channels</li></ul>			3		
Ponds		0	2 0	2 0	
<ul><li>Wetlands</li></ul>		0	0		
Other			5	2	
2. Do you use an BMPs, inspecti			abase, spreads	heet) to track po	est-construction ● Yes ○ No
3. What types of a Development/E		-		_	Impact
O Building Codes	<ul><li>Municipal C</li></ul>	Comprehensive P	Plans		
<ul><li>Overlay Districts</li></ul>	Open Space	Preservation Preservation	ogram		
<ul><li>Zoning</li></ul>	O Local Law o	or Ordinance			
○ None	● Land Use R	egulation/Zoning	g		
O Watershed Plans	Other Comp	orehensive Plan			

Buffers

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

	SPI	SPDES ID									
Name of MS4/Coalition Town of Colonie	N	YR	2	0 3	L 9	0					
4a. Are the MS4s contributing to this report involved in a regional/wa	tershed v	vide p	lann	U	<b>ffor</b> Yes		No				
4b. Does the MS4 have a banking and credit system for stormwater many	anageme	nt pra	ctic	es?							
	_			0	Yes		No				
4c. Do the SWMP Plans for each MS4 contributing to this report incluand approval of banking and credit of alternative siting of a storm	-			t pra		?	No				
4d. How many stormwater management practices have been implement reporting period?	nted as p	art of	this	syste	em ii	n th	is				
5. What percent of municipal officials/MS4 staff responsible for prog training on Low Impace Development (LID), Better Site Design (B Infrastructure principles in this reporting period?					tend	led					

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

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

		SPD	<u>ES</u>	ID						
Name of MS4/Coalition	Town of Colonie	N	Y	R	2	0	1	9	0	

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

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

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

- 1. The Town will continue to maintain necessary post-construction records for use in internal operations and the MS4 Permit Annual Report.
- 2. The Town will continue to require all SWPPP preparers to use the enhanced phosphorous removal chapter in the Design Manual for projects within the Ann Lee/ Stump pond watershed.

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

- 1. Records for post-construction projects are kept up to date.
- 2. All projects being designed in the Ann Lee/ Stump pond watershed are using the enhanced phosphorous removal chapter in the Design Manual. Two projects were designed during the reporting year.

$\boldsymbol{\alpha}$	TT .	4 •	41	. 1					10
C.	How many	times was	tnis	observation	measured of	r evaluated	ın tnı	s reporting period	a:

				1		
(ex.: samp	les/	part	ici	oant.	s/events	3

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

Yes	$\bigcirc$ No
-----	---------------

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

-	<b>1</b> 7~~	$\bigcirc$ NI $_{\sim}$	
	Yes	$\bigcirc$ No	

- F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
- 1. By 3/9/20 Town stormwater staff will send out the recently generated form letter for the inspection of post construction practices the were install more than one year ago.
- 2. The Town will continue to make sure all projects within the Ann Lee Pond (303d) watershed use the enhanced phosphorous removal chapter in the Design Manual.

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

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

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

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

The information in this section is being reported (check one):		
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>		
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.

**Self-Assessment** 

**Operation/Activity/Facility** performed within the past 3 **Operation/Activity/Facility** vears? Addressed in SWMP? Street Maintenance..... 

Yes ○ No ...... • Yes  $\bigcirc$  No ● No ..... ○ Yes No Bridge Maintenance.... O Yes Winter Road Maintenance.... 

• Yes ○ No ..... • Yes  $\bigcirc$  No Salt Storage..... • Yes ○ No ..... • Yes  $\bigcirc$  No Solid Waste Management..... • Yes ○ No ...... • Yes  $\bigcirc$  No New Municipal Construction and Land Disturbance.. • Yes ○ No ..... • Yes  $\bigcirc$  No Right of Way Maintenance..... 

Yes  $\bigcirc$  No ● No ..... ○ Yes Marine Operations.... O Yes No Hydrologic Habitat Modification..... O Yes ● No ..... ○ Yes No  $\bigcirc$  No Parks and Open Space.... 

Yes ○ No ..... • Yes Municipal Building..... • Yes  $\bigcirc$  No  $\bigcirc$  No Stormwater System Maintenance..... • Yes ○ No ..... • Yes ○ No ..... • Yes  $\bigcirc$  No Vehicle and Fleet Maintenance..... 

Yes ○ No • Yes  $\bigcirc$  No Other..... • Yes

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

Name of MS4/Coalition Town of Colonie	N Y R 2	0 1 9	0
2. Provide the following information about municipal operations g	ood housekeep	ing prog	rams:
<ul><li>Parking Lots Swept (Number of acres X Number of times swept)</li></ul>	# Acres		1 2
• Streets Swept (Number of miles X Number of times swept)	# Miles	3	2 7
• Catch Basins Inspected and Cleaned Where Necessary	#	2	6 5
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#		7 5
<ul> <li>Phosphorus Applied In Chemical Fertilizer</li> </ul>	# Lbs.	2	0 0
Nitrogen Applied In Chemical Fertilizer	# Lbs.	1 1 0	5 6
<ul> <li>Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)</li> </ul>	# Acres	6 1	1.3
3. How many stormwater management trainings have been provid during this reporting period?	ed to municipa	l employ	ees 0
4. What was the date of the last training?	0 2 / 1 5	/ 2 0	1 5
5. How many municipal employees have been trained in this repor	ting period?		0
6. What percent of municipal employees in relevant positions and estormwater management training?	departments ro	eceive 5	0 %

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

ii sudmittin	g uns form as part of	of a joint report on bena		eave SPDES SPDES ID	o iD blank.	
Name of MS4/Coalition	Town of Colonie			N Y R 2	0 1 9	0
		asurable Goals MCN as and project plans to		measurabl	e goals	
dentified in your St II.C.1. Submit addi	ormwater Manager tional pages as need	ment Program Plan (Seded.	SWMPP), includ	ding require	ements in	
<u> </u>		le Goal identified in				
Data is compiled fo	r MS4 Permit Ann	records the amount of the last Report.  Is Household Waste I	-			
households particip		is frousehold waste L	ouy events unite	.uiiy. 11ppio	XIIIIacciy	1200
Goal.  1. Approximately 5 preventing it from e	535 cubic yards of sentering the waters cted three Hazardo	sediment was remove of the US. ous Household Waste	ed from the Tow	vn's convey	ance syste	em
C. How many time	es was this observa	ation measured or e	valuated in this	s reporting	period?	
				(ov.	gampleg/par	1 1
D. Has your MS4 1	nade progress tow	ward this measurabl	e goal during t			
					• Yes	○ No
E. Is your MS4 on	schedule to meet	the deadline set fort	h in the SWM	PP?	• Yes	○ No
•		er activities planned ng an implementation	U	als of this I		
		unicipally owned fact period. The task was	_	•	lf Audit F	orm.

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

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

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

<u>Minir</u>	<u>num Control Measure 1. Public Ed</u>	ucation and Outreach
<ul><li>On behalf of an indi</li><li>On behalf of a coali</li></ul>		1
1. Targeted Public	Education and Outreach Best Manageme	ent Practices
Check all topics that	were included in Education and Outreach du	uring this reporting period:
<ul><li>Construction Sites</li></ul>		Pesticide and Fertilizer Application
• General Stormwater	Management Information	Pet Waste Management
O Household Hazardo	us Waste Disposal	○ Recycling
O Illicit Discharge De	tection and Elimination	Riparian Corridor Protection/Restoration
• Infrastructure Main	tenance	O Trash Management
<ul><li>Smart Growth</li></ul>		• Vehicle Washing
O Storm Drain Markir	ng	O Water Conservation
○ Green Infrastructure	e/Better Site Design/Low Impact Development	O Wetland Protection
Other:  Coaliiti		O None  t Y o u C a n D o
2. Specific audienc	ces targeted during this reporting period:	
Public Employees	Contractors	
<ul><li>Residential</li></ul>	O Developers	
<ul><li>Businesses</li></ul>	• General Public	
○ Restaurants	○ Industries	
• Other:	○ Agricultural	

i t i

o n

i

t

W e b s

o a 1

С

1

а

G e n

Other

e r

u b

1 i

С

Name of MS4/Coalition

## **MS4 Annual Report Form**

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

Stormwater Coalition of Albany County

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

SPDES ID

Y R 2 0

3. V	Vha nis 1			_			-								se t	o a	chi	eve	e ed	luca	atio	n a	nd	ou	tre	ach	ı go	als	du	ırin	ıg
• Co	nstrı	ıcti	on	Site	O	era	tors	s Tı	rain	ed														# Tı	rain	ed				4	7
O Dir	ect	Ma	ilin	gs																			#	Ma	ilin	gs					
• Kio	osks	or	Oth	ner l	Dis	play	/S																# ]	Loc	atio	ns					7
• Lis	t-Se	rve	S																					# I	n L	ist			1	8	1
○ Ma	iling	g L	ist																					# I	n L	ist					
○ Ne	wspa	ape	r A	ds o	or A	Artic	cles																# :	Day	s Rı	un					
• Pul	olic	Ev	ents	s/Pr	esei	ntat	ions	S															# .	Atte	nde	es				8	4
	nool	Pro	ogra	am																			# .	Atte	nde	es					
$\circ$ TV	Spo	ot/F	rog	gran	1																		# :	Day	s Rı	un					
• Pri																					Т	otal	# D	istri	ibut	ed				5	6
	Loca	tion r	is (e	g. li	ibrai e	ries, n	tow	n of	fices t	, kio i			Н	a	n	d	0	u	t	s											
	2		C	W	Р	11	W	e	b	C	a	s	t	s	11	<u>а</u>		<u>u</u>													
	Н	R	W	s	h	е	_	A	1	1	i		n	C	e		P	r	e	s											
	S	t	0	r	m	М				_	P	a		r	0	0	n	C		k											
<ul><li>Otl</li></ul>	$\sqcup \sqcup$				111	1*1	а	р	g			а		_	0		11			1,7											
	2		С	W	Р		W	е	b	С	а	s	t	-	A	r	С	h	i	v											
● We		age	:		ovio		peci	ific	we	b ac	ddr	esse	es -	not	ho	me	pag	ge.	Cor	ntin	ue o	n n	ext	pag	ge if	ad	diti	ona	l sp	ace	is
W	7 W	W		s	t	0	r	m	W	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У		0	r	g		
UR	L											_		_			_														
			<u> </u>	<u> </u>													+	<u> </u>													
			<u> </u>	<u> </u>			<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>		+	+		<u> </u>											

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

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

	 SPD.	ES	ID				
Name of MS4/Coalition Stormwater Coalition of Albany County	N Z	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 rep	oorting 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).

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.

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

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						N	Y	R	2	0				
Minimum Control Measure 2. 1	Public Ir	1 <b>V</b> (	lve	em	<u>en</u>	t/P	ar	tici	ipa	<u>atic</u>	<u>on</u>			
The information in this section is being reported (check	one):													
<ul> <li>On behalf of an individual MS4</li> <li>● On behalf of a coalition</li> <li>How many MS4s contributed to this re</li> </ul>	port?	1	1											
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	f the Stori	nw	ate	r N	<b>Ta</b> ı	nag				-	ran	n		
○ Cleanup Events							# F	Even	ts					
<ul> <li>Comments on SWMP Received</li> </ul>						# <b>C</b>	Com	men	ts					0
<ul><li>Community Hotlines</li></ul>	Phone #	(	5	1	8	)	4	4	7	_	5	6	4	5
Phone # ( )	Phone #	(				)				_				
Phone # ( )	Phone #	(				)				<b>-</b>				
Phone # ( )	Phone #	(				)				<b>-</b>				
Phone # ( )	Phone #	(				)				_				
Phone # ( )	Phone #	(				)				_				
O Community Meetings						# .	Atte	nde	es					
○ Plantings							5	Sq. F	₹t.					
O Storm Drain Markings							# I	Orair	ns					
O Stakeholder Meetings						# .	Atte	nde	es					
<ul><li>Volunteer Monitoring</li></ul>							# E	Even	ts					4
Other: PublicComments	Joi	n	t	D	R	А	F	Т	M	S	4	P	m	t
2. Was public notice of availability of this annu- Program (SWMP) Plan provided?	al report	and	d St	tori	mw	ato	er I	Mai	nag	_	ien Ye		0	No
• List-Serve							# I	n Li	st				3	4
O Newspaper Advertising						# :	Day	s Ru	ın					
○ TV/Radio Notices						# :	Day	s Ru	ın					
O4														

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

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

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

SPDES ID

ne o	f M	S4/0	Coa	litio	n Si	torm	wate	r Co	alitio	n of	Alba	ny C	Count	У									N	Y	R	2	0			
Ple	eas			't.: 'ide		eci	fic	ad	dre	ess(	es)	wh	iero	e no	otic	e(s	) ca	an l	be a	acc	ess	ed	- ne	ot l	ion	ne j	pag	e.		
URL W	w	W		s	t	0	r	m	w	а	t	е	r	а	1	b	а	n	v	С	0	u	n	t	У		0	r	g	Τ
							<u> </u>										<u> </u>		1										رد	÷
																														+
URL																														_
UKL																														Τ
																														Ť
																														t
URL																														_
																														Ť
																														Ť
JRL	,						-	-	-			-		-		-							-				-			_
URL																														
URL	,							1			<u> </u>	1		1		I		I		<u> </u>		<u> </u>	I			<u> </u>	I			_
																														Ļ
4																														$\perp$

Name of MS4/Coalition

## **MS4 Annual Report Form**

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

Stormwater Coalition of Albany County

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

3. W	ne: rog				_													-	_					M	ana	age	me	nt			
Eı	nter	ad	dre	SS/	con	tac	t in	fo	and	se	lect	tra	dio	bu	ttor	ı to	inc	dica	ate	wh	ich	do	cun	nen	t is	av	aila	ıble	ar	ıd	
$\mathbf{w}$	hetl	ner	coi	nm	nent	ts n	nay	be	sub	omi	itte	d at	t th	at l	oca	tio	1. \$	Sub	mi	t ac	ldit	ion	al p	oag	es a	as n	ieec	led			
• MS					ffic	e											A	nnu	al l	Rep	ort		S	WN	<b>1</b> P 1	Plar	1	• (	Cor	nm	ents
	Dep						1					_			_							_	-	,		1			T	1.	
	S	t	0	r	m	W	a	t	е	r		С	0	a	1	i	t	i	0	n	_	A	1	b	a	n	У	С	n	t	У
	Add	ress	5		<u> </u>	70			<u></u>		C	_	70			_		<u> </u>	200	_		тт		_	7	_	h	Ъ	1	٦	~
	1 City		5		G	r	е	е	n		S	t	r	е	е	t	_	С	n	t	У	H Zip	е	a	1	t	h	В	1	d	g
	A	1	b	a	n	У													N :	Y		1	2	2	0	2	_				
	∟∟ Pho	ne				_												L									1				
	(	5	1	8	)	4	4	7	-	5	6	4	5																		
O Libi	rary Add	, 															) <b>A</b>	nnu	al l	Rep	ort	(	> <b>S</b> `	WN	<b>1</b> P 1	Plar	1	$\circ$	Cor	nm	ents
	Add	iress	\$   																												
	City																					 Zip									
																											-				
	Pho	ne																_									1				
	(				)				-																						
Oth	er																) <b>A</b>	nnu	al l	Rep	ort	(	⊃ <b>S</b> `	WN	1P 1	Plar	1	01	Cor	nme	ents
	Add	lress	S																												
	<u> </u>																														
	City	7																Г				Zip					l _ '				
	 Pho	ne																L									ı				
	(				)				_																						
	<b>\</b> [				,									J																	
• Wel	o Pa	age	UR	L:													) A	nnu	al l	Rep	ort		S	WN	1P ]	Plar	1	• (	Cor	nm	ents
	W	W	W	•	s	t	0	r	m	W	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У		0	r	g	
	Ple	ase	pre	ovi	de.	sne	cif	ic a	ddr	ess	of	na	ge v	whe	ere	ren	ort	 car	l 1 be	 - ac	ces	sec	l - r	L	hor	ne.	pag	re.			
• eMa		usc	L,	J 11		SPC	· • 11	. C U			. 01	Pu	<b>⊳</b> ~ '	,,110		. ~P	J1 t	Jui		· uc			. 1		.101	.110	rue		Cor	nme	ents
	s	w	С	0	а	1	i	t	i	0	n	@	a	1	b	а	n	У	С	0	u	n	t	У		С	0	m			

This report is being submitted for the reporting period ending March 9,  $\boxed{2}$ 

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

	<u> </u>	SPL	<u> JES IL</u>	)				
Name of MS4/Coalition Stormwater Coalition of Albany County	]	N	Y R	2	0			
4.a. If this report was made available on the internet, what date	e was it	po	sted	•				
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	ıg a join	t r	eport,	ans	swe	r 5.b	<b>).</b> .	
5.a. Was an Annual Report public meeting held in this reporting	ng perio	d?	· _		C	Yes	S	○ No
If Yes, what was the date of the meeting?			/		]/			
If No, is one planned?					С	Yes	S	○ No
5.b. Was an Annual Report public meeting held for all MS4s co	ontribu	tin	g to t	his	_			
this reporting period?					С	Yes	S	No
If No, is one planned for each?					С	Yes	S	• No
6. Were comments received during this reporting period?					С	Yes	S	• No
If Yes, attach comments, responses and changes made to								
SWMP in response to comments to this report.								

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

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

	 SPD.	ES	ID				
Name of MS4/Coalition Stormwater Coalition of Albany County	N Z	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	d?
---	----

				1	
(ex.: samp	les/	part	ici	pant	s/events

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

Yes	0	No

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

• Yes •
---------

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

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.

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

Stormwater Coalition of Albany County

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

N Y R 2 0

Name	of M	S4/C	oaliti	on_3	tomiwat	ei Co	anuon	OI A	ibany	_	Ounty										N	Y	R	2	U			
	$\underline{\mathbf{N}}$	<u> Iini</u>	mur	<u>n C</u>	Contr	ol	Mea	asu	re_	3.	. I	llic	cit_	Di	isc	<u>har</u>	·ge	e D	<u>ete</u>	<u>cti</u>	<u>on</u>	an	ıd ː	<u>Eli</u>	<u>mi</u>	na	<u>tio</u>	<u>n</u>
The in	nfor	mati	on in	this	section	n is	bein	ıg re	por	te	d (c	he	ck (	one	):													
○ On ● On		alf c	f a co	oalit				ribu	ted	. to	o th	is 1	rep	ort	? [		1	1										
1. E	nte	r th	e nui	mbe	er and	l ap	pro	х. р	erc	er	nt o	f o	utf	all	s n	nap	peo	d:						#				%
			•		ese ou (outf											•	W	eat	her	dis	scha	arg	es (	dur	ing	th [	is	
		•	pes o g per	_	enera ?	ting	site	s/se	ewe	rs	shed	ls '	we	re	tar	gete	ed :	for	ins	peo	ctio	n d	ur	ing	thi	S		
0	Aut	to R	ecycl	ers								0	Laı	nds	cap	oing	(Ir	riga	ation	1)								
0	Bui	lding	g Ma	inte	nance							0	Ma	ırin	as													
0	Chu	ırch	es									0	Me	etal	Pla	atein	ıg (	Эре	eratio	ons								
0	Coı	nme	rcial	Car	washe	S						0	Ou	tdo	or	Flui	d S	tor	age									
0	Coı	nme	rcial	Lau	ndry/[	Ory	Clear	ners				0	Paı	rkir	ng l	Lot ]	Ma	inte	enan	ce								
0	Coı	ıstru	ction	Vel	nicle V	Vas	houts	3				0	Pri	nti	ng													
0	Cro	oss-C	Conne	ctio	ns							0	Re	side	enti	al C	Carv	was	shing	5								
0	Dis	tribu	ition	Cen	ters							0	Re	stai	ıra	nts												
0	Foo	od P	roces	sing	Facili	ties						0	Scl	100	ls	and	Un	ive	rsitie	es								
0	Gaı	rbag	e Tru	ck V	Vasho	ıts						0	Sep	otic	M	laint	ena	ince	e									
0	Hos	spita	ls									0	Sw	'im	mir	g P	ool	S										
0	Imp	orope	er RV	Wa	ste D	ispo	sal					0	Ve	hic	le ]	Fuel	ing											
0	Ind	ustri	al Pro	oces	s Wat	er						0	Ve	hic	le I	Mair	nt./I	Rep	air	Sho	ps							
0	Oth	er:										0	No	ne														
0	Sev	versl	neds:																									

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 M	S4/0	Coal	litio	n S	torm	wate	r Coa	alitio	n of .	Alba	ny C	ount	У									N	Y	R	2	0				
3.b.	Wha	at ty	ype	s o	f il	lici	t di	iscł	ıar	ges	ha	ve	bee	en f	ou	nd	du	rin	g tl	nis	rep	ort	ing	g pe	erio	od?	ı				
○ B1	oken	Lir	nes	Fro	m S	San	itar	y S	ewe	r				Ind	ustr	ial	Co	nne	ctio	ns											
○ C1	oss	Con	nec	tior	ıs									Infl	OW/	/Inf	iltra	atio	n												
○ Fa	iling	Sej	ptic	Sy	ster	ns								Pur	np S	Stat	ion	Fai	ilur	e											
○ Fl	oor I	Orai	ns (	Con	nec	ted	То	Sto	orm	Se	wer	s	0	San	itar	y S	lew	er (	)ve	rflo	ws										
$\circ$ III	egal	Dui	mpi	ng									0	Stra	aigh	nt P	ipe	Sev	ver	Dis	cha	rge	s								
O O1														Noi																	
	How repo		•				sch	arg	ges/	pot	ten	tial	ill	ega	l c	onr	1ec1	tior	is h	av	e b	een	de	tec	ted	l dı	ıriı	ıg t	his	;	
,	repo	1 111	ıg I	Jer.	IOU	. <b>é</b>																									
<b>5.</b> ]	How	ma	any	ill	icit	di	sch	arg	es	hav	ve l	oee	n c	onf	irn	ned	l dı	ıriı	1g (	this	re	poi	tin:	ıg p	eri	iod	?				
																						_									
	How perio		any	ill	icit	di	sch	arg	ges/	ille	gal	co	nn	ecti	ion	s h	av€	be	en	eli	mir	ato	ed o	dur	ing	g th	ıis 1	rep	ort	ing	
<b>7.</b> ]	Has	the	sto	rn	ı se	we	rsh	ed	ma	pp	ing	be	en	coı	np	lete	ed i	n t	his	rep	or	ting	g p	eri	od?	•	0	Υe	es	0	No
]	If No	, ap	pro	oxi	mat	tely	wł	hat	per	cen	ıt w	as	cor	npl	ete	d ir	th	is r	epo	rtii	ng p	peri	od'	?							%
<b>8.</b> ]	ls th	e al	bov	e i	nfo	rm	atio	on :	ava	ila	ble	in	GI	S?														Υe	es	0	No
]	ls th	is iı	nfo	rm	ati	on	ava	ila																			•	Υe	es		No
	lf Ye leas	-							<b>:</b> 000	of	200	70.1	who	ro	ma	n(s	) 00	n h		000	000	d	not	- ho	mo		.00				
	RL	- pi	OVI	ue	spc	C11.	ic a	luui	CSS	OI	Paş	30 '	WIIC		IIIa	h(s	,	ui U	ic a		330	u -	1100	. IIC	71110	ра	ge.				
]	⊇ a	s	s	W	0	r	d		Р	r	0	t	е	С	t	е	d		R	е	s	t	r	i	С	t	е	d			
]	n t	t	р	s	:	/	/	a	С	V	а	r	С	g	i	s		а	1	b	a	n	У	С	0	u	n	t	У	•	С
(	0	m	/	W	е	b	m	a	р	/																					
UI	RL																														
																														=	
L																														_	

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

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

		_	SPI	DES	ID				
Name of MS4/Coalition	Stormwater Coalition of Albany County		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 eval	uated in this reporting period?
	(ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable g	oal during this reporting period?
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth it	n the SWMPP?
	● Yes ○ No
F. Briefly summarize the stormwater activities planned to the next reporting cycle (including an implementation so	8

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.

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

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

		SPL	DES	ID				
Name of MS4/Coalition	Stormwater Coalition of Albany County	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 Contruction Site Inspection Form to interested MS4s. OTHER: 3. Co-sponsor with ACSWCD, 1 4hr E/SC training for Construction Site Operators; distribute promotional material to Coalition members for distribution to their contacts; post training info on Coalition website; pay tuition(s) as needed, funds permitting.

#### 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?
	(ex.: samples/participants/events
D.	Has your MS4 made progress toward this measurable goal during this reporting period?
	$lacktriangle$ Yes $\bigcirc$ No
E.	Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
	○ Yes ● No
F.	Briefly summarize the stormwater activities planned to meet the goals of this MCM during

the next reporting cycle (including an implementation schedule).

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.

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

	CDD	EC ID
	SPDE Stormwater Coalition of Albany County  N Y	R 2 0
ame of MS4/Coalition	1 1 1 1	
se this page to rep entified in your St	port on your progress and project plans toward achieving meatormwater Management Program Plan (SWMPP), including litional pages as needed.	<u> </u>
. Briefly summaı	rize the Measurable Goal identified in the SWMPP in th	is reporting period.
nventory/mapped; NewScotland/Ci-A after NYSDEC Ma	ete field work-system and program map'g (outfalls-corrected; muni facilities inventory/mapped); finalize data/post on Swalb/VGrnIs); 2. Use Survey123 to develop PC SMP inspection intenance Guidance - SW Mgmt Practices 3. Purchase/load/Form(s) to interested M	YIM (AlbCnty/T- on form(s) modeled
3. Briefly summar Goal.	rize the observations that indicated the overall effectiven	ess of this Measurable
•	m and program mapping completed and data posted on SwIM v/Albany, and V/Green Island. 2. No Survey123/Collector And P inspections.	
C. How many time	es was this observation measured or evaluated in this rep	1
·		(ex.: samples/participants/
-	nes was this observation measured or evaluated in this rep	(ex.: samples/participants/
D. Has your MS4 1		(ex.: samples/participants/oreporting period?  ● Yes ○ No
D. Has your MS4 in E. Is your MS4 on E. Briefly summan	made progress toward this measurable goal during this	(ex.: samples/participants/oreporting period?  • Yes • No  • Yes • No

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

	SPI	DES ID					
Name of MS4/Coalition Stormwater Coalition of Albany County	N	Y R	2	0			
2. Provide the following information about municipal operations	good h	ousek	eepi	ing p	rogi	am	ıs:
O Parking Lots Swept (Number of acres X Number of times swept)		# Acı	es				
O Streets Swept (Number of miles X Number of times swept)		# Mi	les				
O Catch Basins Inspected and Cleaned Where Necessary			#				
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>			# [				
O Phosphorus Applied In Chemical Fertilizer		# Ll	os.				
O Nitrogen Applied In Chemical Fertilizer		# Ll	os.				
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)		# Acre	s			].[	
3. How many stormwater management trainings have been provide	ded to	muni	cipal	l emr	olov	ees	
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 report	rting p	eriod	?				2
6. What percent of municipal employees in relevant positions and stormwater management training?	depar	tment	s re	ceive		0	%

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

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

		_	SPI	DES	ID.				
Name of MS4/Coalition	Stormwater Coalition of Albany County		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 from 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 inhouse trainings.

C. How many times was this observation measured or evaluated in this reporting period	C. F	How many	times was	this observa	ation measured	d or evaluated	l in this	reporting period	1?
---	------	----------	-----------	--------------	----------------	----------------	-----------	------------------	----

					0	
:	samp	les/	'part	ici	pant	s/events

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

Yes		No
168	$\sim$	INO

(ex.

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

-	<b>T</b> 7	
(	Yes	
_	100	$\bigcirc$ No

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

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.

MCC form for period ending March 9,  $2 \mid 0 \mid 1 \mid 9$ 

	SPL	)ES	עו						
Name of MS4 Village of Green Island	N	Y	R	2	0	А	3	7	7

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:

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

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

If Joint Report, enter coalition name:

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

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  9

	SP.	DES	ID						
Name of MS4 Village of Green Island	N	Y	R	2	0	А	3	7	7

#### **Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

1.11.9	First Name MI Last Name																														
Ε	1	1	е	n												М		М	С	N	u	1	t	У	_	R	У	a	n		
Title	e																														
М	а	У	0	r																											
Add	lres	S																													
2	0		С	1	i	n	t	0	n		S	t	r	е	е	t															
City	7																			S	tate		Zip								
City G	r	е	е	n		I	S	1	а	n	d											Y	Zip 1	2	1	8	3	] -			
	r	е	е	n		I	S	1	a	n	d														1	8	3	<b>-</b>			
G	r	е	e 0	n	@	I	s	1	a 1	n a	d	е	0	f	g	r	е	е	n						1 d	8	3 C	- •	m		
G eMa	r nil a				<u>@</u>			1				е	0	f	g	r		e Cou		i	7 .	Y	1	2				]	m		

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 9 \end{vmatrix}$ 

	SP	DE	SID						
Name of MS4 Village of Green Island	N	Y	R	2	0	A	3	7	7

#### **Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	t Na	ame														MI		Las	t Na	ame												
S	е	a	n													Ε		W	a	r	d											
Titl	e																															
E	x	е	С	u	t	i	V	е		А	s	s	i	ន	t	a	n	t		t	0		Т	h	е		М	а	У	0	r	
Ado	lres	s																														
2	0		С	1	i	n	t	0	n		S	t	r	е	е	t																
City	/																			S	tate		Zip	)				_				
City G	r	е	е	n		I	s	1	a	n	d											Y	Zip 1	2	1	8	3	_				
	r	е	е	n		I	s	1	a	n	d														1	8	3	_				
G	r	е	e n	n	@	ı	s	1	a 1	n	d	е	0	f	g	r	е	е	n						1 d	8	3 C	•	m			
G eM	r ail e				@			1	a 1			е	0	f	a	r	е	e Cou		i	N :	Y	1	2			 		m			

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

	Name of MS4 Village of Green Island																SPI	<u>DES</u>	ID											
Name of	MS	S4_`	Villa	ge of	Gre	en Is	land															N	Y	R	2	0	A	3	7	7
Section	ı 3	- F	ar	tn	er	Inf	for	ma	atio	on																				
Did your											to c	com	ple	te s	ome	e or	all	pe	rmit	rec	quir	em	ents	du	ring	g th	is r	epo	rtin	g
period?																											) Ye	28	$\circ$	No
If Yes, co	-	-										_					-			_										
Subm			-						-							-												3		
accep coalit			•				-																				ne			
If No, pro							•						-				101	cu	<b>/11</b> 1	<b>11</b> 0	1 111	i tii		Juli	1101	.1.				
Partner/Coalition Name																														
C o u	n	t	У																			N	Y	R	2	0				
Address																												_		_
1 7 5		G	r	е	е	n		S	t	r	е	е	t																	
City State Zip																														
A l b	a	n	У															1	1 7	-	1	2	2	0	2	-		L		
eMail																														$\neg$
n a n	С	У	•	h	е	i	n	Z	е	n	@	а	1	b	a	n	У	С	0	u	n	t	У	n	У	•	g	0	V	
Phone		١,	_			]	_	_	_	_	]								y Bi							cor	dan	ce		
( 5 1	8	)	4	4	7	<b>-</b>	5	6	4	5							wi	th C	<b>3P-</b> 0	-08	-002	2 Pa	rt IV	V.G.	.?		Ye	es	0	No
What tas	ks/1	resp	on	sib	iliti	es	are	sha	arec	l w	ith	this	s pa	ırtn	er (	e.g	j. M	IM	1 S	cho	ol I	Pro	gra	ms	or	Mι	ıltip	ole	Tas	ks)
• MM1	Р	u	b	1	i	С	а	t	i	0	n	s	_	Р	r	0	g	r	а	m	s	_	W	е	b	s	i	t	е	
_		T.T	ъл							Б			120		T.7	70														_
• MM2	S	W	M	Р	D	0	С		A	R	Р	u	b	_	W	A	V	E	S	t	r	m						L	Ш	_
• MM3	0	F	S	У	s	М	a	р	M	а	р	g	S	W	I	M	L	У	r	_	S	v	У	0	R	Ι	F	0	r	m
• MM4	S	v	У	1	2	3	С	0	1	1	е	С	t	r	-	С	0	n	s	I	n	s	р	F	0	r	m			
<ul><li>MM5</li></ul>	Р	С	S	М	Р	М	a	р	g	S	w	I	М	_	S	W	Р	Р	Р	R	е	v	i	е	w	L	У	r	s	$\overline{}$
<ul><li>MM6</li></ul>	F	a	С	М	a	р		S	W	I	M	_	S	v	У	1	2	3	М	u	n	i	F	a	С	F	0	r	m	$\dashv$
• IVIIVIO	T.	а		1*1	a	Р	g	ט	VV		1.1		٥		У				1-1	u	11		T.	a	C	ъ				
Addition	al t	ask	s/r	esp	ons	ibi	litie	es																						
O Wate									0.				•	zen	ieni	t Pi	raci	tice	es re	equ	irec	d fo	r N	<b>1</b> S4	s ii	ı in	npa	ire	d	
wate	rsh	eds	in	clu	ded	in	GP	-0-	08-	002	2 P	art	IX.																	

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

	-	_	·	i								
				SPD	ES	ID						
Name of MS4 Village of Green Island				N	Y	R	2	0	Α	3	7	7

#### Section 4 - Certification Statement

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

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

First Name	MI	Last Name
E 1 1 e n	М	M c N u l t y - R y a n
Title (Clearly print title of individual signing report)		
Mayor		
Signature	,	
Clen M. Mc Nulty-	. Ry	Date
V	-	05/20/20/9

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

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.

			Water Quality Tre  In this section is being reported (check one): In individual MS4 I coalition I was are contributed to this report?  S4/Coalition produced any reports document formwater? If not, answer No and proceed to the following I hed to the annual report I where report(s) is/are provided below provide specific address of page where report(s)													_			SPI	DES	ID							
Name of M	IS4/C	oalitio	on	illage of	f Gree	en Isl	and													N	Y	R	2	0	А	3	7	7
m : c								·							<u> re</u>	nd	<u>s</u>											
The infor	matio	n ın	this	section	n is	bei	ıng	rep	orte	ed (	che	ck (	one)	:														
On bel	alf of	a co	aliti	ion			but	ed	to t	his	rep	ort	t? [															
	ed to				_				-		_						_	g water quality trends (inimum Control Measure ○ Yes • No										
If Yes, ch	noose	one	of th	ne foll	owi	ng																						
○ Report	(s) att	ache	d to	the a	nnua	al re	por	t										N Y R 2 0 A 3 7 7  S  S  S  S  Water quality trends  Minimum Control Measure  ○ Yes ● No										
○ Web P	age(s)	) whe	ere r	eport(	(s) is	s/ar	e pr	ovi	ded	be	low																	
	Pleas	se pr	ovi	de spe	ecif	ic a	ddr	ess	of	pag	ge v	whe	ere 1	ep	ort(	(s) (	can	be	aco	cess	sed	- n	ot h	ion	ne p	age	e.	
	URL																											
																												$\prod$
																												Ħ
	URL																											
																												П
																												Ħ
	URL																					<u> </u>						Ш
																												Ħ
	$\vdash$	+		+																								Н
	URL																											Ш
						T																						$\Box$

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

Name of MS4/Coalition Village of Green Island	SPDES ID           N         Y         R         2         0         A         3         7         7
Minimum Control Measure 1. Public Ed	lucation 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 Managem	nent Practices
Check all topics that were included in Education and Outreach	during this reporting period:
<ul><li>Construction Sites</li></ul>	O Pesticide and Fertilizer Application
● General Stormwater Management Information	O Pet Waste Management
O Household Hazardous Waste Disposal	<ul><li>Recycling</li></ul>
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	● Trash Management
○ Smart Growth	O Vehicle Washing
○ Storm Drain Marking	O Water Conservation
○ Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
Other	
<ul><li>Other</li><li>2. Specific audiences targeted during this reporting period:</li></ul>	
● Public Employees ■ Contractors	
<ul><li>Residential</li><li>Developers</li></ul>	
○ Businesses	
○ Restaurants ○ Industries	
Other: Agricultural	
Other	

Name of MS4/Coalition

## **MS4 Annual Report Form**

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

Village of Green Island

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

2 0 A

N Y R

3 7 7

3. V	Vha nis 1			_			-								e to	ac	hie	eve	edı	ıca	tio	n a	nd (	out	trea	ach	go	als	du	rin	g
O Co	nstrı	ıctio	on S	Site	Op	era	tors	s Tı	aine	ed													#	#Tr	aine	ed					
Dir	ect	Ma	ilinį	gs																			#	Mai	ilin	gs					8
• Kio	osks	or (	Oth	er I	Disp	olay	S																# I	Loca	atio	ns					1
O Lis	t-Se	rves	S																					# I1	n Li	st					
<ul><li>Ma</li></ul>	iling	g Li	st																					# I1	n Li	st		1	4	0	0
○ Ne	wspa	apeı	· A	ds o	or A	rtic	les																# I	Days	s Rı	ın					
O Pul																# <i>P</i>	Atte	nde	es												
	Public Events/Presentations # Attentions # Attention #															Atte	nde	es													
$\circ$ TV	Spo	ot/P	rog	ram	ì																		# I	Days	s Rı	ın					
○ Pri																					To	otal	# Di	stri	bute	ed					
	Loca	tions	s (e.	.g. li	brar	ies,	tow	n off	ices,	kio	sks)																				
		$\frac{1}{1}$		$\frac{1}{1}$			<u> </u>											1		_											
		$\dashv$	$\perp$	$\dashv$	_								<u> </u>		_	_	_	<u> </u>	_												
		_	4	_														4													
$\bigcirc$ $\bigcirc$ $\bigcirc$																															
Otl	ner:	_		$\neg$																											
● We		age:		Pro		•	eci	ific	wel	ad	ldre	esse	S - 1	ot	hon	ne p	oage	e. C	Con	tinu	ie o	n ne	ext p	pag	e if	ado	ditio	onal	l sp	ace	is
W	W	W		v	i	1	1	a	g	е	0	f	g	r	е	е	n	i	ន	1	a	n	d	•	С	0	m	/			
V	i	1	1	a	g	е	/	W	a	t	е	r	_	s	е	W	е	r	/												
UR	L																														
W	W	W		v	i	1	1	a	g	е	0	f	g	r	е	е	n	i	ន	1	a	n	d	•	С	0	m				

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

			MS4/Coalition Village of Green Island															DES													
Na	me o	f MS	4/Coa	alitio	on_\	/illag	ge of	Gree	en Isl	and													N	Y	R	2	0	А	3	7	7
3.	W URL		age (	con	't.:		Pro	ovi	de s	spe	cifi	c w	eb	adc	lres	sses	- r	ot	hor	ne j	pag	e.									
	URL															1		1		1											
	URL																														
					<u> </u>		<u> </u>																								
			ivi54/Coantion																												
	URL			T			1																								
		+																													
	URL																														
					<u> </u>																										
	URL																														
	URL				1		1										I				l										

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

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

SPDES ID

Name of MS4/Coalition Village of Green Island	N Y R 2 0 A 3 7 7
<ul> <li>4. Evaluating Progress Toward Measurable Goals MCM 1  Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.</li> <li>A. Briefly summarize the Measurable Goal identified in the Submit additional Development Tool will be distributed which audiences within the Village, 14. Continue publishing stormwate to maintain website links to Coalition website; continue to particular of the summarize the Measurable Goal identified in the Submit additional pages as needed.</li> </ul>	WMPP in this reporting period.  th identifies location of target er messages in newsletter; continue
B. Briefly summarize the observations that indicated the over Goal.  All goals were completed	
C. How many times was this observation measured or evalua	ted in this reporting period?  (ex.: samples/participants/events
D. Has your MS4 made progress toward this Measurable Goa	
E. Is your MS4 on schedule to meet the deadline set forth in t	● Yes ○ No  the SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation scho	e e
We will continue to evaluate our program and implement MCM	1 goals from SWMPP in 2019-20.

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

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

	_	SP	DES	ID				
Name of MS4/Coalition Village of Green Island		N	Y	R	2 0	A	3 '	7 7
Minimum Control Measure 2. Public Invo	olvemo	ent/I	Par	<u>tici</u> j	<u>oati</u>	<u>on</u>		
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 development, evaluation and improvement of the Stormw		-				ram	ì	
(SWMP) Plan during this reporting period? Check all the		_	,			,		
<ul><li>Cleanup Events</li></ul>			# E	vents				1
<ul> <li>Comments on SWMP Received</li> </ul>		# (	Comi	nents				0
○ Community Hotlines Phone # (		)			Ī-			
Phone # ( Phone # (		)			_ _			
Phone # ( Phone # (		)			_ _			
Phone # ( Phone # (					_ _			
Phone # ( Phone # (					<b>-</b>			
Phone # ( Phone # (		)			<b>–</b>			
• Community Meetings		#.	Atte	ndees			1	. 5
○ Plantings			S	q. Ft.				
O Storm Drain Markings			# D	rains	, =			$\overline{\Box}$
O Stakeholder Meetings		#	Atte	ndees	3			
O Volunteer Monitoring			# E	vents				
Other:								
2. Was public notice of availability of this annual report an	d Storn	nwat	er N	/Iana	agen	nent		
Program (SWMP) Plan provided?					_	Yes		○ No
○ List-Serve			# I	n List				Щ
O Newspaper Advertising		#	Day	s Run				
○ TV/Radio Notices		#	Day	s Run				
Other:								

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

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

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

SPDES ID

ame o	of M	S4/0	Coa	litio	on V	ʻillag	e of	Gree	n Isla	and													N	Y	R	2	0	А	3	7	7
. UI Pl URI	eas					eci	fic	ad	dre	ess(	es)	wł	iere	e no	otic	e(s	) ca	an l	be a	acc	esso	ed	- no	ot k	ion	ıe p	oag	e.			
w	w	w		v	i	1	1	a	g	е	0	f	g	r	е	е	n	i	s	1	a	n	d		С	0	m	/			
v	i	1	1	a	g	е	/	W	a	t	е	r		s	е	W	е	r	/												
URI	Ĺ																														
URI	L																														
URI	L												I																		
<u> </u>																															
URI	L																														
LIDI																															
URI																															
URI	 L																														

Name of MS4/Coalition Village of Green Island

# **MS4 Annual Report Form**

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

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

SPDES ID

YR

2

0 A

3

UR Ple	L(s) ase p	coi prov	n't.: vide	: e sp	eci	ific	ad	dre	ess(	es)	wh	iero	e ne	otic	es	can	be	e ac	ces	sec	l - 1	not	ho	me	pa	ıge.			
URL																													
	+	+	+					$\vdash$																				$\vdash$	$\vdash$
																												<u> </u>	
JRL																													
+	_	+																										$\vdash$	
																												<u> </u>	
JRL																													
																												<u> </u>	
				-																									
JRL									ı				1		1			ı											
JRL						1								1	l														
	_																											<u> </u>	
IDI.																													
JRL																													
																												<u></u>	
	+																											$\vdash$	
JRL																													
JKL																													
																												$\sqsubseteq$	
$\dashv$	+		+					$\vdash$		$\vdash$		$\vdash$													$\vdash$		$\vdash$	$\vdash$	$\vdash$

Name of MS4/Coalition Village of Green Island

# **MS4 Annual Report Form**

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

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 7

3. W					_						_							-		Sto cur				M	ana	age	me	nt			
E	nter	ad	ldre	ess/	con	ıtac	t in	fo	and	se	lect	tra	dio	bu	ttor	ı to	ino	dica	ate	wh	ich	do	cum	nen	t is	ava	aila	ble	an	d	
W	hetl	her	co	mn	nen	ts n	nay	be	sul	omi	itte	d at	th	at l	oca	tio	1. \$	Sut	mi	it ac	ldit	ion	al p	ag	es a	as n	eec	led.			
MS	4/C	oal	itio	n C	ffic	e											A	nnu	al :	Rep	ort		SV	WN	1P 1	Plar	ì	• (	Con	nme	nts
	Dep																			T_											
	V	i	1	1	a	g	е		0	f		G	r	е	е	n		I	s	1	а	n	d								
	Add		s 	_	1	<u>.</u>		_				<u> </u>																			
	2 City	0		С	1	i	n	t	0	n		S	t	r	е	е	t					Zip									
	G	r	е	е	n		I	s	1	a	n	d						F	N	Y		1	2	1	8	3	_				
	Pho																	L													
	(	5	1	8	)	2	7	3	_	2	2	0	1																		
O Lib	rary	ı İros	6														) <b>A</b>	nnu	al I	Rep	ort		SV	WN	1P 1	Plar	ı	$\circ$	Con	nme	nts
	Auc	ires	S																												
	LLI City	/ /																				 Zip									
																											_				
	Pho	ne			1 .				1					1													•				
	(				)				-																						
Oth																	) <b>A</b>	nnu	al :	Rep	ort		S	WN	1P 1	Plar	ı	$\circ$	Con	nme	nts
	Add	lres	S																	Τ											
	 City	,																				7in									
	City	/																				Zip					_				
	Pho	ne																													
	(				)				-																						
• We	b Pa	age	UR	L:													) <b>A</b>	nnu	al :	Rep	ort		SV	WN	1P 1	Plan	ì	0 (	Con	ıme	nts
	w	W	w		v	i	1	1	a	g	е	0	f	g	r	е	е	n	i	s	1	a	n	d		С	0	m	/		
	v	i	1	1	а	g	е	/	w	a	t	е	r	-	s	е	W			Ι.											
	Ple	ease	∟ e pr	ovi	ide	spe	cif	ic a	.dd1	ess	of	pa	ge v	whe	ere	rep	ort	car	ı b	e ac	ces	sec	l - n	ot	hor	ne i	pag	 ge.			
○ eMa			•			1							_			1										1			Con	nme	nts
																															=

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

	<u>S</u> 1	PDE	SID						
Name of MS4/Coalition Village of Green Island	I	1 X	R	2	0	A	3	7	7
4.a. If this report was made available on the internet, what date	was it j	pos	ted?						
Leave blank if this report was not posted on the internet.	0 5	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	g a joint	rep	ort,	ans	wer	5.t	)		
5.a. Was an Annual Report public meeting held in this reportin	g period	1?				Yes	s	0]	No
If Yes, what was the date of the meeting?	0 5		2	1	/[				8
If No, is one planned?					0	Yes	S	0]	No
5.b. Was an Annual Report public meeting held for all MS4s co	ontributi	ing	to tl	nis	rep	ort	du	rin	g
this reporting period?					0	Yes	S	• ]	No
If No, is one planned for each?					0	Yes	S	• ]	No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.					0	Yes	S	• ]	No

### SPDES General Permit for Stormwater Discharges from Municipal Separated Storm Sewer Systems (MS4s) Permit No. GP-0-15-003 JOINT ANNUAL REPORT

Reporting Period March 10, 2018 to March 9, 2019

Minimum Control Measure 2 Public Involvement/Participation

#### **Public Comment Information**

From Annual Report Form MCM 2 Page 5 of 6  Question 6. Were comments received during this reporting period? Yes/No No
If yes, attach comments, responses and changes made to SWMP in response to comments to this report.
List of Attachments:
Minutes from Annual MS4 Presentation and Meeting held on Monday, May 20, 2019 at the Green Island Municipal Center.
Comments (if no Attachments):
No comments were heard at the meeting or by email.

The minutes of the Annual MS4 Public Meeting and regular monthly meeting of the Board of Trustees of the Village of Green Island held on Monday, May 20, 2019 at 6:30 p.m. at the Green Island Municipal Center, 19 George Street, Green Island, New York.

Mayor McNulty-Ryan stated that the first item is the Annual MS4 Public Meeting Presentation by Sean E. Ward.

Sean proceeded to give overview and highlights of the program and everyone had a handout of the presentation.

Sean went on to say that this is a very important to meet the requirements for our Storm Water Permit. The highlights for the past year are that we continue to be a member of the Stormwater Coalition of Albany County and he knows that everybody here has heard this presentation multiple times but he is just going to browse through it and if anyone has any questions, please feel free to ask. We continue to be members of the Stormwater Coalition and we continue to participate in environmental cleanup programs in the Village that we get credit for such as the Spring Cleanup, Street Sweeping and then Tony, Steve and the crew do catch basin inspections and cleaning and working with some of the local communities and the Water Purification District.

We have our laws for detection and elimination of Illicit Discharges and we also have laws for Stormwater Management they have been certified by Attorney Legnard and they were finalized in 2007 and we have to mention that every year that we are still in compliance.

We have developed a system outfall and catch basin mapping system and how each is affected by the storm sewersheds around the Village and we do have a lot of separation and filtration throughout the Village, basically at the south end and the north end of the village are all separated and we have filter systems that filtrate a lot of the storm water at least from at least the large debris anyway.

The highlights from the past year are that we continue to review all commercial development projects. Kristin and the Planning Board, whenever we get any project is part of the public process of the Planning Board approval and the Site Plan review is the public comment period where people can come in and there is a Stormwater Management Plan that is part of any large project and the one that comes to mind immediately is the Starbuck Island Project review, that was an extensive review. A lot of that was done by a third party engineer namely Clough, Harbour & Associates and our Village Engineer Garry Nathan and then all the comments were put into a package for the Planning Board to adopt as part of the process.

The Village Board and the Planning and Zoning Boards continue to attend workshops and training on a year to year basis. The Zoning and Planning Boards are required to have 4 hours training per year as per law. The Village Board is required to have some stormwater training as per the permit. So, usually most of the board members attend the CDRPC yearly training each year and they usually have 2 to 3 hours of stormwater training, where we get enough credit to meet the requirements of the permit. Those that are not able to attend in person do participate in webcasts or some other online training.

The municipal operations, our public works department and all of our departments really they have training and maintenance of all of our staff as to how to maintain our village owned facilities and to maintain the cleanliness of those environments within the facilities and again he mentioned a catch basin cleaning as a cooperative effort with the Water Purification District.

We also continue to develop educational efforts and outreach programs and we do have drain markers and drain makers do state do not dump anything into this catch basin and we have a lot of those Center Island and we do have some on Albany Avenue where there is a high concentration of traffic and where people may be tempted to put things in storm drains. We have also done business brochures where if somebody has a business that could pollute, he is not saying they do pollute, but they could we send them educational brochures every couple of years.

It is very important to educate the businesses of the proper practices for keeping stormwater clean and we use our monthly newsletter quite a bit and Ellen puts a lot in the Mayor's newsletter as well about stormwater practices. Also, the Village and Coalition websites, a lot of times like this entire process of this annual report and meeting are on the Village website right now, a whole synopsis of the program and then we link you to the Albany County Stormwater Coalition which has an extreme amount of information on it.

The Stormwater Management Plan we developed and implemented and in compliance with our new permit and these are all of our procedures and forms that we use (Sean depicted the binder that contains the information) to go over everything from complaints to construction inspection and right now Starbuck Island is a huge development project and that would be huge for just about anybody and we have our Village Engineer and we also have a part-time Code Inspector Ron Monast and he is on site approximately eight (8) hours a week inspecting not only the construction practices but also the stormwater practices and they have a reports every time they go over to the site, they write up and document every inspection.

Sean stated that we have specific forms for every area of stormwater that we have to complete for every specific project that we do. Sean then depicted the binder with our Annual Report and this is five (5) years of annual reports and we are required to keep five years of annual reports on file and he has them in a nice handy binder but this is the Annual Report that we have to complete every year and part of the report is whether or not we have a public process and we have the ability to comment on this annual report and it is posted on the website since May 5<sup>th</sup>, 2019 and it also talks about the public process where you can talk at this meeting or any time really.

He stated that we have already talked about management for the coming year and we are going to continue to educate contractors and our own employees and we are going to continue to provide field inspections and we are going to continue to evaluate our own practices which we do year to year.

Sean presented a copy of our Organizational Chart and everybody on that chart should look familiar to you, that is our MS4 Organizational Chart and it is a requirement of our Stormwater Permit that we have an outline of who is responsible for what and we have that right here.

The website information, he already talked about it is on our website, <a href="https://www.villageofgreenisland.com">www.villageofgreenisland.com</a> and <a href="https://www.stormwateralbanycounty.org">www.stormwateralbanycounty.org</a>. Comments will be taken until 12 Midnight tonight or we can accept them right now.

No comments.

Mayor McNulty-Ryan stated that Sean did an excellent job.

Mayor McNulty-Ryan closed the MS4 presentation.

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

		SPDES ID
Name of MS4/Coalition	Village of Green Island	N Y R 2 0 A 3 7 7
7. Evaluating Pro	ogress Toward Measurable Goals MCM 2	
identified in your S	port on your progress and project plans toward tormwater Management Program Plan (SWM) itional pages as needed.	
A. Briefly summa	rize the Measurable Goal identified in the S	WMPP in this reporting period.
Village explains D	nually update public contact information in M RAFT annual report and Coalition on Village dback. It also advertises MS4 annual public mo	website as well as how to provide
B. Briefly summa Goal.	rize the observations that indicated the over	rall effectiveness of this Measurable
2-1 update is comp	pleted (annually) 2-2 posting on website is com	npleted annually
C. How many tim	es was this observation measured or evalua	ted in this reporting period?  [ex.: samples/participants/events
D. Has your MS4	made progress toward this measurable goa	during this reporting period?
E. Is your MS4 or	n schedule to meet the deadline set forth in t	● Yes ○ No  • Yes ○ No  • Yes ○ No
•	rize the stormwater activities planned to mo ing cycle (including an implementation scho	eet the goals of this MCM during
2-2 Public meeting	comments will be collected and added to Coa	lition wide comments.

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

Name of MS4/Coal	litio	n Vill	lager of	f Gre	en Islar	ıd												N	Y ]	R	2	0 .	A	3	7 7
24: 1		~	_		N #		•		<b>T11</b> •	• 4	D.		•		ъ		4•				710			•	
<u>Minim</u>	<u>un</u>	<u>1 Ca</u>	<u>ontr</u>	<u> 10</u>	<u>Mea</u>	sur	e 3	<u>.                                    </u>	III1	<u>cit</u>	<u>Di</u>	SC.	har	·ge	<u>De</u>	te	<u>cti</u>	on :	anc	<u>1 L</u>	Sh	mu	<u>1at</u>	10	<u>n</u>
The information	in t	his s	ectio	n is	being	g rep	orte	ed	(che	ck o	one)	):													
<ul><li>On behalf of a</li><li>On behalf of a</li><li>Ho</li></ul>	co	alitio	n		4 contr	ibut	ed t	to	this	rep	ort	? [													
1. Enter the n	un	ıber	and	ар	prox	. pe	rce	nt	of o	utf	all	s n	napj	pec	l: [				1	7	#		1	0	0 %
2. How many reporting p													-	we	eath	er	dis	scha	rge	s d	lur	ing	thi	is	0
3.a. What types reporting p		_	erat	ing	sites	s/sev	ver	sh	eds	wei	re 1	tar	gete	ed f	for i	ns]	pec	ction	n du	ıriı	ng	this	8		
O Auto Recy	cle	rs							0	Laı	nds	cap	ing	(Ir	rigati	on	)								
O Building M	Mai	ntena	ance						0	Ma	ırin	as													
O Churches									0	Me	etal	Pla	atein	ıg (	Opera	tic	ns								
O Commerci	al (	Carw	ashes	3					0	Ou	tdo	or i	Flui	d S	torag	e									
O Commerci	al L	auno	dry/D	ry	Clean	ers			0	Paı	rkin	ıg I	Lot 1	Ma	inten	anc	ce								
○ Constructi	on	Vehi	cle V	Vasl	houts				0	Pri	ntiı	ng													
O Cross-Con	nec	tions	3						0	Re	side	enti	al C	Carv	wash	ng									
O Distributio	n (	Cente	rs						0	Re	staı	ıraı	nts												
○ Food Proc	essi	ng F	acilit	ies					0	Scl	100	ls a	and	Uni	ivers	tie	S								
O Garbage T	ruc	k Wa	ashou	ıts					0	Sep	otic	M	aint	ena	nce										
O Hospitals									0	Sw	'imı	nin	g P	ool	s										
O Improper I	RV	Was	te Di	spo	sal				0	Ve	hicl	le l	Fuel	ing											
O Industrial	Pro	cess	Wate	er					0	Ve	hicl	le N	Main	ıt./F	Repai	r S	Sho	ps							
Other:									•	No	ne									_					
○ Sewershed	ls:																								

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 & 9 \end{bmatrix}$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name o	of M	S4/C	oali	tior	l_Vi	illage	e of (	Gree	n Isla	ınd													N	Y	R	2	0	А	3	7	7
3.b.V	Vha	t ty	pes	of	ill	ici	t di	iscł	ar	ges	ha	ve	bee	en f	ou	nd	du	rin	g tl	nis	rep	ort	ting	g pe	erio	od?	ı				
O Bro	ken	Line	es F	ror	n S	Sani	itar	y S	ewe	r			0	Ind	ustr	ial	Co	nne	ctio	ns											
O Cro	oss (	Conr	necti	ions	s									Infl	OW/	/Inf	iltra	itioi	n												
O Fai	ling	Sep	tic S	Sys	ten	ns							0	Pun	np S	Stat	ion	Fai	lur	e											
○ Flo	or D	rain	ıs C	onr	nec	ted	То	Sto	orm	Se	wer	s	0	San	itar	y S	ew	er C	)ve	rflo	WS										
O Ille	gal ]	Dun	npin	ıg									0	Stra	aigh	t P	ipe	Sev	ver	Dis	cha	rge	S								
Oth  4. H		ma	nv i	illi	cit	dis	sch	arg	Jes/	noi	ten:	tial		Noi		onr	neci	tion	ns h	nav	e be	een	de	tec	ted	l dı		าฮ 1	this		
		rting	•				CII	ui e	,007	Pot		uu		· Su					10 1	ıu v			uc		···	· u·	** **	-5			0
																												J			
5. H	[ow	ma	ny i	illi	cit	dis	sch	arg	ges ]	hav	ve l	)ee	n c	onf	irn	ned	dı	ırir	ıg t	this	re	poı	tin	g p	eri	od	?				0
6. H	low erio		ny i	illi	cit	dis	sch	arg	ges/	ille	gal	co	nn	ecti	ion	s h	ave	be	en	eliı	nin	ato	ed o	lur	ing	g th	is 1	rep	ort	ing	0
7. H		t <b>he</b> s									_				_					_			_		od?	•		Ye	es 0	0	No
8. Is		e ab s in																										Ye Ye			No No
		s, pi							<i>.</i>	011		. ,,	Co	•														10	73		NO
Ple URI		pro	ovid	le s	pe	cifi	ic a	.dd1	ess	of	pag	ge v	whe	ere	ma	p(s)	) ca	ın b	e a	cce	sse	d -	not	ho	me	pa	ge.				
h	t	t :	р	s	:	/	/	a	С	v	a	r	С	g	i	s		a	1	b	a	n	У	С	0	u	n	t	У	•	
С	0	m	/ \	w	е	b	m	а	р	/																					
UR	L																														
		_																													

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

s) con	't.:																									
•		pec	ific	ad	dre	ess	of	paş	ge v	whe	ere	ma	p(s	s) c	an	be	acc	ess	ed	- n	ot l	hon	ne j	pag	ge	
		_	I							1		1				1	I		I		I					
	'																									
									<u> </u>							<u> </u>										
															1											
		provide s	provide spec	provide specific	provide specific ad	provide specific addre	provide specific address	provide specific address of	provide specific address of page 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 t	provide specific address of page v	provide specific address of page who	provide specific address of page where	provide specific address of page where ma	provide specific address of page where map(s	provide specific address of page where map(s) c	provide specific address of page where map(s) can	provide specific address of page where map(s) can be	provide specific address of page where map(s) can be acc	provide specific address of page where map(s) can be access	provide specific address of page where map(s) can be accessed	provide specific address of page where map(s) can be accessed - n	provide specific address of page where map(s) can be accessed - not in the control of the contro	provide specific address of page where map(s) can be accessed - not non	provide specific address of page where map(s) can be accessed - not nome	provide specific address of page where map(s) can be accessed - not nome page.	provide specific address of page where map(s) can be accessed - not home page

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

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

SPDES ID

Name of MS4/Coalition Villager of Green Island	N Y R 2 0 A 3 7 7
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM) III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
3-9 DPW will continue to document any illicit discharges	
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
3-9 DPW and CEO had no illicit discharges and no illegal dumpi	ing during this reporting period.
C. How many times was this observation measured or evalua	ted in this reporting period?
D. Has your MS4 made progress toward this measurable goa	(ex.: samples/participants/event
D. Has your 14154 made progress toward this measurable goa	• Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in t	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation scho	9
3-9 DPW and CEO will continue to check and document illicit d	ischarges.

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

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

		SPI	DES	ID						
Name of MS4/Coalition	Village of Green Island	N	Y	R	2	0	А	3	7	7

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

	<b>Construction Site and Post-Construction Control</b>			
The	e information in this section is being reported (check one):			
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?			
1a	. Has each MS4 contributing to this report adopted a law, ordinance or other mechanism that provides equivalent protection to the NYS SPDES General	Permit fo	or	
	Stormwater Discharges from Construction Activities?	• Ye	S	○ No
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Loca © 09/2004	es ○ North Law.  • 03/200		○ NT ○ NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	• Ye	S	○ No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) reviewed in this reporting period?	have bee	en	1
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of comments related to construction SWPPPs?  • Y		o '	O 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 ab SWPPP process?	oout the lo		○ 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:

O Notices of Violation	#	O No Authority
O Stop Work Orders	#	O No Authority
O Criminal Actions	#	O No Authority
O Termination of Contracts	#	O No Authority
O Administrative Fines	#	O No Authority
O Civil Penalties	#	O No Authority
O Administrative Orders	#	O No Authority
O Enforcement Actions or Sanctions	#	
Other	#	O No Authority

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

		SPDES ID		
Nar	ne of MS4/Coalition Village of Green Island	N Y R 2	0 A 3	7 7
	Minimum Control Measure 4. Construction Site Storm	nwater Run	off Con	<u>trol</u>
The	e information in this section is being reported (check one):			
	On behalf of an individual MS4 On behalf of a coalition			
	How many MS4s contributed to this report?			
1.	How many construction projects have been authorized for disturbuling this reporting period?	bances of one	acre or r	nore 1
2.	How many construction projects disturbing at least one acre wer during this reporting period?	e active in you	ır jurisd	iction 1
3.	What percent of active construction sites were inspected during t	this reporting	period?	○NT
			1 0	0 %
4.	What percent of active construction sites were inspected more that	an once?		O NT
5.	Do all inspectors working on behalf of the MS4s contributing to the Construction Stormwater Inspection Manual?	this report use	1   0 e the NYS ○ No	0 % S ○ NT
6.	Does your MS4/Coalition provide public access to Stormwater Po (SWPPPs) of construction projects that are subject to MS4 review	ollution Preve	ntion Pla	
	If your MS4 is Non-Traditional, are SWPPPs of construction propublic review?			
	If Yes, use the following page to identify location(s) where SWPPPs	can be accessed	ed.	

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

																				7			SPI	DES	ID						
Name o	of MS	S4/C	Coal	litic	on_\	/illag	ge of	Gree	en Isl	and													N	Y	R	2	0	A	3	7	7
6. co	o <b>n't</b> ubm		add	itic	ona	l pa	iges	s as	ne	ede	ed.																				
• MS	MS4/Coalition Office																														
	Depa																														
	V	i	1	1	a	g	е		0	f		G	r	е	е	n		I	s	1	a	n	d								
	Add	ress	,																												
	2	0		С	1	i	n	t	0	n		S	t	r	е	е	t														
	City																		_		•	Zip									_
	G	r	е	е	n		Ι	s	1	a	n	d						N	I Y			1	2	1	8	3	-				
	Phor				. 1																										
	(	5	1	8	)	2	7	3	-	2	2	0	1																		
O Lib	rary																														
	Add	ress	;																												
	City																		_	7		Zip									
																											-				Ш
	Phor	ie																													
	(				)				-																						
Oth	er																														
	Add	ress																													
	City																			_		Zip									
																											-				
	Phor	ie			. 1				1																						
	(				)				-																						
○ We	h Pa	ge.	UR	L(s	:)·	P	leas	se n	rov	ide	sne	cifi	c a	ddre	288	whe	ere S	SW	PPI	Ps c	ean	he a	acce	esse	d -	not	hor	ne i	page	e.	
	URL	50	011		,,.	•		P	101	140	ърс		·Cu		000	*****	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J 11			, wii			,,,,,	•	1101		j	, ug		
																													_		ᆿ
		$\dashv$	$\perp$																										_		=
	URL																														
		İ	Ì																										Ħ		一
		+																													닉

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

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

Name of MS4/Coalition Village of Green Island	N Y R 2 0 A 3 7 7
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
4-2 SWPPP Review Procedures forms 4-4 Complaint procedures forms 4-6 pre-construction meeting forms & procedures 4-7 Villa E-SC required training 4-8 Staff will review existing SWPPP recadditional training for staff	age will forward availability of
B. Briefly summarize the observations that indicated the over Goal.	call effectiveness of this Measurable
4-2, 4-4, 4-5 4-6 forms are used on our projects 4-7 Village email contractors that are known to work in our community 4-8 Village and has hired additional staff to assist with inspections	
C. How many times was this observation measured or evaluation	ted in this reporting period?

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

• Yes O No

(ex.: samples/participants/events)

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).

4-7 Village will continue to forward training opportunities to contractors 4-8 Village hired a PT engineer with SW experience to help improve the review and inspection process we have now. We have also hired an additional PT CEO in 2018-19 to provide more inspection coverage of projects.

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

Name of MS4/Coalition	N Village of Green Islan	d		N Y R	2 0 A 3 7 7
Minimum	Control Mea	sure 5. Post	-Construction	on Stormwater N	<u>Management</u>
The information in the On behalf of an inc		g reported (che	ck one):		
On behalf of a coa		ibuted to this	report?		
				nnagement practices eporting period?	has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	ces				
○ Filter Systems		3		1	
○ Infiltration Basins					
Open Channels					
○ Ponds					
○ Wetlands					
Other					
•	electronic tool ( ions and mainta		abase, spreads	heet) to track post-	-construction ○ Yes ● No
3. What types of Development/E		•		implement Low Ir nciples?	npact
<ul><li>Building Codes</li></ul>	O Municipal Co	omprehensive P	Plans		
Overlay Districts	Open Space l	Preservation Preservation Preservation	ogram		
<ul><li>Zoning</li></ul>	<ul><li>Local Law or</li></ul>	Ordinance			
○ None	O Land Use Re	egulation/Zoning	g		
O Watershed Plans	Other Compr	ehensive Plan			
Other:					

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

		21.1	JE2	ıυ						
Na	me of MS4/Coalition Village of Green Island	N	Y	R	2	0	A	3	7	7
<b>4</b> a	. Are the MS4s contributing to this report involved in a regional/watersh	ed v	vide	pla	ann		effo Yes			No
<b>4</b> b	o. Does the MS4 have a banking and credit system for stormwater manag	eme	nt p	rac	etic					
						0	Yes	S		No
4c	. Do the SWMP Plans for each MS4 contributing to this report include a and approval of banking and credit of alternative siting of a stormwate	-				t pr	acti	ce?		
							Ves	2		No
						$\circ$	100	,	•	110
<b>4</b> d	l. How many stormwater management practices have been implemented	as p	art (	of t	his					
<b>4</b> d	l. How many stormwater management practices have been implemented reporting period?	as p	art (	of t	his			in		
	reporting period?  What percent of municipal officials/MS4 staff responsible for program	imp	lem	ent	atio	syst	tem	in	thi	
	reporting period?	imp	lem	ent	atio	syst	tem	in	thi	

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

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

		SPL	)ES	ID						
Name of MS4/Coalition	Village of Green Island	N	Y	R	2	0	А	3	7	7

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

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

- A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
- 5-3 if opportunity arises Village will may consider planning concepts included in this BMP 5-5 post construction SWPPP review procedures forms 5-8 Discuss post construction practices and data collection with DPW 5-9 post construction practices inventory procedures and forms 5-12 Village will review existing SWPPP record keeping and update as needed. Additional training may be needed
- B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
- 5-3 no opportunity came about during the reporting period 5-5 post construction forms have been developed 5-8 discussions have occurred and action has been taken including joint training with private industrial park owners 5-9 same as 5-8. 5-12 discussions about record keeping updates have occurred and are ongoing.
- C. How many times was this observation measured or evaluated in this reporting period?

		2	
 7	· ·	 	/

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

_		~
-	$V_{\Delta c}$	$\cap$ No.

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

-	<b>T</b> 7	
(	Yes	
_	100	$\bigcirc$ No

- F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
- 5-3 Village has been awarded a grant for a zoning code update which would incorporate planning concepts as outlined in this BMP 5-5, 5-8, 5-9 and 5-12 The Village hired a PT Engineer with SW experience to assist new staff with requirements of these goals and DPW has started use of new forms for post construction monitoring as well. Additional PT CEO was also hired in 2018-19.

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

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

		SPE	DES	ID						
Name of MS4/Coalition	Village of Green Island	N	Y	R	2	0	А	3	7	7

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

The information in this section is being reported (check one):	
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>	
How many MS4s contributed to this report?	

Other..... • Yes

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

**Self-Assessment** 

 $\bigcirc$  No

**Operation/Activity/Facility** performed within the past 3 **Operation/Activity/Facility** vears? Addressed in SWMP? Street Maintenance..... 

Yes ○ No ...... • Yes  $\bigcirc$  No Bridge Maintenance.... O Yes ● No ...... ○ Yes No Winter Road Maintenance.... 

• Yes ○ No ..... • Yes  $\bigcirc$  No Salt Storage..... • Yes ○ No ..... • Yes  $\bigcirc$  No Solid Waste Management..... O Yes ● No .....
• Yes  $\bigcirc$  No ○ No ..... • Yes New Municipal Construction and Land Disturbance.. • Yes  $\bigcirc$  No Right of Way Maintenance.... O Yes ● No ..... ○ Yes No ● No ..... ○ Yes No Marine Operations.... O Yes Hydrologic Habitat Modification..... O Yes ● No ..... ○ Yes No ○ No Yes  $\bigcirc$  No Parks and Open Space.... 

Yes ○ No ..... • Yes Municipal Building..... • Yes  $\bigcirc$  No  $\bigcirc$  No Stormwater System Maintenance..... • Yes ○ No ..... • Yes ○ No Yes  $\bigcirc$  No Vehicle and Fleet Maintenance..... • Yes

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

	SPDE	SID				
Name of MS4/Coalition Village of Green Island	N Y	7 R 2	0 A	3	7	7
2. Provide the following information about municipal operations g	good hou	ısekeep	ping p	rogr	am	s:
<ul><li>Parking Lots Swept (Number of acres X Number of times swept)</li></ul>	#	Acres				1
• Streets Swept (Number of miles X Number of times swept)	#	<sup>4</sup> Miles			1	8
<ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>		#				0
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>		#			:	2
O Phosphorus Applied In Chemical Fertilizer		# Lbs.				
O Nitrogen Applied In Chemical Fertilizer		# Lbs.				
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)		Acres			].[	
3. How many stormwater management trainings have been provide	led to m	unicipa	al emp	oloye	ees	
during this reporting period?					(	0
4. What was the date of the last training?	1 2 /	1 5	/ 2	0	1	7
5. How many municipal employees have been trained in this report	rting per	riod?				1
6. What percent of municipal employees in relevant positions and	departn	nents r	ecei <u>ve</u>			
stormwater management training?			1	0	0	%

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

If submittir	ng this form as part of a joint report on behalf of	f a coalition leave SPDES ID blank.
		SPDES ID
Name of MS4/Coalition	Village of Green Island	N Y R 2 0 A 3 7 7
_	ogress Toward Measurable Goals MCM 6	rd achiaving maggurable goals
identified in your St III.C.1. Submit addi	tormwater Management Program Plan (SWN itional pages as needed.	MPP), including requirements in Part
A. Briefly summan	rize the Measurable Goal identified in the	SWMPP in this reporting period.
collect sweeping da	andated catch basin inspection schedule and atta for parking lots and streets; Updated facilievaluate and include GI practices where apparators as needed	lity inventory and use of self audit
B. Briefly summar Goal.	rize the observations that indicated the ov	verall effectiveness of this Measurable
town sweeper and s	oleted this BMP as required 6-4 very difficul sometimes communicating need for collecting in MS4 area 6-12 completed as required.	
C. How many time	es was this observation measured or evalu	
D Has your MS4	made progress toward this measurable go	(ex.: samples/participants/eve
D. Has your wis-	made progress toward this measurable go	• Yes O No
E. Is your MS4 on	schedule to meet the deadline set forth in	n the SWMPP?
-		● Yes ○ No
<u> </u>	rize the stormwater activities planned to n ing cycle (including an implementation scl	
	y effort to collect sweeping data from out of corporation into new zoning update 6-12 201	

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

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

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

<u>Minir</u>	<u>num Control Measure 1. Public Ed</u>	ucation and Outreach
<ul><li>On behalf of an indi</li><li>On behalf of a coali</li></ul>		1
1. Targeted Public	Education and Outreach Best Manageme	ent Practices
Check all topics that	were included in Education and Outreach du	uring this reporting period:
<ul><li>Construction Sites</li></ul>		Pesticide and Fertilizer Application
• General Stormwater	Management Information	Pet Waste Management
O Household Hazardo	us Waste Disposal	○ Recycling
O Illicit Discharge De	tection and Elimination	Riparian Corridor Protection/Restoration
• Infrastructure Main	tenance	O Trash Management
<ul><li>Smart Growth</li></ul>		• Vehicle Washing
O Storm Drain Markir	ng	O Water Conservation
○ Green Infrastructure	e/Better Site Design/Low Impact Development	O Wetland Protection
Other:  Coaliiti		O None  t Y o u C a n D o
2. Specific audienc	ces targeted during this reporting period:	
Public Employees	Contractors	
<ul><li>Residential</li></ul>	O Developers	
<ul><li>Businesses</li></ul>	• General Public	
○ Restaurants	○ Industries	
• Other:	○ Agricultural	

i t i

o n

i

t

W e b s

o a 1

С

1

а

G e n

Other

e r

u b

1 i

С

Name of MS4/Coalition

# **MS4 Annual Report Form**

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

Stormwater Coalition of Albany County

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

SPDES ID

Y R 2 0

3. V	Vha nis 1			_			-								se t	o a	chi	eve	e ed	luca	atio	n a	nd	ou	tre	ach	ı go	als	du	ırin	ıg
• Co	nstrı	ıcti	on	Site	O	era	tors	s Tı	rain	ed														# Tı	rain	ed				4	7
O Dir	ect	Ma	ilin	gs																			#	Ma	ilin	gs					
• Kio	osks	or	Oth	ner l	Dis	play	/S																# ]	Loc	atio	ns					7
• Lis	t-Se	rve	S																					# I	n L	ist			1	8	1
○ Ma	iling	g L	ist																					# I	n L	ist					
○ Ne	wspa	ape	r A	ds o	or A	Artic	cles																# :	Day	s Rı	un					
• Pul	olic	Ev	ents	s/Pr	esei	ntat	ions	S															# .	Atte	nde	es				8	4
	nool	Pro	ogra	am																			# .	Atte	nde	es					
$\circ$ TV	Spo	ot/F	rog	gran	1																		# :	Day	s Rı	un					
• Pri																					Т	otal	# D	istri	ibut	ed				5	6
	Loca	tion r	is (e	g. li	ibrai e	ries, n	tow	n of	fices t	, kio i			Н	a	n	d	0	u	t	s											
	2		C	W	Р	11	W	e	b	C	a	s	t	s	11	<u>а</u>		<u>u</u>													
	Н	R	W	s	h	е	_	A	1	1	i		n	C	e		P	r	e	s											
	S	t	0	r	m	М				_	P	a		r	0	0	n	C		k											
<ul><li>Otl</li></ul>	$\sqcup \sqcup$				111	1*1	а	р	g			а		_	0		11			1,7											
	2		С	W	Р		W	е	b	С	а	s	t	-	A	r	С	h	i	v											
● We		age	:		ovio		peci	ific	we	b ac	ddr	esse	es -	not	ho	me	pag	ge.	Cor	ntin	ue o	n n	ext	pag	ge if	ad	diti	ona	l sp	ace	is
W	7 W	W		s	t	0	r	m	W	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У		0	r	g		
UR	L											_		_			_			_											
			<u> </u>														+	<u> </u>													
			<u> </u>	<u> </u>			<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>		+	+		<u> </u>											

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

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

	 SPD.	ES	ID				
Name of MS4/Coalition Stormwater Coalition of Albany County	N Z	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 rep	oorting 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).

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.

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

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						N	Y	R	2	0				
Minimum Control Measure 2. 1	Public Ir	1 <b>V</b> (	lve	em	<u>en</u>	t/P	ar	tici	ipa	<u>atic</u>	<u>on</u>			
The information in this section is being reported (check	one):													
<ul> <li>On behalf of an individual MS4</li> <li>● On behalf of a coalition</li> <li>How many MS4s contributed to this re</li> </ul>	port?	1	1											
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	f the Stori	nw	ate	r N	<b>Ta</b> ı	nag				-	ran	n		
○ Cleanup Events							# F	Even	ts					
<ul> <li>Comments on SWMP Received</li> </ul>						# <b>C</b>	Com	men	ts					0
<ul><li>Community Hotlines</li></ul>	Phone #	(	5	1	8	)	4	4	7	_	5	6	4	5
Phone # ( )	Phone #	(				)				_				
Phone # ( )	Phone #	(				)				<b>-</b>				
Phone # ( )	Phone #	(				)				<b>-</b>				
Phone # ( )	Phone #	(				)				_				
Phone # ( )	Phone #	(				)				_				
O Community Meetings						# .	Atte	nde	es					
○ Plantings							5	Sq. F	₹t.					
O Storm Drain Markings							# I	Orair	ns					
O Stakeholder Meetings						# .	Atte	nde	es					
<ul><li>Volunteer Monitoring</li></ul>							# E	Even	ts					4
Other: PublicComments	Joi	n	t	D	R	А	F	Т	M	S	4	P	m	t
2. Was public notice of availability of this annu- Program (SWMP) Plan provided?	al report	and	d St	tori	mw	ato	er I	Mai	nag	_	ien Ye		0	No
• List-Serve							# I	n Li	st				3	4
O Newspaper Advertising						# :	Day	s Ru	ın					
○ TV/Radio Notices # Days Run														
O4														

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

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

																				,			SPI	DES	S ID						
ame	of M	S4/0	Coa	litio	n S	torm	wate	r Co	alitio	n of	Alba	ıny C	ount	У									N	Y	R	2	0				
TI	DI A	(a)	001	.14 .																=										•	
	RL leas					eci	ific	ad	dre	\ss(	es)	wh	ere	e no	otic	e(s	) ca	an Ì	he s	acc	ess	ed	- n	ot l	าดท	ne i	าลอ	e.			
UR		· P	101	144	· op			uu	<b>u</b>	) ပေ	CD)	***				. <b>C</b> (D	,	•==		ucc	CDD	Cu			1011	j	,E	,			
W		W		s	t	0	r	m	w	a	t	е	r	a	1	b	а	n	У	С	0	u	n	t	У		0	r	g		
UR	L																														
UR	L							1					-										-		1		•			-	-
UR	L					-				•				•					•		-							-			
UR	L						•	•																	•						
UR	L																														
UR	L																														
	1						$\overline{}$	$\overline{}$																			$\overline{}$				

Name of MS4/Coalition

# **MS4 Annual Report Form**

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

Stormwater Coalition of Albany County

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

	3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?																														
	nter hetl																												e an l.	d	
• MS		oali	itio	n O			·													Rep			_	_		Plar			Con	nme	ents
	S	t	0	r	m	W	а	t	е	r		С	0	а	1	i	t	i	0	n	-	А	1	b	a	n	У	С	n	t	У
	Add										_									T.		l				Ι.	,	_	Ι,		
	1 City	7	5		G	r	е	е	n		S	t	r	е	е	t	_	С	n	t	У	H Zip	е	a	1	t	h	В	1	d	g
	A	1	b	а	n	У												Γ	N :	Y		2.ip	2	2	0	2	_				
	Pho																	L													
	(	5	1	8	)	4	4	7	-	5	6	4	5																		
O Libi	rary Add	ress	S														) <b>A</b>	nnu	al l	Rep	ort		$\supset S$	WN	<b>1</b> P 1	Plar	1	0	Cor	nme	ents
·	City	, '															1					Zip									
																		L									-	L			
	Pho	ne			١,									1																	
	(				)				-																						
Oth	Other Other																														
			-																												
	City	,																				Zip						_			
																											-				
	Pho	ne			1 -									1		•	,	_									'				
	(				)				-																						
• Wel	o Pa	ıge	UR	L:													A	nnu	al l	Rep	ort		S	WN	<b>1P</b> 1	Plar	1	• (	Con	nme	ents
	W	W	W	•	ន	t	0	r	m	W	a	t	е	r	a	1	b	a	n	У	С	0	u	n	t	У	•	0	r	g	
'	Ple	ase	pr	ovi	de	spe	cif	ic a	ddı	ess	of	pag	ge v	whe	ere	rep	ort	car	ı be	e ac	ces	sec	l - r	ot	hoı	ne	pag	ge.	-		
• eMa	ail							1															1		1			•	Con	nme	ents
	s	W	С	0	a	1	i	t	i	0	n	@	а	1	b	а	n	У	С	0	u	n	t	У	•	С	0	m			

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

2	0	1	9

		SPI	DES	ID					
Name of MS4/Coalition Stormwater Coalition of Albany County		N	Y	R	2	0			
4.a. If this report was made available on the internet, what dat	te was it	po	oste	d?	,				
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	ng a join	ıt r	еро	rt,	ans	swer	5.b		
<b>5.a. Was an Annual Report public meeting held in this reporti</b> If Yes, what was the date of the meeting?	ng perio	od?	? ] /			) ]/[	Yes	0	No
If No, is one planned?						0	Yes	0	No
5.b. Was an Annual Report public meeting held for all MS4s c	contribu	tin	ıg to	o tl	his	rep	ort d	uri	ng
this reporting period?						0	Yes		No
If No, is one planned for each?						0	Yes	•	No
6. Were comments received during this reporting period?  If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.						0	Yes		No

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

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

	 SPD.	ES	ID				
Name of MS4/Coalition Stormwater Coalition of Albany County	N Z	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	d?
---	----

				1	
(ex.: samp	les/	part	ici	pant	s/events

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

Yes	0	No

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

• Yes •
---------

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

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.

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

Stormwater Coalition of Albany County

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

N Y R 2 0

Name	of M	S4/C	oaliti	on_3	tomiwat	ei Co	anuon	OI A	ibany	_	Ounty										N	Y	R	2	U			
	$\underline{\mathbf{N}}$	<u> Iini</u>	mur	<u>n C</u>	Contr	ol	Mea	asu	re_	3.	. I	llic	cit_	Di	isc	<u>har</u>	·ge	e <b>D</b>	<u>ete</u>	<u>cti</u>	<u>on</u>	an	ıd ː	<u>Eli</u>	<u>mi</u>	na	<u>tio</u>	<u>n</u>
The in	nfor	mati	on in	this	section	n is	bein	ıg re	por	te	d (c	he	ck (	one	):													
○ On ● On		alf c	f a co	oalit				ribu	ted	. to	o th	is 1	rep	ort	? [		1	1										
1. E	nte	r th	e nui	mbe	er and	l ap	pro	х. р	erc	er	nt o	f o	utf	all	s n	nap	peo	d:						#				%
			•		ese ou (outf											•	W	eat	her	dis	scha	arg	es (	dur	ing	th [	is	
		•	pes o g per	_	enera ?	ting	site	s/se	ewe	rs	shed	ls '	we	re	tar	gete	ed :	for	ins	peo	ctio	n d	ur	ing	thi	S		
0	Aut	to R	ecycl	ers								0	Laı	nds	cap	oing	(Ir	riga	ation	1)								
0	Bui	lding	g Ma	inte	nance							0	Ma	ırin	as													
0	Chu	ırch	es									0	Me	etal	Pla	atein	ıg (	Эре	eratio	ons								
0	Coı	nme	rcial	Car	washe	S						0	Ou	tdo	or	Flui	d S	tor	age									
0	Coı	nme	rcial	Lau	ndry/[	Ory	Clear	ners				0	Paı	rkir	ng l	Lot ]	Ma	inte	enan	ce								
0	Coı	ıstru	ction	Vel	nicle V	Vas	houts	3				0	Pri	nti	ng													
0	Cro	oss-C	Conne	ctio	ns							0	Re	sid	enti	al C	Carv	was	shing	5								
0	Dis	tribu	ition	Cen	ters							0	Re	stai	ıra	nts												
0	Foo	od P	roces	sing	Facili	ties						0	Scl	100	ls	and	Un	ive	rsitie	es								
0	Gaı	rbag	e Tru	ck V	Vasho	ıts						0	Sep	otic	M	laint	ena	ince	e									
0	Hos	spita	ls									0	Sw	'im	mir	g P	ool	S										
0	Imp	orope	er RV	Wa	ste D	ispo	sal					0	Ve	hic	le ]	Fuel	ing											
0	Ind	ustri	al Pro	oces	s Wat	er						0	Ve	hic	le I	Mair	nt./I	Rep	air	Sho	ps							
0	Oth	er:										0	No	ne														
0	Sev	versl	neds:																									

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 M	S4/0	Coal	litio	n S	torm	wate	r Coa	alitio	n of .	Alba	ny C	ount	У									N	Y	R	2	0				
3.b.	Wha	at ty	ype	s o	f il	lici	t di	iscł	ıar	ges	ha	ve	bee	en f	ou	nd	du	rin	g tl	nis	rep	ort	ing	g pe	erio	od?	ı				
○ Bı	oken	Lir	nes	Fro	m S	San	itar	y S	ewe	r				Ind	ustr	ial	Co	nne	ctio	ns											
○ C1	oss	Con	nec	tior	ıs									Infl	OW/	/Inf	iltra	atio	n												
○ Fa	iling	Sej	ptic	Sy	ster	ns								Pur	np S	Stat	ion	Fai	ilur	e											
○ Fl	oor I	Orai	ns (	Con	nec	ted	То	Sto	orm	Se	wer	s	0	San	itar	y S	lew	er (	)ve	rflo	ws										
$\circ$ III	egal	Dui	mpi	ng									0	Stra	aigh	nt P	ipe	Sev	ver	Dis	cha	rge	s								
O O1														Noi																	
	How repo		•				sch	arg	ges/	pot	ten	tial	ill	ega	l c	onr	1ec1	tior	is h	av	e b	een	de	tec	ted	l dı	ıriı	ıg t	his	;	
,	repo	1 111	ıg I	Jer.	IOU	. <b>é</b>																									
<b>5.</b> ]	How	ma	any	ill	icit	di	sch	arg	es	hav	ve l	oee	n c	onf	irn	ned	l dı	ıriı	1g (	this	re	poi	tin:	ıg p	eri	iod	?				
																						_									
	How perio		any	ill	icit	di	sch	arg	ges/	ille	gal	co	nn	ecti	ion	s h	av€	be	en	eli	mir	ato	ed o	dur	ing	g th	ıis 1	rep	ort	ing	
<b>7.</b> ]	Has	the	sto	rn	ı se	we	rsh	ed	ma	pp	ing	be	en	coı	np	lete	ed i	n t	his	rep	or	ting	g p	eri	od?	•	0	Υe	es	0	No
]	If No	, ap	pro	oxi	mat	tely	wł	hat	per	cen	ıt w	as	cor	npl	ete	d ir	th	is r	epo	rtii	ng p	peri	od'	?							%
<b>8.</b> ]	ls th	e al	bov	e i	nfo	rm	atio	on :	ava	ila	ble	in	GI	S?														Υe	es	0	No
]	ls th	is iı	nfo	rm	ati	on :	ava	ila																			•	Υe	es		No
	lf Ye leas	-							<b>:</b> 000	of	200	70.1	who	ro	ma	n(s	) 00	n h		000	000	d	not	- ho	mo		.00				
	RL	- pi	OVI	ue	spc	C11.	ic a	luui	CSS	OI	Paş	30 '	WIIC		IIIa	h(s	,	ui U	ic a		330	u -	1100	. HO	71110	ра	ge.				
]	⊇ a	s	s	W	0	r	d		Р	r	0	t	е	С	t	е	d		R	е	s	t	r	i	С	t	е	d			
]	n t	t	р	s	:	/	/	a	С	V	а	r	С	g	i	s		а	1	b	a	n	У	С	0	u	n	t	У	•	С
(	0	m	/	W	е	b	m	a	р	/																					
UI	RL																														
																														=	
L																														_	

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

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

	_	SPL	DES	ID.				
Name of MS4/Coalition Stormwater Coalition of Albany County		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?
	(ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goal durin	ng this reporting period?
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SW	MPP?
	● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the 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.

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

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

		SPL	DES	ID				
Name of MS4/Coalition	Stormwater Coalition of Albany County	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 Contruction Site Inspection Form to interested MS4s. OTHER: 3. Co-sponsor with ACSWCD, 1 4hr E/SC training for Construction Site Operators; distribute promotional material to Coalition members for distribution to their contacts; post training info on Coalition website; pay tuition(s) as needed, funds permitting.

#### 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?
	(ex.: samples/participants/events
D.	Has your MS4 made progress toward this measurable goal during this reporting period?
	$lacktriangle$ Yes $\bigcirc$ No
E.	Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
	○ Yes ● No
F.	Briefly summarize the stormwater activities planned to meet the goals of this MCM during

the next reporting cycle (including an implementation schedule).

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.

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

	CDD	EC ID
	SPDE Stormwater Coalition of Albany County  N Y	R 2 0
ame of MS4/Coalition	1 1 1 1	
se this page to rep entified in your St	port on your progress and project plans toward achieving meatormwater Management Program Plan (SWMPP), including litional pages as needed.	<u> </u>
. Briefly summaı	rize the Measurable Goal identified in the SWMPP in th	is reporting period.
nventory/mapped; NewScotland/Ci-A after NYSDEC Ma	ete field work-system and program map'g (outfalls-corrected; muni facilities inventory/mapped); finalize data/post on Swalb/VGrnIs); 2. Use Survey123 to develop PC SMP inspection intenance Guidance - SW Mgmt Practices 3. Purchase/load/Form(s) to interested M	YIM (AlbCnty/T- on form(s) modeled
3. Briefly summar Goal.	rize the observations that indicated the overall effectiven	ess of this Measurable
•	m and program mapping completed and data posted on SwIM v/Albany, and V/Green Island. 2. No Survey123/Collector And P inspections.	
C. How many time	es was this observation measured or evaluated in this rep	1
•		(ex.: samples/participants/
-	nes was this observation measured or evaluated in this rep	(ex.: samples/participants/
D. Has your MS4 1		(ex.: samples/participants/oreporting period?  ● Yes ○ No
D. Has your MS4 in the second of the second	made progress toward this measurable goal during this	(ex.: samples/participants/oreporting period?  • Yes • No  • Yes • No

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

Stormwater Coalition of Albany County	SPDES ID
Name of MS4/Coalition	N Y R 2 0
2. Provide the following information about municipal operation	ions good housekeeping programs:
O Parking Lots Swept (Number of acres X Number of times swept	t) # Acres
O Streets Swept (Number of miles X Number of times swept)	# Miles
O Catch Basins Inspected and Cleaned Where Necessary	#
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#
O Phosphorus Applied In Chemical Fertilizer	# Lbs.
O Nitrogen Applied In Chemical Fertilizer	# Lbs.
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	umber of # Acres
3. How many stormwater management trainings have been p	ravidad ta municipal amplayaas
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?
6. What percent of municipal employees in relevant positions stormwater management training?	and departments receive

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

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

		_	SPI	DES	ID.				
Name of MS4/Coalition	Stormwater Coalition of Albany County		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 from 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 inhouse trainings.

C. How many times was this observation measured or evaluated in this reporting period	C. F	How many	times was	this observa	ation measured	d or evaluated	l in this	reporting period	1?
---	------	----------	-----------	--------------	----------------	----------------	-----------	------------------	----

					0	
:	samp	les/	part	ici	pant	s/events

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

Yes		No
168	$\sim$	INO

(ex.

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

-	<b>T</b> 7	
(	Yes	
_	100	$\bigcirc$ No

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

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.

MCC form for period ending March 9,  $2 \mid 0 \mid 1 \mid 9$ 

		SPL	)ES	ш						
Name of MS4	TOWN OF GUILDERLAND	N	Y	R	2	0	А	2	1	1

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:

- O 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:

А	L	В	А	N	Y		С	0	U	N	Т	Y	S	Т	0	R	М	W	А	Т	Ε	R			
С	0	А	L	I	Т	I	0	N																	

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

	_	SPI	DES	ID						
Name of MS4 TOWN OF GUILDERLAND		N	Y	R	2	0	A	2	1	1

#### **Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	st Na	ame													_	MI	_	Las	t Na	ame										
Р	Е	Т	Ε	R												G		В	Α	R	В	E	R							
Titl	e																													
Т	0	W	N		S	U	Ρ	Ε	R	V	I	S	0	R																
Ado	lres	s																												
5	2	0	9		W	E	S	Т	Ε	R	N		Т	U	R	N	P	I	K	Ε										
City	У																			$\mathbf{S}$	tate		Zip	)						
City	U	I	L	D	Е	R	L	А	N	D												Y	Zip 1	2	0	8	4	_		
	U	I	L	D	Е	R	L	А	N	D															0	8	4	_		
G	U	I	L b	D	E	R	L @	A	N	D	n	У	•	0	r	g									0	8	4	] <b>-</b>		
G eM	U ail a										n	У	•	0	r	g		Соц	ınty	1					0	8	4	] <b>-</b>		

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

	SPL	DES	ID						
Name of MS4 TOWN OF GUILDERLAND	N	Y	R	2	0	A	2	1	1

#### **Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	st Na	ame														MI		Las	t Na	ame											
K	E	N	N	E	Т	Н										A		D	А	R	Р	I	N	0							
Titl	e																														
S	Т	0	R	М	W	А	Т	E	R		М	А	N	A	G	Е	М	Е	N	Т		0	F	F	Ι	С	А	L			
Ad	dres	s																													
5	2	0	9		W	E	S	Т	E	R	N		Т	U	R	N	Р	I	K	E											
																							7.								
Cit	y																			<u>S</u>	tate		Zip	)				_		_	
Cit	U	I	L	D	E	R	L	А	N	D												Y	1	2	0	8	4	_			
	U	I	L	D	Е	R	L	А	N	D													1		0	8	4	<b>-</b>			
G	U	I	L P	D	E	R	L	A	N @	D	0	G	N	Y		0	R	G					1		0	8	4	] <b>-</b>			
G eM	U ail A										0	G	N	Y	•	0		G Cou	inty				1		0	8	4	<b>-</b>			

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

																			_			SPL	DES	ID						
Name of	MS4	I T	OW	/N O	F G	JILI	DERI	LAN	D													N	Y	R	2	0	A	3	5	9
Section	ı 3 -	P	ar	tn	er	In	for	m	atio	<u>on</u>																				
Did your	MS4	wo	ork	wi	th p	artı	ners	s/co	alit	ion	to	con	ple	te s	ome	e oı	all	per	mit	rec	quir	eme	ents	du	ring	g th	is re	epo	rtin	g
period?				C																							) Ye	:S	0	No
If Yes, co Subm	-									art	nar	In	for	ma	tior		·01/2	idad	l in	ot1	10r	for	ma	te v	o <del>i</del> 11	no	t ha			
accep		-							-							-												,		
coalit			•				-																							
If No, pro	oceed	l to	o S	Sect	tior	ı 4	- C	erti	fica	atic	n S	Stat	em	ent	•															
Partner/Co	alition	ıŅ	am	e																										
STO	R 7	[	M	W	A	Т	E	R		С	0	A	L	I	Т	I	0	N		0	F									
Partner/Co			lam	ne (c	on't	.)	1	1			1				1						1 1			Par		· ID	- If		olica	ble
A L B	A	1	Y		C	0	U	N	Т	Y												N	Y	R	2	0	A	3	5	9
Address																														_
1 7 5		3	R	Ε	E	N		S	Т	R	E	E	Т	_	С	0	U	N	Т	Y		Η	Ε	A	L	Т	Η	В	L	D
City	70 70	<u>.</u>	3.7															1 [	ate		Zip 1	_	_	_		1				
A L B	A	1	Y															N	1   Y		1	2	0	2	2	-				
eMail	7	,		тт	- I	_			_	N.T.		7	_	Б	7	N.T.	37			тт	ът		37	N.T.	37				7.7	
N A N	C Z	۱ ـ	•	Η	E	Ι	N	Z	Е	N	@	A	L	В	А	N	Y	С	0	U	N	Т	Y	N	Y	•	G	0	V	
Phone 5 1	8	۱ [	4	4	7	] _	5	6	4	5									y Bi P-0								dan			Νīο
(   3   ±		<b>/</b>	_	_		]											WI	ui G	rP-U	-00-	-002	z Pa	rt I v	v .G.			Ye	S	O	No
What tas	ks/re	sp	on	sib	iliti	es	are	sha	arec	l w	ith	thi	s pa	ırtn	er (	e.g	5. N	IM:	1 S	cho	ol l	Pro	gra	ms	or	Mu	ıltip	ole	Tas	sks
• MM1	PU	J	В	L	I	С	A	Т	I	0	N	_	Р	R	0	G	R	А	М	S	-	W	E	В	S	I	Т	Е		
<ul><li>MM2</li></ul>	S V	v	М	Р	D	0	С	_	А	R	Р	u	b	1	i	С	I	n	р	u	t	_	W	Α	V	E	S	t	r	m
<ul><li>MM3</li></ul>	OI	- I	S			М		_ 	S		I	М	L				S			1	2	3	0	R	I	F		70		
		+		У	s		a	р		W		1*1		У	r		2	V	У								0	r	m	_
• MM4	S	7	У	1	2	3	С	0	1	1	е	С	t	r	<u>_</u>	С	0	n	ន	I	n	s	р	F	0	r	m	<u></u>	Ш	L
• MM5	P	7	S	M	Р	M	a	р	g	S	W	I	M	_	S	W	Р	Р	Р	R	е	V	i	е	W	L	У	r	s	
• MM6	F	a	С	M	a	р	g	S	W	I	M	_	S	v	У	1	2	3	M	u	n	i	F	а	С	F	0	r	m	
Addition	al tas	sks	s/re	esp	ons	ibi	litie	es																						
O Wate	ershe	d	Imi	pro	ver	ner	ıt S	trai	teg	v B	est	Ma	nas	gen	ieni	t Pi	raci	tice	s re	qu	irec	l fo	r N	1S4	s ir	ı in	npa	ire	d	
wate			_											-													1			

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

	_	SPI	<u>JES</u>	<u>s ID</u>						
Name of MS4 TOWN OF GUILDERLAND		N	Y	R	2	0	A	2	1	1

# 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 PETER	MI Last Name  G B A R B E R
Title (Clearly print title of individual signing report)  S U P E R V I S O R T O W N	O F G U I L D E R L A N D
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

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

	<u> 51</u>	DES	עונ						
Name of MS4/Coalition TOWN OF GUILDERLAND	N	Y	R	2	0	А	2	1	1

valle of iv	107/	Coar	ition															J											
									<u>y</u>	<u>Va</u>	<u>ter</u>	· Q	ua	lity	<u>y T</u>	<u>re</u>	nd	<u>s</u>											
The info	mati	ion i	n th	is se	ctio	n is	bei	ng	rep	orte	ed (	che	ck (	one)	:														
On bel On bel H	nalf (	of a	coal					but	ed	to t	his	rep	ort	t? [			1												
1. Has relat One	ted t																								eas	ure Ye		• 1	No
If Yes, c							_																						
○ Report								_																					
O Web P	_			_				_																					
	Ple	ase	prov	vide	spe	C111	c a	ddr	ess	of	pag	ge v	vhe	ere 1	repo	ort(	s) (	can	be	acc	ess	ed	- n	ot h	on	ie p	age	<b>).</b>	
	URL																												
																													司
	URL																												
																													司
																												$\overline{}$	퓜
	URL																												
																												$\overline{}$	=
																												$\pm$	퓜
	URL				Г																							$\overline{}$	
	$\square$			+	$\vdash$																					$\dashv$	$\dashv$	$\dashv$	닉
			+																								$\dashv$	$\frac{\perp}{}$	닉

Other

# **MS4 Annual Report Form**

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

if submitting this form as part of a joint report on behalf of	a coantion leave of DLo ID orank.
Name of MS4/Coalition TOWN OF GUILDERLAND	SPDES ID
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>	1
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach d	uring this reporting period:
• Construction Sites	• Pesticide and Fertilizer Application
● General Stormwater Management Information	Pet Waste Management
<ul> <li>Household Hazardous Waste Disposal</li> </ul>	<ul><li>Recycling</li></ul>
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	● Trash Management
○ Smart Growth	<ul><li>Vehicle Washing</li></ul>
Storm Drain Marking	O Water Conservation
• Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
○ Other:           □         □           Other	O None
2. Specific audiences targeted during this reporting period:	
Public Employees Contractors	
<ul><li>Residential</li><li>Developers</li></ul>	
○ Businesses	
● Restaurants ○ Industries	
Other: Agricultural	

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

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

SPDES ID

Name	e of l	MS4	/Coa	alitio	on	OW	N OI	F GU	ILD	ERL	AND	)											N	Y	R	2	0	А	2	1	1
3.		at s rej													e to	o ac	chie	eve	ed	uca	tio	n a	nd	out	tre	ach	go	als	du	rin	g
$\circ$ C	onst	ruct	ion	Site	o Op	oera	tors	s Tı	rain	ed													ŧ	# Tr	ain	ed					
$\bigcirc$ D:	irec	t M	ailin	gs																			#	Ma	ilin	gs					
• K	iosk	s or	Otl	ner ]	Disj	olay	/S																#]	Loca	atio	ns					2
● Li	st-S	Serve	es																					# I	n Li	ist			1	2	0
$\circ$ M	aili	ng L	ist																					# I	n Li	ist					
$\circ$ N	ews	pape	er A	ds o	or A	artic	cles																#]	Day	s Rı	ın					
○ Pı	ıblio	e Ev	ent	s/Pr	esei	ntat	ions	S															# /	Atte	nde	es					
$\circ$ Sc	choc	ol Pı	ogra	am																			# 1	Atte	nde	es					
• T	V S	pot/	Prog	gran	n																		#]	Day	s Rı	ın			1	0	0
• Pr																					To	otal	# D	istri	but	ed				6	0
	Lo	catio A	ns (e	e.g. l	ibraı E	ries, D	tow	n of	Tices U	, kio T	sks)	F	L	I	E	R	S														
	K	+	0	S	K			F	L	I	E	R	S		В	U	S	Y													
	S	Т	0	R	М		D	R	A	I	N	S		M	A	R	K														
$\bigcirc$ O	ther	:																													
• W	eb ]	Page	e:		ović edec		pec	ific	we	b ac	ldre	esse	<b>S</b> - 1	not	hoı	ne j	pag	e. (	Con	tinı	ie o	n ne	ext	pag	e if	ado	ditio	onal	sp	ace	is
	V V	v M			Т	0	W	N		0	F		G	U	I	L	D	E	R	L	А	N	D	•	0	R	G				
	S 7	ГС	R	М	W	А	Т	Е	R																						
U	RL				_																										
[	V V	V W	•	S	Т	0	R	M	W	A	Т	E	R	A	L	В	A	N	Y	С	0	U	N	Т	Y	•	0	R	G		$\blacksquare$
			+																												

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

																				7			SPI	DES	ID						
ame	of M	[S4/C	Coal	litic	n_T	'OW	N OI	F GU	ILDI	ERL.	AND	)											N	Y	R	2	0	A	2	1	1
3. W		Pag	e c	on'	t.:		Pro	ovi	de s	spec	cifi	c w	eb	ado	lres	sses	- r	ot I	hor	ne j	pag	e.									
URI	Ĺ																														
URI	L																														
URI	L_													ı																	
URI	L													ı				1													
URI	L																														
URI	L																														

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

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

		SPL	)ES	ID						
Name of MS4/Coalition	TOWN OF GUILDERLAND	N	Y	R	2	0	А	2	1	1

#### 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.

MAINTAIN TOWN WEB SITE WITH UPDATES AND LINK TO COALITION WEB SITE. BUSY KIOSK UP BY BUILDING DEPARTMENT. DID STORM DRAIN MARKINGS IN MANY LOCATIONS.

- B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
- 1. TOWN WEB SITE WAS MAINTAIN
- 2. KIOSK ACTIVITIE WAS MONITORED AND KIOSK KEPT FULL.
- 3.DID MARK (PAINT) STORM DRAINS
- 4. FLIERS HANDED OUT IN VARIOUS PUBLIC LOCATIONS.
- 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).

DOING A GOOD JOB OVERALL IN MCM 1. MADE GOOD PROGRESS LAST YEAR AND CONTINUE TO FOLLOW UP THIS YEAR. CITIZENS ARE MUCH MORE AWARE OF STORMWATER WHICH IS VERY POSITIVE OVERALL. STORMWATER PROGRAM IN GUILDERLAND IS GENERALLY UNDERSTOOD BY RESIDENTS.

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

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

Name of MS4/Coalition TOWN OF GUILDERLAND				Ν	Y	2	0	A	2	1	1
Minimum Control Measure 2. 1	Public Invo	olvem	en	t/P	arti	<u>cip</u>	<u>ati</u>	<u>on</u>			
The information in this section is being reported (check	one):										
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this rej</li> </ul>	port?	1									
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	the Stormw	ater N	<b>Tar</b>	nag				rar	n		
<ul><li>Cleanup Events</li></ul>					#Ev	ents					2
● Comments on SWMP Received				# C	Comm	ents					0
<ul><li>Community Hotlines</li></ul>	Phone # (	5 1	8	)	3 !	5 6	_	1	9	8	0
Phone # ( 5 1 8 ) 4 4 7 - 5 6 4 5	Phone # (			)			_				
Phone # (	Phone # (			)			_				
Phone # ( ) -	Phone # (			)			] -				
Phone # (	Phone # (			)			] -				
Phone # (	Phone # (			)			Ī -				
• Community Meetings	•			# 1	Attend	lees				2	0
○ Plantings					Sq	Ft.					
<ul><li>Storm Drain Markings</li></ul>					# Dra	ains				5	2
O Stakeholder Meetings				# 1	Attend	lees					
O Volunteer Monitoring					#Ev	ents					
● Other: P U B L I C C O M M E N T	S O N	P	E	R	M	Т					
2. Was public notice of availability of this annua	al report and	d Stor	mw	ate	er M	ana	gen	1en	t		
Program (SWMP) Plan provided?								Ye	es 		No
• List-Serve					# In		L	<u> </u>		3	4
O Newspaper Advertising					Days 1			<u></u>	$\sqsubseteq$		
O TV/Radio Notices				#]	Days 1		Ļ	<u> </u>	Щ		
● Other: T O W N O F G U I L D E	R L A N	D	W	Ε	В	3   I	Т	E			

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

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

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

SPDES ID

ame o	of M	S4/0	s) con't.:																		N	Y	R	2	0	А	2	1	1		
. Ul	RL(	(s) (	con't.:           provide specific address(es) where notice(s) can be accepted.           P : / / W W W . T O W N O F G U I L           / P A G E S / G U I L D E R L A N D           D E X														acc	ess	ed	- ne	ot k	ıon	ne p	pag	æ.						
Н	Т	T P : / / W W W . T O W N O F G U .         G / P A G E S / G U I L D E R L A N         N D E X														I	L	D	E	R	L	А	N	D							
0	R	2 G / P A G E S / G U I L D E R L A I														N	D	_	S	Т	0	R	M	W	А	Т	E	R			
/	I	N	D	EX																											
URI	_																						1		1						
W	W	W	•	EX															С	0	U	N	Т	Y	•	0	R	G			
URI	_	G / P A G E S / G U I L D E R L A N D N D E X																													
_		N D E X																													
URI		I N D E X																													
LIDI																															
URI																															
URI																															
URI																															

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

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

SPDES ID

e of N	/IS4/0	Coal	litio	n_T	OWI	N OF	GU	ILDI	ERL	AND	)											N	Y	R	2	0	А	2	1
URL	.(s) o se pi	con	't.:									iero	e no	otic	es	can	be	e ac	cces	sec	l - 1	not	ho	me	pa	ge.			
IRL						l		l		l						l													
IRL											-	-																	
JRL .	-				-	1	-		-	-	-	-	-																
IRL								l		l						l													
IRL						I	-				-		I																
IRL					-	I	-		-		-	-	I																

Name of MS4/Coalition TOWN OF GUILDERLAND

# **MS4 Annual Report Form**

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

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

SPDES ID

N Y R 2 0 A 2 1 1

3. W	/hei				_						_							_	-					M	ana	age	me	nt			
E	nter	ad	dre	ss/	con	ıtac	t in	fo	and	se	lect	tra	dio	bu	ttor	ı to	inc	lica	ate	wh	ich	do	cun	nen	t is	av	aila	ıble	an	d	
W	hetl	ner	COI	nn	nen	ts n	nay	be	sul	omi	itte	d at	th	at l	oca	tio	n. S	Sub	mi	t ac	ldit	ion	al p	oag	es a	as n	eed	led	•		
MS				_	ffic	e											A	nnu	al l	Rep	ort		S	WN	<b>1</b> P ]	Plar	ı	• (	Con	nme	nts
	Dep					_		I															_								$\overline{}$
	T Add	0	W	N		0	F		G	U	I	L	D	Ε	R	L	A	N	D		S	Т	0	R	M	W	Α	Т	E	R	
	5 Add	res:	0	9		W	E	S	Т	E	R	N		Т	U	R	N	Р	I	K	E										$\neg$
	City		0			VV		٥			IX	IN		1	0	17	1/1	-		11		 Zip									
	G	U	I	L	D	E	R	L	А	N	D							]	N .	Y		1	2	0	8	4	_				
	Pho	ne			ļ		ļ										ļ	L													
	(	5	1	8	)	3	5	6	_	1	9	8	0																		
○ Lib	rarv	,							J					,			Δ	nnıı	al I	Rep	ort		) S	X/N.	/D	Dlar	,	$\cap$ (	٦ <sub>On</sub>	nme	nte
O Lib	Add	lres	S														<i>-</i>	IIIIu	a1 1	Т	Ort		) <b>3</b>	V V 1V	11	l lai	1			inne	11ts
	City	7															1			$\neg$		Zip									$\neg$
																											-				
	Pho	ne			١,			I	]					1																	
	(				)				-																						
O Oth	er															(	) <b>A</b>	nnıı	a1 1	Rep	ort	(	) <b>S</b> '	WI	<b>1</b> P 1	Plar	1	$\circ$	ີດກ	nme	nts
O Oth	Add	lres	S					1												Т	-		- 5	,,,,,		141	•				
	City	7															l	Г				Zip									
																											-				
	Pho	ne			١,				l					l																	
	(				)				-																						
• Wel	h Da	0.00	ΙID	τ.													) A	nnıı	a1 1	Rep	ort		S'	WI	<b>1</b> P 1	Plar	1		ີດກ	nme	nts
9 110		$\tilde{}$		L.	т		TAT	ът		F	C	тт	I	L	Ъ					TÎ.					G		•				
	W	W	W	•	Т	0	W	N	0		G	U		ш	D	Ε	R	L	A	N	D	•	0	R	G						닉
	S	Т	0	R	M	W	А	Т	Е	R																					
	Ple	ase	pr	ovi	de	spe	cif	ic a	ddı	ess	of	pa	ge v	whe	ere	rep	ort	car	ı be	e ac	ces	sec	l - r	ot	hoı	ne	pag	ge.			
• eMa	ail																											$\circ$	Con	nme	nts
	D	А	R	P	I	N	0	K	@	Т	0	G	N	Y		0	R	G													
					<u> </u>		<u> </u>															<u> </u>				<u> </u>					$\dashv$

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

	SPDES ID
Name of MS4/Coalition TOWN OF GUILDERLAND	N Y R 2 0 A 2 1 1
4.a. If this report was made available on the internet, what date	e 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?	
If submitting a report for single MS4, answer 5.a If submitting	g a joint report, answer 5.b
<b>5.a. Was an Annual Report public meeting held in this reportin</b> If Yes, what was the date of the meeting?	g period? ○ Yes ● No
If No, is one planned?	○ Yes • No
5.b. Was an Annual Report public meeting held for all MS4s co	ontributing to this report during
this reporting period?	○ Yes • No
If No, is one planned for each?	○ Yes ● No
6. Were comments received during this reporting period?  If Yes, attach comments, responses and changes made to SWMP in response to comments to this report	○ Yes ● No

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

SPDES ID  N Y R 2 0 A 2 1 1
N Y R 2 0 A 2 1 1
[ 2
ward achieving measurable goals WMPP), including requirements in Part
the SWMPP in this reporting period.
AND FLOW CHART. ALSO HAVE S.ALONG WITH LISTING 19.
overall effectiveness of this Measurable
R OFFICER ABOUT ISSUES AND IN TOWN ARE AWARE OF SED EACH YEAR. WE HAVE PUT IN OWED.
aluated in this reporting period?
goal during this reporting period?  ● Yes ○ No
in the SWMPP? ● Yes ○ No
o meet the goals of this MCM during schedule).
COMING YEAR. WE WILL ALSO

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

	SPDES ID
Name of MS4/Coalition TOWN OF GUILDERLAND	N Y R 2 0 A 2 1 1
Minimum Control Measure 3	. Illicit Discharge Detection and Elimination
The information in this section is being reporte	d (check one):
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>	
How many MS4s contributed to	o this report? 1
1. Enter the number and approx. percen	nt of outfalls mapped: 3 1 7 # 1 0 0 %
2. How many of these outfalls have been	screened for dry weather discharges during this
reporting period (outfall reconnaissar	nce inventory)?
••	sheds were targeted for inspection during this
reporting period?	
O Auto Recyclers	<ul><li>Landscaping (Irrigation)</li></ul>
<ul><li>Building Maintenance</li></ul>	○ Marinas
○ Churches	O Metal Plateing Operations
<ul><li>Commercial Carwashes</li></ul>	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	<ul> <li>Parking Lot Maintenance</li> </ul>
<ul> <li>Construction Vehicle Washouts</li> </ul>	○ Printing
○ Cross-Connections	<ul> <li>Residential Carwashing</li> </ul>
O Distribution Centers	<ul><li>Restaurants</li></ul>
○ Food Processing Facilities	O Schools and Universities
○ Garbage Truck Washouts	Septic Maintenance
○ Hospitals	<ul> <li>Swimming Pools</li> </ul>
O Improper RV Waste Disposal	<ul><li>Vehicle Fueling</li></ul>
O Industrial Process Water	<ul><li>Vehicle Maint./Repair Shops</li></ul>
Other:	○ None
O Sewersheds:	

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 o	of MS	S4/C	Coal	itio	n_T	OWI	N OF	GU	ILDE	ERLA	AND												N	Y	R	2	0	A	2	1	1
3.b.V	Vha	t ty	pe	s o	f ill	lici	t di	isch	ar	ges	ha	ve	bee	en f	ou	nd	du	rinș	g tł	is I	rep	ort	ting	g pe	erio	od?	ı				
O Bro	ken	Lin	es ]	Fro	m S	San	itar	y S	ewe	r			0	Ind	ustr	ial	Co	nne	ctio	ns											
O Cro	ss (	Con	nec	tion	ıs								0	Infl	OW/	/Inf	iltra	ıtioı	n												
• Fail	ing	Sep	otic	Sy	ster	ns							0	Pun	np S	Stat	ion	Fai	lur	e											
O Floo	or D	raiı	ns (	Con	nec	ted	То	Sto	orm	Se	wer	S	0	San	itar	y S	ew	er C	)vei	flo	WS										
• Illeg	gal ]	Dur	npii	ng									•	Stra	aigh	t P	ipe	Sev	ver	Dis	cha	rge	S								
Oth  4. H		ma	nv	:111	ioit	di	sch	oro	ros/	not	ton	fial		Noi		Onr	2001	ion	ac h		n b	000	do	too	etad	ldı			hic		
	ow epoi		•				SCII	ai g	5CS/	pυι	LCII	uai	. 111	cga	ıı C	<b>J111</b>	icci	101	19 11	lavi	יט	CCII	uc		icu	uu	11 11	ig t	1115		1
5. H	ow	ma	ny	illi	icit	di	sch	arg	ges	hav	ve ł	ee	n c	onf	irn	ned	dı	ırir	ıg t	his	re	por	tin	g p	eri	iod	?				0
6. H	ow erio		ny	illi	icit	di	sch	arg	ges/	ille	gal	co	nn	ecti	ion	s h	ave	be	en	eliı	nin	ate	ed (	dur	ing	g th	is 1	rep	orti	ing	0
<b>7.</b> H	as t No										_				_					_		•	_		od?	•		Ye	es 9	9	No
8. Is	the thi																											Ye Ye			No No
	Ye								DIC	VII	· CII	C 11	CD	•														16	S	0	INO
	ease	pre	ovi	de	spe	cif	ic a	.ddr	ess	of	pag	ge v	whe	ere	ma	p(s)	) ca	n b	e a	cce	sse	d -	not	ho	me	pa	ge.				
URI P	a	s	s	w	0	r	d		Р	r	0	t	е	С	t	е	d														
h	t	t	р	s	:	/	/	a	С	v	a	r	С	g	i	s	•	a	1	b	a	n	У	С	0	u	n	t	У		
С	0	m	/	W	е	b	m	a	р	/																			Ħ		
URI																															

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

S4/(s) se p	coı	n't.	:			₹ GU:	ILDI	ERL	AND												N	Y	R	2	0	A	2	1
r T	rov			pec	iei.																							
Т			_	•	1110	ad	ldr	ess	of	pag	ge v	vhe	ere	ma	p(s	s) <b>c</b> :	an	be	acc	ess	ed	- n	ot l	ıon	ie p	oag	e	
	ΙP																	I										
		S	:	A	С	V	A	R	С	G	I	S	•	A	L	В	A	N	Y	С	0	U	N	Т	Y	٠	С	0
E	В	M	A	Р	/																							
																												_
							_															ID	DE	E pr				s b
													ing	g to	thi	is r	ерс	ort	cer	tifi	ed							С
	es, l val	oved f es, has valent	roved for es, has evo valent to	oved for all es, has every valent to the	es, has every travalent to the N	oved for all non-tes, has every tradivalent to the NYS	es, has every tradition walent to the NYS M	es, has every traditional valent to the NYS Mode	oved for all non-traditionals, has every traditional Mivalent to the NYS Model I	es, has every traditional MS4 ovalent to the NYS Model IDD	es, has every traditional MS4 convalent to the NYS Model IDDE 1	eoved for all non-traditional MS4s coes, has every traditional MS4 contributes to the NYS Model IDDE Law	es, has every traditional MS4s contest, has every traditional MS4 contributes walent to the NYS Model IDDE Law?	roved for all non-traditional MS4s contributing es, has every traditional MS4 contributing valent to the NYS Model IDDE Law?	es, has every traditional MS4s contributions, has every traditional MS4 contributing to valent to the NYS Model IDDE Law?	es, has every traditional MS4s contributing tes, has every traditional MS4 contributing to the valent to the NYS Model IDDE Law?	es, has every traditional MS4s contributing to this revalent to the NYS Model IDDE Law?	es, has every traditional MS4s contributing to this reportant to the NYS Model IDDE Law?	es, has every traditional MS4s contributing to this reverses, has every traditional MS4 contributing to this report valent to the NYS Model IDDE Law?	es, has every traditional MS4s contributing to this report cervalent to the NYS Model IDDE Law?	es, has every traditional MS4s contributing to this report? es, has every traditional MS4 contributing to this report certification to the NYS Model IDDE Law?	es, has every traditional MS4s contributing to this report? es, has every traditional MS4 contributing to this report certified valent to the NYS Model IDDE Law?	es, has every traditional MS4s contributing to this report? es, has every traditional MS4 contributing to this report certified that walent to the NYS Model IDDE Law?	es, has every traditional MS4 contributing to this report?  es, has every traditional MS4 contributing to this report certified that the the NYS Model IDDE Law?	es, has every traditional MS4s contributing to this report? es, has every traditional MS4 contributing to this report certified that this valent to the NYS Model IDDE Law?  • Yes	es, has every traditional MS4 contributing to this report certified that this law valent to the NYS Model IDDE Law?  • Yes	es, has every traditional MS4s contributing to this report?  es, has every traditional MS4 contributing to this report certified that this law is valent to the NYS Model IDDE Law?  • Yes  • Yes	es, has every traditional MS4 contributing to this report certified that this law is

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

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 GUILDERLAND	N Y R 2 0 A 2 1 1
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the	SWMPP in this reporting period.
THE TOWN HAS REMAPPED ALL OF ITS BASINS AND COALITIONS GRANT. THIS GIVES TOWN ACCURATE W	· ·
AREAS OF CONCERN.	AT TO CHECK ON TROBLEM
AREAS OF CONCERN.  B. Briefly summarize the observations that indicated the over	erall effectiveness of this Measurable FOR THE FIRST TIME IN A

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

• Yes O No

(ex.: samples/participants/events)

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).

THIS WAS A COMPLEX AND TIME CONSUMING JOB DONE BY THE COALITION GRANT ALONG WITH SOME HIGHWAY HELP. NOW WE CAN START TO CONCENTRATE ON OUR OUTFALL INSPECTIONS AND POST PRACTICES.

**SWPPP** process?

# **MS4 Annual Report Form**

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

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

	SPDES ID
Name of MS4/Coalition TOWN OF GUILDERLAND	N Y R 2 0 A 2 1 1
Minimum Control Measures 4 Construction Site and Post-Construction	
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition         How many MS4s contributed to this report?         1     </li> </ul>	
1a. Has each MS4 contributing to this report adopted a law, or mechanism that provides equivalent protection to the NYS	
<b>Stormwater Discharges from Construction Activities?</b>	● Yes ○ No
1b. Has each Town, City and/or Village contributing to this repequivalent to a NYSDEC Sample Local Law for Stormwate Sediment Control through either an attorney certification of Analysis Workbook?	er Management and Erosion and
If Yes, Towns, Cities and Villages provide date of equivalent N	NYS Sample Local Law.  ○ 09/2004 • 03/2006 ○ NT
	○ 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 reviewed in this reporting period?	Plans (SWPPPs) have been
4. Does your MS4/Coalition have a mechanism for receipt and comments related to construction SWPPPs?	d consideration of public  • Yes • No • NT
If Yes, how many public comments were received during this r	reporting period?
5. Does your MS4/Coalition provide education and training for	or contractors about the local

O 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:

Notices of Violation	#		8	O No Authority
O Stop Work Orders	#			O No Authority
O Criminal Actions	#			O No Authority
○ Termination of Contracts	#			O No Authority
O Administrative Fines	#			O No Authority
O Civil Penalties	#			O No Authority
O Administrative Orders	#			O No Authority
O Enforcement Actions or Sanctions	#			
Other	#			O No Authority

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

Nar	Name of MS4/Coalition TOWN OF GUILDERLAND	N Y R 2	0 A 2	1 1
	Minimum Control Measure 4. Construction Site Storm	water Run	off Con	<u>trol</u>
The	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 disturb during this reporting period?	ances of one	acre or	more 7
2.	2. How many construction projects disturbing at least one acre were during this reporting period?	active in you	ır jurisd	iction 2 2
3.	3. What percent of active construction sites were inspected during th	is reporting	period?	○ NT
4.	4. What percent of active construction sites were inspected more that	n once?	1 0	
5.	5. Do all inspectors working on behalf of the MS4s contributing to the Construction Stormwater Inspection Manual?	nis report use • Yes		
6.	6. Does your MS4/Coalition provide public access to Stormwater Pol (SWPPPs) of construction projects that are subject to MS4 review		al?	
	If your MS4 is Non-Traditional, are SWPPPs of construction proj public review?		○ No railable f ● Yes	O NT Cor O No
	If Yes, use the following page to identify location(s) where SWPPPs c	an be accesse	d.	

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

		_																		SPI	<u>DES</u>	ID					
of MS4/C	Coalit	ion	тоw	N O	F GU	ЛLD	ERL	ANI	)											N	Y	R	2	0	А	2	1
<b>on't.:</b> ubmit a	ıddit	iona	ıl pa	age	s as	s ne	ede	ed.																			
54/Coalit	tion	Offi	CA.																								
Departm		OIII																									
TO	W N		0	F		G	U	I	L	D	E	R	L	А	N	D		Т	0	M	N		Н	A	L	L	
Address																											
5 2	0 9		W	E	S	Т	E	R	N		Т	U	R	N	Р	I	K	Е									
City		T_	_	_	-	_		_							_				Zip				4	]			
$\Box$	I	D	E	R	L	A	N	D							N	1 X			1	2	0	8	4	_			
Phone 5	1 8	1	3	5	6	_	1	9	8	0																	
\		<u>'</u> ]		<u> </u>		_				U																	
rary Address																											
City																			Zip								
																								-			
Phone		٦.				1																					
(		)				-																					
ner																											
Address							1																			1	
1 7	5	G	R	E	E	N		S	Т	R	E	E	Т	-	С	0	U	N	Т	Y		Н	E	A	L	Т	F
City																_	7		Zip					1			
	ВД	. N	Y												N	1 X			1	2	0	2	2	_			
Phone /	1 (	, .		1	7		_	6	1	Е																	
<b>(</b> 5	T   C	' <i>)</i>	4	4		-	2	0	4	Э																	
b Page 1	URL	(s):	P	leas	se p	rov	ide	spe	ecifi	ic a	ddr	ess	who	ere	SW	PPI	Ps c	an	be a	acce	esse	d -	not	ho	me	pag	e.
_						_	1.4	W	7	ш	т.	Б		a	_	7	_	_	ш	_	0	ът			-		
URL	T.7				$\sim$			I 1/1	Α	Т	E	R		С	0	A	L	I	Т	I	0	N		0	F		
URL	W		S	Т	0	R	M	**																			
URL W W	+	. N		T .	O C	0	М																				
URL W W	+	+-		T																							
URL W W	+	+-																									
W W A L	+	+-		T .																							
W W A L	+	+-		·																							

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

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

		SPL	)ES	ΙD						
Name of MS4/Coalition	TOWN OF GUILDERLAND	N	Y	R	2	0	А	2	1	1

#### 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 THE TOWN CONSTRUCTION SITES ARE MONITOR AND RECORDS KEPT ON FILE. THEY ARE THERE TO REVIEW IF NEEDED. WE WILL BE TRANSFERING INFORMATION ONTO LAPTOP FOR MORE ACCURATED MONITORING.

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

WE HAVE WRITTEN PROCEDURES IN PLACE TO MONITOR ALL CONSTRUCTION SITES. OFTEN TOWN REVIEWS DEC ACTIVE CONSTRUCTION SITES TO MAKE SURE ALL ARE ON FILE. STORM WATER OFFICER CHECKS SITES REGULARY FOR COMPLIENCE. ALONG WITH NEW LAPTOP FOR FASTER MORE ACCURATE MONITORING.

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

				1	
samp	les/	'part	tici	pant	s/events

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

_		_
-	Vac	$\cap$ No

(ex.:

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

• Yes	$\supset$ No
-------	--------------

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

INSPECTION SITES AND RULES ARE FOLLOWED TO DEC BLUE BOOK. MAKE SURE CONTRACTORS FOLLOW RULES OF THE BLUE BOOK. NOTIFICATIONS TO CONTRACTORS IMMEDIATLY IF ANY VIOLATION IS OCCURING. THIS HAS ALWAYS BEEN OUR GOAL.

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

Name of MS4/Coalition	TOWN OF GUILDE	RLAND		SPDES II	
Minimum	Control Mea	sure 5. Post-	-Constructio	on Stormwater	<u>Management</u>
The information in the  On behalf of an inco On behalf of a coal How m  1. How many and y	dividual MS4 lition nany MS4s conti	ributed to this r	report?	1 nnagement practice	s has your
•	• • •			eporting period?	·
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	es				
○ Filter Systems					
• Infiltration Basins		5	1		
<ul><li>Open Channels</li></ul>		2	2	2	
Ponds		5 4	4 7	1	
O Wetlands					
Other					
<ul><li>2. Do you use an object.</li><li>3. What types of a Development/B</li></ul>	ons and mainta non-structural	anance? practices have	e been used to	implement Low 1	● Yes ○ No
<ul><li>Building Codes</li></ul>	<ul><li>Municipal C</li></ul>	omprehensive P	lans	•	
Overlay Districts	•	Preservation Pro			
<ul><li>Zoning</li></ul>	• Local Law or	r Ordinance			
○ None	• Land Use Re	egulation/Zoning	5		
O Watershed Plans	Other Compr	rehensive Plan			
Other:					

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

		SPI	JE2 I	ע						
Na	me of MS4/Coalition TOWN OF GUILDERLAND	N	Y	.2	2	0	А	2	1	1
<b>4</b> a	a. Are the MS4s contributing to this report involved in a regional/watersho	ed v	vide	pla	nn	_	eff Ye			No
<b>4</b> b	o. Does the MS4 have a banking and credit system for stormwater manage	me	nt pr	act	tice					
						0	Ye	S		No
10										
40	and approval of banking and gradit of alternative siting of a stormweter	-							,	
40	and approval of banking and credit of alternative siting of a stormwater	-				pr		ice?		No
		ma	nag	emo	ent	pr O	acti Ye	ice? s		
<b>4</b> d	and approval of banking and credit of alternative siting of a stormwater  1. How many stormwater management practices have been implemented a reporting period?	ma s pa	inag art o	emo	ent nis :	t pr	acti Ye tem	ice?	thi	
<b>4</b> d	and approval of banking and credit of alternative siting of a stormwater	ma s pa	inag art o	emo	ent nis :	syst	acti Ye tem	ice?	thi	

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

If submittin	ig this form as part of a joint repor	t on behalf of a coali		k.
1			SPDES ID	
Name of MS4/Coalition	TOWN OF GUILDERLAND		N Y R 2 0 A	2 1 1
6. Evaluating Pro	gress Toward Measurable Go	als MCM 5		
identified in your St	ort on your progress and project ormwater Management Program tional pages as needed.	-	_	n Part
A. Briefly summar	rize the Measurable Goal iden	tified in the SWM	PP in this reporting pe	riod.
	ANTLY PUSHING GREEN IN RD. ALL NEW SITES ARE LO RUCTURE.			E IN
B. Briefly summar Goal.	rize the observations that indi	cated the overall e	ffectiveness of this Mea	asurable
ADCHIEVE. TOW	A BETTER JOB OVER ALL, I VN IS ON THE RIGHT TRACI O THE BEST JOB WE CAN C	K, BUT TIME AN		WAYS
C. How many time	es was this observation measu	red or evaluated ir	1 this reporting period?	?
			(ex.: samples/pa	
D. Has your MS4 i	made progress toward this me	easurable goal duri		
•			• Yes	$\bigcirc$ No
E. Is your MS4 on	schedule to meet the deadline	e set forth in the S		
F. Briefly summar	rize the stormwater activities <b>p</b>	nlanned to meet th	• Yes e goals of this MCM di	
•	ng cycle (including an implen	•	C	g
INFRASTRUCTO	G BOARD WILL CONSTANT R.WE WILL LOOK AT ALL N G GREEN INFRASTRUCTUR	NEW PROJECTS T		E

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

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

	SPI	DES	ID						
Name of MS4/Coalition TOWN OF GUILDERLAND	N	Y	R	2	0	А	2	1	1

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

The information in this section is being reported (check one):		
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>		
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.

**Self-Assessment** 

**Operation/Activity/Facility** performed within the past 3 **Operation/Activity/Facility** vears? Addressed in SWMP? Street Maintenance..... 9 Yes ○ No ...... • Yes  $\bigcirc$  No ○ No ..... • Yes Bridge Maintenance.... • Yes  $\bigcirc$  No Winter Road Maintenance.... • Yes ○ No ..... • Yes  $\bigcirc$  No Salt Storage..... • Yes ○ No ..... • Yes  $\bigcirc$  No Solid Waste Management..... • Yes ○ No ...... • Yes  $\bigcirc$  No New Municipal Construction and Land Disturbance.. • Yes ○ No ..... • Yes  $\bigcirc$  No Right of Way Maintenance..... 

Yes  $\bigcirc$  No ● No ..... ○ Yes Marine Operations.... O Yes No Hydrologic Habitat Modification..... O Yes ● No ..... ○ Yes No  $\bigcirc$  No Parks and Open Space.... 

Yes ○ No ..... • Yes Municipal Building..... • Yes  $\bigcirc$  No  $\bigcirc$  No Stormwater System Maintenance..... • Yes ○ No ..... • Yes ○ No ..... • Yes  $\bigcirc$  No Vehicle and Fleet Maintenance..... • Yes ● No ○ Yes No Other..... O Yes

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

	SPDES ID			
Name of MS4/Coalition TOWN OF GUILDERLAND	N Y R 2	0 A 2	1 1	
2. Provide the following information about municipal operation	ions good housekeep	oing prog	rams:	;
• Parking Lots Swept (Number of acres X Number of times swept	t) # Acres		3	
• Streets Swept (Number of miles X Number of times swept)	# Miles	2	1 0	]
• Catch Basins Inspected and Cleaned Where Necessary	#	1	1 5	j
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#		2 2	
O Phosphorus Applied In Chemical Fertilizer	# Lbs.		0	
Nitrogen Applied In Chemical Fertilizer	# Lbs.	2 5	0 0	]
<ul> <li>Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)</li> </ul>	# Acres umber of	1	4.	
3. How many stormwater management trainings have been p during this reporting period?	rovided to municipa	al employ	ees 1	
4. What was the date of the last training?	0 4 / 2 0	/ 2 0	1 8	
5. How many municipal employees have been trained in this	reporting period?		3 2	
6. What percent of municipal employees in relevant positions stormwater management training?	and departments re	eceive 7	5 %	

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

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

		SPL	)ES	ΙD						
Name of MS4/Coalition	TOWN OF GUILDERLAND	N	Y	R	2	0	А	2	1	1

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

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

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

TOWN SWEEPS ROADS EVERY SPRING AND COMPLETED ABOUT 3/4 OF ENTIRE TOWN. WE HAVE ALSO CLEAN OUT 22PONDS AND HAVE MAPPED ALL OUR PONDS THIS YEAR.

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

TOWN YEARLY CLEANS RETENTION PONDS, SWEEPS ROADS AND CLEANS OUT DITCHES AND CATCH BASINS.WE CLEAN OUT AS MANY BASINS AS WE CAN WITH THE EQUIPMENT WE HAVE.

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

				1	
samp	les/	part	tici	pant	s/events

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

_		_	
-	Vac	$\cap$ No	

(ex.:

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

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

TOWN HAS COMPLETED ALL FACILITY AUDITS IN 3 YEAR PERIOD. OUR INVOLVEMENT TO THE MEASUREABLE GOAL IS VERY GOOD AND WILL CONTINUE TO BE IN THE FUTURE, AS A SCHEDULE IS IN PLACE FOR YEARLY ACTIVITY.WE ALSO HAVE A NEW LAPTOP FOR RECORD KEEPING THAT WILL HELP MONITORING ALL INSPECTIONS.

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

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

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

<u>Minir</u>	<u>num Control Measure 1. Public Ed</u>	ucation and Outreach
<ul><li>On behalf of an indi</li><li>On behalf of a coali</li></ul>		1
1. Targeted Public	Education and Outreach Best Manageme	ent Practices
Check all topics that	were included in Education and Outreach do	uring this reporting period:
<ul><li>Construction Sites</li></ul>		Pesticide and Fertilizer Application
• General Stormwater	Management Information	Pet Waste Management
O Household Hazardon	us Waste Disposal	○ Recycling
O Illicit Discharge De	tection and Elimination	Riparian Corridor Protection/Restoration
• Infrastructure Main	tenance	O Trash Management
<ul><li>Smart Growth</li></ul>		• Vehicle Washing
O Storm Drain Markin	ng	O Water Conservation
○ Green Infrastructure	e/Better Site Design/Low Impact Development	O Wetland Protection
Other:  Coaliiti		O None  t Y o u C a n D o
2. Specific audienc	es targeted during this reporting period:	
Public Employees	Contractors	
<ul><li>Residential</li></ul>	O Developers	
<ul><li>Businesses</li></ul>	• General Public	
○ Restaurants	○ Industries	
• Other:	○ Agricultural	

i t i

o n

i

t

W e b s

o a 1

С

1

а

G e n

Other

e r

u b

1 i

С

Name of MS4/Coalition

# **MS4 Annual Report Form**

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

Stormwater Coalition of Albany County

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

SPDES ID

Y R 2

0

3. V	Vha nis 1			_			-								e to	o a	chi	evo	e ec	duca	atio	n a	nd	out	tre	ach	ı go	als	du	ırin	ıg
• Co	Construction Site Operators Trained #Trained															ed				4	7										
O Dir	Direct Mailings #Mailings																														
• Kio	Kiosks or Other Displays #Locations																		7												
• List-Serves # In List														ist			1	8	1												
○ Mailing List # In List														ist																	
○ Ne	wsp	ape	r A	ds o	or A	Artic	eles																# ]	Day	s Rı	un					
• Pul	olic	Ev	ents	s/Pr	esei	ntat	ions	S															# .	Atte	nde	es				8	4
O Scł	nool	Pro	ogra	am																			# .	Atte	nde	es					
O TV	Spe	ot/F	Prog	ran	1																		# :	Day	s Rı	un					
• Pri	nted	M	ateı	ials	s:																T	otal	# D	istri	but	ed				5	6
	Loca	tion r	ıs (e	e.g. li	ibrai e	ries, n	tow	n of	fices t	, kic			Н	a	n	d	0	u	t	s											
	2		C	W	Р	11	W	e	b	C	a	s	t	s	11	u		u 		5											
	H	R	W	s	h	е	d	A	1	1	i		n		e		Р	r	e	s											
	S	t				М				_	P					_		C	<u> </u>	k											
• Otl	$\sqcup \sqcup$	L	0	r	m	141	a	р	g		P	a	٦	r	0	0	n	_	r	v											
	2		С	W	Р		W	е	b	С	a	s	t	-	A	r	С	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	0	r	m	W	a	t	е	r	a	1	b	a	n	У	C	0	u	n	t	У		0	r	g		
																	_														
UR	L		T						T								_	_													
	+							<u> </u>									+	<u> </u>		_											
	+																+														
													_						$\perp$												

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

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

	 SPD.	ES	ID				
Name of MS4/Coalition Stormwater Coalition of Albany County	N Z	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 rep	oorting 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).

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.

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

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						N	Y	R	2	0				
Minimum Control Measure 2. 1	Public Ir	1 <b>V</b> (	lve	em	<u>en</u>	t/P	ar	tici	ipa	<u>atic</u>	<u>on</u>			
The information in this section is being reported (check	one):													
<ul> <li>On behalf of an individual MS4</li> <li>● On behalf of a coalition</li> <li>How many MS4s contributed to this re</li> </ul>	port?	1	1											
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	f the Stori	nw	ate	r N	<b>Ta</b> ı	nag				-	ran	n		
○ Cleanup Events							# F	Even	ts					
<ul> <li>Comments on SWMP Received</li> </ul>						# <b>C</b>	Com	men	ts					0
<ul><li>Community Hotlines</li></ul>	Phone #	(	5	1	8	)	4	4	7	_	5	6	4	5
Phone # ( )	Phone #	(				)				_				
Phone # ( )	Phone #	(				)				<b>-</b>				
Phone # ( )	Phone #	(				)				<b>-</b>				
Phone # ( )	Phone #	(				)				_				
Phone # ( )	Phone #	(				)				_				
O Community Meetings						# .	Atte	nde	es					
○ Plantings							5	Sq. F	₹t.					
O Storm Drain Markings							# I	Orair	ns					
O Stakeholder Meetings						# .	Atte	nde	es					
<ul><li>Volunteer Monitoring</li></ul>							# E	Even	ts					4
Other: PublicComments	Joi	n	t	D	R	А	F	Т	M	S	4	P	m	t
2. Was public notice of availability of this annu- Program (SWMP) Plan provided?	al report	and	d St	tori	mw	ato	er I	Mai	nag	_	ien Ye		0	No
• List-Serve							# I	n Li	st				3	4
O Newspaper Advertising						# :	Day	s Ru	ın					
○ TV/Radio Notices						# :	Day	s Ru	ın					
O4														

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

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

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

SPDES ID

ne o	f M	S4/0	Coa	litio	n Si	torm	wate	r Co	alitio	n of	Alba	ny C	Count	У									N	Y	R	2	0			
Ple	eas			't.: 'ide		eci	fic	ad	dre	ess(	es)	wh	iero	e no	otic	e(s	) ca	an l	be a	acc	ess	ed	- not home page.							
URL W	w	W		s	t	0	r	m	w	a	t	е	r	а	1	b	а	n	v	С	0	u	n	t	У		0	r	g	Τ
		•••					<u> </u>										<u> </u>		1										رد	÷
																														+
URL																														_
UKL																														Τ
																														Ť
																														t
URL																														_
																														Ť
																														Ť
JRL	,						-	-	-			-		-		-							-				-			_
URL																														
URL	,							1			<u> </u>	1		1		I		I		<u> </u>		<u> </u>	I			<u> </u>	I			_
																														Ļ
4																														$\perp$

Name of MS4/Coalition

## **MS4 Annual Report Form**

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

Stormwater Coalition of Albany County

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

3. W	ne: rog				_													-	_					M	ana	age	me	nt			
Eı	nter	ad	dre	SS/	con	tac	t in	fo	and	se	lect	tra	dio	bu	ttor	ı to	inc	dica	ate	wh	ich	do	cun	nen	t is	av	aila	ıble	ar	ıd	
$\mathbf{w}$	hetl	ner	coi	nm	nent	ts n	nay	be	sub	omi	itte	d at	t th	at l	oca	tio	1. \$	Sub	mi	t ac	ldit	ion	al p	oag	es a	as n	ieec	led			
• MS					ffic	e											A	nnu	al l	Rep	ort		S	WN	<b>1</b> P 1	Plar	1	• (	Cor	nm	ents
	Dep						1					~			_							_	-	,		1			T	1.	
	S	t	0	r	m	W	a	t	е	r		С	0	a	1	i	t	i	0	n	_	A	1	b	a	n	У	С	n	t	У
	Add	ress	5		<u> </u>	70			<u></u>		C	_	70			_		<u> </u>	200	_		тт		_	7	_	h	Ъ	1	٦	~
	1 City		5		G	r	е	е	n		S	t	r	е	е	t	_	С	n	t	У	H Zip	е	a	1	t	h	В	1	d	g
	A	1	b	a	n	У													N :	Y		1	2	2	0	2	_				
	∟∟ Pho	ne				_												L									1				
	(	5	1	8	)	4	4	7	-	5	6	4	5																		
O Libi	rary Add	, 															) <b>A</b>	nnu	al l	Rep	ort	(	> <b>S</b> `	WN	<b>1</b> P 1	Plar	1	$\circ$	Cor	nm	ents
	Add	iress	\$   																												
	City																					 Zip									
																											-				
	Pho	ne																_									1				
	(				)				-																						
Oth	er																) <b>A</b>	nnu	al l	Rep	ort	(	⊃ <b>S</b> `	WN	1P 1	Plar	1	01	Cor	nme	ents
	Add	lress	S																												
	<u> </u>																														
	City	7																Г				Zip					l _ '				
	 Pho	ne																L									ı				
	(				)				_																						
	<b>\</b> [				,									J																	
• Wel	o Pa	age	UR	L:													) A	nnu	al l	Rep	ort		S	WN	1P ]	Plar	1	• (	Cor	nm	ents
	W	W	W	•	s	t	0	r	m	W	a	t	е	r	a	1	b	а	n	У	С	0	u	n	t	У		0	r	g	
	Ple	ase	pre	ovi	de.	sne	cif	ic a	ddr	ess	of	na	ge v	whe	ere	ren	ort	car	l 1 be	 - ac	ces	sec	l - r	L	hor	ne.	pag	re.			
• eMa		usc	L,	J 11		SPC	· • 11	. C U			. 01	Pu	<b>⊳</b> ~ '	,,110		. ~P	J1 t	Jui		· uc			. 1	.01	.101	.110	rue		Cor	nm	ents
	s	w	С	0	a	1	i	t	i	0	n	@	a	1	b	а	n	У	С	0	u	n	t	У		С	0	m			

This report is being submitted for the reporting period ending March 9,  $\boxed{2}$ 

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

	<u> </u>	SPL	<u> JES IL</u>	)				
Name of MS4/Coalition Stormwater Coalition of Albany County	]	N	Y R	2	0			
4.a. If this report was made available on the internet, what date	e was it	po	sted	•				
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	ıg a join	t r	eport,	ans	swe	r 5.b	<b>).</b> .	
5.a. Was an Annual Report public meeting held in this reporting	ng perio	d?			C	Yes	S	○ No
If Yes, what was the date of the meeting?			/		]/			
If No, is one planned?					С	Yes	S	○ No
5.b. Was an Annual Report public meeting held for all MS4s co	ontribu	tin	g to t	his	_			
this reporting period?					С	Yes	S	No
If No, is one planned for each?					С	Yes	S	• No
6. Were comments received during this reporting period?					С	Yes	S	• No
If Yes, attach comments, responses and changes made to								
SWMP in response to comments to this report.								

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

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

	 SPD.	ES	ID				
Name of MS4/Coalition Stormwater Coalition of Albany County	N Z	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	d?
---	----

				1	
(ex.: samp	les/	part	ici	pant	s/events

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

Yes	0	No

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

• Yes •
---------

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

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.

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

Stormwater Coalition of Albany County

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

N Y R 2 0

Name	of M	S4/C	oaliti	on_3	tomiwat	ei Co	anuon	OI A	ibany	_	Ounty										N	Y	R	2	U			
	$\underline{\mathbf{N}}$	<u> Iini</u>	mur	<u>n C</u>	Contr	ol	Mea	asu	re_	3.	. I	llic	cit_	Di	isc	<u>har</u>	·ge	e <b>D</b>	<u>ete</u>	<u>cti</u>	<u>on</u>	an	ıd ː	<u>Eli</u>	<u>mi</u>	na	<u>tio</u>	<u>n</u>
The in	nfor	mati	on in	this	section	n is	bein	ıg re	por	te	d (c	he	ck (	one	):													
○ On • On		alf c	f a co	oalit				ribu	ted	. to	o th	is 1	rep	ort	? [		1	1										
1. E	nte	r th	e nui	mbe	er and	l ap	pro	х. р	erc	er	nt o	f o	utf	all	s n	nap	peo	d:						#				%
			•		ese ou (outf											•	W	eat	her	dis	scha	arg	es (	dur	ing	th [	is	
		•	pes o g per	_	enera ?	ting	site	s/se	ewe	rs	shed	ls '	we	re	tar	gete	ed :	for	ins	peo	ctio	n d	ur	ing	thi	S		
0	Aut	to R	ecycl	ers								0	Laı	nds	cap	oing	(Ir	riga	ation	1)								
0	Bui	lding	g Ma	inte	nance							0	Ma	ırin	as													
0	Chu	ırch	es									0	Me	etal	Pla	atein	ıg (	Эре	eratio	ons								
0	Coı	nme	rcial	Car	washe	S						0	Ou	tdo	or	Flui	d S	tor	age									
0	Coı	nme	rcial	Lau	ndry/[	Ory	Clear	ners				0	Paı	rkir	ng l	Lot ]	Ma	inte	enan	ce								
0	Coı	ıstru	ction	Vel	nicle V	Vas	houts	3				0	Pri	nti	ng													
0	Cro	oss-C	Conne	ctio	ns							0	Re	sid	enti	al C	Carv	was	shing	5								
0	Dis	tribu	ition	Cen	ters							0	Re	stai	ıra	nts												
0	Foo	od P	roces	sing	Facili	ties						0	Scl	100	ls	and	Un	ive	rsitie	es								
0	Gaı	rbag	e Tru	ck V	Vasho	ıts						0	Sep	otic	M	laint	ena	ince	e									
0	Hos	spita	ls									0	Sw	im	mir	g P	ool	S										
0	Imp	orope	er RV	Wa	ste D	ispo	sal					0	Ve	hic	le ]	Fuel	ing											
0	Ind	ustri	al Pro	oces	s Wat	er						0	Ve	hic	le I	Mair	nt./I	Rep	air	Sho	ps							
0	Oth	er:										0	No	ne														
0	Sev	versl	neds:																									

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 M	S4/0	Coal	litio	n S	torm	wate	r Coa	alitio	n of .	Alba	ny C	ount	У									N	Y	R	2	0				
3.b.	Wha	at ty	ype	s o	f il	lici	t di	iscł	ıar	ges	ha	ve	bee	en f	ou	nd	du	rin	g tl	nis	rep	ort	ing	g pe	erio	od?	ı				
○ Bı	oken	Lir	nes	Fro	m S	San	itar	y S	ewe	r				Ind	ustr	ial	Co	nne	ctio	ns											
○ C1	oss	Con	nec	tior	ıs									Infl	OW/	/Inf	iltra	atio	n												
○ Fa	iling	Sej	ptic	Sy	ster	ns								Pur	np S	Stat	ion	Fai	ilur	e											
○ Fl	oor I	Orai	ns (	Con	nec	ted	То	Sto	orm	Se	wer	s	0	San	itar	y S	lew	er (	)ve	rflo	ws										
$\circ$ III	egal	Dui	mpi	ng									0	Stra	aigh	nt P	ipe	Sev	ver	Dis	cha	rge	s								
O O1														Noi																	
	How repo		•				sch	arg	ges/	pot	ten	tial	ill	ega	l c	onr	1ec1	tior	is h	av	e b	een	de	tec	ted	l dı	ıriı	ıg t	his	;	
,	repo	1 111	ıg I	Jer.	IOU	. <b>é</b>																									
<b>5.</b> ]	How	ma	any	ill	icit	di	sch	arg	es	hav	ve l	oee	n c	onf	irn	ned	l dı	ıriı	1g (	this	re	poi	tin:	ıg p	eri	iod	?				
																						_									
	How perio		any	ill	icit	di	sch	arg	ges/	ille	gal	co	nn	ecti	ion	s h	av€	be	en	eli	mir	ato	ed o	dur	ing	g th	ıis 1	rep	ort	ing	
<b>7.</b> ]	Has	the	sto	rn	ı se	we	rsh	ed	ma	pp	ing	be	en	coı	np	lete	ed i	n t	his	rep	or	ting	g p	eri	od?	•	0	Υe	es	0	No
]	If No	, ap	pro	oxi	mat	tely	wł	hat	per	cen	ıt w	as	cor	npl	ete	d ir	th	is r	epo	rtii	ng p	peri	od'	?							%
<b>8.</b> ]	ls th	e al	bov	e i	nfo	rm	atio	on :	ava	ila	ble	in	GI	S?														Υe	es	0	No
]	ls th	is iı	nfo	rm	ati	on	ava	ila																			•	Υe	es		No
	lf Ye leas	-							<b>:</b> 000	of	200	70.1	who	ro	ma	n(s	) 00	n h		000	000	d	not	- ho	mo		.00				
	RL	- pi	OVI	ue	spc	C11.	ic a	luui	CSS	OI	Paş	30 '	WIIC		IIIa	h(s	,		ic a		330	u -	1100	. IIC	71110	ра	ge.				
]	⊇ a	s	s	W	0	r	d		Р	r	0	t	е	С	t	е	d		R	е	s	t	r	i	С	t	е	d			
]	n t	t	р	s	:	/	/	a	С	V	а	r	С	g	i	s		а	1	b	a	n	У	С	0	u	n	t	У	•	С
(	0	m	/	W	е	b	m	a	р	/																					
UI	RL																														
																														=	
L																														_	

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

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

	_	SPL	DES	ID.				
Name of MS4/Coalition Stormwater Coalition of Albany County		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?
	(ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goal durin	ng this reporting period?
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SW	MPP?
	● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the 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.

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

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

		SPL	DES	ID				
Name of MS4/Coalition	Stormwater Coalition of Albany County	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 Contruction Site Inspection Form to interested MS4s. OTHER: 3. Co-sponsor with ACSWCD, 1 4hr E/SC training for Construction Site Operators; distribute promotional material to Coalition members for distribution to their contacts; post training info on Coalition website; pay tuition(s) as needed, funds permitting.

### 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?
	(ex.: samples/participants/events
D.	Has your MS4 made progress toward this measurable goal during this reporting period?
	$lacktriangle$ Yes $\bigcirc$ No
E.	Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
	○ Yes ● No
F.	Briefly summarize the stormwater activities planned to meet the goals of this MCM during

the next reporting cycle (including an implementation schedule).

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.

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

	CDD	EC ID
	SPDE Stormwater Coalition of Albany County  N Y	R 2 0
ame of MS4/Coalition	1 1 1 1	
se this page to rep entified in your St	port on your progress and project plans toward achieving meatormwater Management Program Plan (SWMPP), including litional pages as needed.	<u> </u>
. Briefly summaı	rize the Measurable Goal identified in the SWMPP in th	is reporting period.
nventory/mapped; NewScotland/Ci-A after NYSDEC Ma	ete field work-system and program map'g (outfalls-corrected; muni facilities inventory/mapped); finalize data/post on Swalb/VGrnIs); 2. Use Survey123 to develop PC SMP inspection intenance Guidance - SW Mgmt Practices 3. Purchase/load/Form(s) to interested M	YIM (AlbCnty/T- on form(s) modeled
3. Briefly summar Goal.	rize the observations that indicated the overall effectiven	ess of this Measurable
•	m and program mapping completed and data posted on SwIM v/Albany, and V/Green Island. 2. No Survey123/Collector And P inspections.	
C. How many time	es was this observation measured or evaluated in this rep	1
·		(ex.: samples/participants/
-	nes was this observation measured or evaluated in this rep	(ex.: samples/participants/
D. Has your MS4 1		(ex.: samples/participants/oreporting period?  ● Yes ○ No
D. Has your MS4 in E. Is your MS4 on E. Briefly summan	made progress toward this measurable goal during this	(ex.: samples/participants/oreporting period?  • Yes • No  • Yes • No

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

Stormwater Coalition of Albany County	SPDES ID
Name of MS4/Coalition	N Y R 2 0
2. Provide the following information about municipal operation	ions good housekeeping programs:
O Parking Lots Swept (Number of acres X Number of times swept	t) # Acres
O Streets Swept (Number of miles X Number of times swept)	# Miles
O Catch Basins Inspected and Cleaned Where Necessary	#
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#
O Phosphorus Applied In Chemical Fertilizer	# Lbs.
O Nitrogen Applied In Chemical Fertilizer	# Lbs.
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	umber of # Acres
3. How many stormwater management trainings have been p	ravidad ta municipal amplayaas
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?
6. What percent of municipal employees in relevant positions stormwater management training?	and departments receive

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

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

		_	SPI	DES	ID.				
Name of MS4/Coalition	Stormwater Coalition of Albany County		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 from 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 inhouse trainings.

C. How many times was this observation measured or evaluated in this reporting period	C. F	How many	times was	this observa	ation measured	d or evaluated	l in this	reporting period	1?
---	------	----------	-----------	--------------	----------------	----------------	-----------	------------------	----

					0	
:	samp	les/	'part	ici	pant	s/events

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

Yes		No
168	$\sim$	INO

(ex.

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

-	<b>T</b> 7	
(	Yes	
_	100	$\bigcirc$ No

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

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.

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

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

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

### **Additional Watershed Improvement Strategy Best Management Practices**

The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>● On behalf of a coalition</li> </ul>	
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)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

	Traditional Non-Land Use 1,2,3,4,7a-d,9,10,11,12 5,6,8a,8b				ogens	
L	Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Path	ogens	
1	. Does your MS4/Coal	ition have an education	program addressing in	npacts of		
	phosphorus/nitrogen	/pathogens on waterboo	lies?	○ Yes	$\bigcirc$ No	• N/A
2		4/Coalition conveyance	system been mapped in		O No	• N/A
	If N/A, go to question	3.				
	If No, estimate what p	ercentage of the conveya	nce system has been map	pped so far.		%
	Estimate what percent	age was mapped in this r	eporting period.			%

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

						SPDES ID		
Na	me of MS4/Coalition	Stormwater Coalition of	Albany County			N Y R 2	0	
3.	•	/Coalition have a ce Plan Program		Conveyance	System (i	nfrastructu ○ Yes	ıre) İnsp O No	ection N/A
4.	-	rcentage of on-si l or rehabilitated		•	•		n inspec	eted %
5.	NYSDEC SPDI (GP-0-08-001) t	Coalition develop ES General Perm to reduce pollutar usand square fee	it for Stormw nts in stormw	vater Dischar	ges from	Constructi	on Activ	ities
6.	runoff from nev equal to one acr Permit for Stor	Coalition develop w development a re that provides o mwater Discharg State Stormwater	nd redevelopi equivalent pro ges from Cons	nent projects otection to the struction Act	that dist e NYS DI ivities (G	urb greate EC SPDES P-0-08-001)	than or General , includ	<b>:</b>
7a	•	/Coalition have a rogen/pathogen	· .	program to re	educe ero	sion or ○ Yes	○ No	• N/A
7b	.How many proj	jects have been si	ited in this re	porting perio	d?			
<b>7</b> c	. What percent o	f the projects inc	cluded in 7b h	ave been con	ıpleted in	this report	ting peri	iod? %
7d	.What percent o	f projects planne	ed in previous	years have b	een comp	•	Projects	Mannad
8a	•	Coalition develop	_		0	ment pract		
8b	•	Coalition develor cy that addresse ned lands?	_		U	_		l • N/A

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

Name of MS4/Coalition Stormwater Coalition of Albany County	N Y R 2 0
9. Has your MS4/Coalition developed and implemented a prog	gram of native planting? ○ Yes ○ No ● N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet prohibiting goose feeding?	waste on municipal properties and ○ 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