

DRAFT

Stormwater Coalition of Albany County Joint Annual Report

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

**Reporting Period
March 10, 2019 to March 9, 2020**

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) by June 1. As stated in SPDES General Permit No. GP-0-15-003, Part V. C. 2, “MS4s” may submit a Joint Annual Report provided they have a legally binding agreement. Each of the “MS4s” included in this report are co-signatories of such an agreement and the Stormwater Coalition Inter-municipal Agreement-Memorandum Of Understanding is posted on the Coalition website.

For Coalition “MS4s” the submission of a FINAL Joint Annual Report first involves posting the DRAFT Joint Annual Report on the internet for public comment (~14 days). If requested by two or more individuals a public meeting is organized and public comments or public meeting notes from local or Coalition led meetings are submitted with the Annual Report.

To learn more about MS4 Permit requirements, go to the NYSDEC website (<https://www.dec.ny.gov/chemical/8695.html>) and/or the Coalition website (<https://stormwateralbanycounty.org/>). To learn more about individual MS4 program implementation, go to the Coalition member page and follow links to individual “MS4” stormwater webpages. Your interest and understanding of stormwater program requirements is appreciated and public comments are strongly encouraged.

Due to social distancing mandates related to the Covid-19 pandemic and difficulties accessing records, the municipalities noted below (*) will be posting their draft and final annual report on the Coalition website at a later date.

TO SUBMIT PUBLIC COMMENTS (DUE 5/15/2020, 4pm)

1. Go to Stormwater Coalition website Home page “Public Comment” portal www.stormwateralbanycounty.org.
2. Contact the Local Stormwater Public Contact listed in the Joint Annual Report for each permit holder (See MCC Form).
3. Contact the individuals listed as Public Contacts on the Coalition website (see Member pages).
4. By e-mail swcoalition@albanycounty.com or office phone 447-5645 (leave a message).

OTHER INFORMATION

1. Hard copies of this Draft Joint Annual Report are available upon request. Contact the Stormwater Coalition office by email swcoalition@albanycounty.com or local MS4/municipal offices by email (see Draft Annual Report MCM 2 Page 4 of 6 for contact information).
2. Public comments are due 4pm, Friday, May 15, 2020.
3. If interested, before the public comment period ends, individuals may request a public meeting. Due to Covid-19, date to be determined.

JOINT ANNUAL REPORT FORMAT

The Annual Report document is a form developed by NYSDEC and as such provides a snapshot of program activities pertaining to individual member and collaborative Coalition activities. This DRAFT Joint Annual Report includes individual Annual Reports organized by MS4 type, 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, 2020. To view the SWMP Plan Annual Evaluation, go to 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. Village of Voorheesville (NYR20A210)
12. City of Watervliet (NYR20A087)



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

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

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2020

Name of MS4 City of Cohoes

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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f		A	l	b	a	n	y
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	2	0	2	0
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Name of MS4 City of Cohoes

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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

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Last Name

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Title

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Address

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City

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State

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Zip

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MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 City of Cohoes

SPDES ID

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Section 2 - Contact Information

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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).

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

For each contact, select all that apply:

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

First Name

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Title

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Address

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MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 City of Cohoes

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Section 2 - Contact Information

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

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

For each contact, select all that apply:

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

First Name

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Last Name

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Title

C i t y E n g i n e e r

Address

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MCC form for period ending March 9,

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City of Cohoes

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Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ☒ Yes ☐ No

☒ Yes ☐ No

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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Partner/Coalition Name (con't.)

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

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 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 R I K i t - S v y 1 2 3 O R I F o r m w / O F X Y d a t a

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Additional tasks/responsibilities

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

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

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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.

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Title (Clearly print title of individual signing report)

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Signature

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

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Cohoes

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Water Quality Trends

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

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

How many MS4s are contributed to this report?

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

☐ Yes ☒ No

If Yes, choose one of the following

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

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

URL

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MS4 Annual Report Form

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

2	0	2	0
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
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Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

		1
--	--	---

1. Targeted Public Education and Outreach Best Management Practices

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

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

[illegible]

2. Specific audiences targeted during this reporting period:

- ☒ Public Employees ☐ Contractors
☒ Residential ☐ Developers
☒ Businesses ☐ General Public
☒ Restaurants ☐ Industries
☒ Other: ☐ Agricultural

[illegible]

MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
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3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☒ Construction Site Operators Trained

Trained

		2		
--	--	---	--	--

☒ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

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

☐ List-Serves

In List

--	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

		4	2	0
--	--	---	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

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

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

C	i	t	y		H	a	l	l											

☐ Other:

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

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

URL

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

City of Cohoes

N	Y	R	2	0	A	2	4	3
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3. Web Page cont'l.: Provide specific web addresses - not home page.

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Insert stormwater information in some City correspondence.

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

Included a link to the Stormwater Education Facebook page with stormwater information. Number of people reached on Facebook was 405

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Continue to include stormwater information in mailings and encourage residents to visit the Stormwater Education Facebook page for timely posts about stormwater, pollution prevention, green infrastructure, and upcoming events.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
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2. URL(s) con't.:

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

URL

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

City of Cohoes

N	Y	R	2	0	A	2	4	3
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Please provide specific address(es) where notices can be accessed - not home page.

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Cohoes																			
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SPDES ID

N	Y	R	2	0	A	2	4	3
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3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

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

☒ MS4/Coalition Office

☐ Annual Report ☐ SWMP Plan ☐ Comments

Department

E	n	g	i	n	e	e	r	i	n	g	D	e	p	a	r	t	m	e	n	t
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Address

9	7	M	c	h	a	w	k	S	t	r	e	e	t
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City

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N	Y
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Zip

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Phone

(5	1	8)	2	3	3	-	2	1	3	1
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☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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City

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Zip

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Phone

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☐ Other

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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City

A	l	b	a	n	y
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N	Y
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Zip

1	2	2	0	7	-
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Phone

(5	1	8)	4	4	7	-	5	6	4	5
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☐ Web Page URL:

☐ Annual Report ☐ SWMP Plan ☐ Comments

W	W	W	.	S	T	O	R	M	W	A	T	E	R	A	L	B	A	N	Y	C	O	U	N	T	Y	.	C	R	G
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Please provide specific address of page where report can be accessed - not home page.

☐ eMail

☐ Comments

S	W	C	O	A	L	I	T	I	O	N	@	A	L	B	A	N	Y	.	C	O	M
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MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
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4.a. If this report was made available on the internet, what date was it posted?

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

0	4
---	---

 /

1	4
---	---

 /

2	0	2	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?

☒ Yes ☐ No

If Yes, what was the date of the meeting?

0	4
---	---

 /

1	4
---	---

 /

2	0	2	0
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If No, is one planned?

☐ Yes ☐ No

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

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Cohoes									
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SPDES ID

N	Y	R	2	0	A	2	4	3
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7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Host Spring Clean-Up/ Hazardous Waste and Electronics Recycling. Host Beautification Days. Distribute literature with information about water quality.

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

Public participation has been relatively strong at events. Have reached 395 "likes" on Stormwater Education Facebook page.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
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Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

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

1. Enter the number and approx. percent of outfalls mapped:

		1	0	5
--	--	---	---	---

 #

1	0	0
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 %

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

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

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

E	d	d	y		H	e	a	l	t	h		C	a	r	e		F	a	c	i	l	i	t	y						
---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--

○ Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
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3.b. What types of illicit discharges have been found during this reporting period?

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

[illegible]

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

		0
--	--	---

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

		0
--	--	---

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

		0
--	--	---

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

☐ Yes ☒ No

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

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

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
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8. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No
10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT
11. What percent of staff in relevant positions and departments has received IDDE training?

	3	0	%
--	---	---	---

MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
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12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Complete, distribute, and file IDDE program and track detected and eliminated illicit discharges.

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

Written procedures lead to an organized tracking system and faster documentation and elimination of illicit discharges. Hard copies (aerial view) of all the catch basins were given to DPW along with the CSO NYSDEC approved catch basin check list.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Periodically review procedures to ensure they are accurate. Continue to document illicit discharges and educate residents of the effects of illicit discharges. Review post-construction O&M requirements.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

		1
--	--	---

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

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

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

☐ 09/2004 ☒ 03/2006 ☐ NT

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

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

		0
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ☐ Yes ☒ No ☐ NT

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

--	--	--

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

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

<input checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>7</td></tr></table>					7	<input type="radio"/> No Authority
				7				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table>					1	<input type="radio"/> No Authority
				1				
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

		1
--	--	---
2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		2
--	--	---
3. What percent of active construction sites were inspected during this reporting period? ☐ NT

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

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

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

 %
5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☐ Yes ☒ No ☐ NT
6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☐ Yes ☒ No ☐ NT
 If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

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

MS4 Annual Report Form

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

2	0	2	0
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	City of Cohoes
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SPDES ID

N	Y	R	2	0	A	2	4	3
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6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

[illegible]

Address

[illegible]

City

C o h e e s	N Y	1 2 0 4 7 -
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Phone

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

○ Library

Address

[illegible]

City

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Phone

$$(\begin{array}{|c|c|c|} \hline 0 & & \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline 0 & & \\ \hline \end{array} - \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}$$

☐ Other

Address

[illegible]

City

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Phone

$$(\begin{array}{|c|c|c|} \hline 0 & & \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline 0 & & \\ \hline \end{array} - \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}$$

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

URL

[illegible][illegible][illegible]

URL

[illegible][illegible][illegible]

MS4 Annual Report Form

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

2	0	2	0
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
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7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

Document construction site inspection and enforce procedures.

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

Streamlines procedures by identifying who is responsible for what parts of inspections and enforcement. Problems noted in inspections were corrected more efficiently.

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

			1
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(ex: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

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

MS4 Annual Report Form

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

2	0	2	0
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
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Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

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

	# Inventoried	# Inspections	# Times Maintained									
<input type="radio"/> Alternative Practices	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input checked="" type="radio"/> Filter Systems	<table><tr><td></td><td></td><td>6</td></tr></table>			6	<table><tr><td></td><td></td><td>1</td></tr></table>			1	<table><tr><td></td><td></td><td></td></tr></table>			
		6										
		1										
<input checked="" type="radio"/> Infiltration Basins	<table><tr><td></td><td></td><td>1</td></tr></table>			1	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
		1										
<input type="radio"/> Open Channels	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input checked="" type="radio"/> Ponds	<table><tr><td></td><td>1</td><td>0</td></tr></table>		1	0	<table><tr><td></td><td></td><td>3</td></tr></table>			3	<table><tr><td></td><td></td><td>3</td></tr></table>			3
	1	0										
		3										
		3										
<input type="radio"/> Wetlands	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Other	<table><tr><td></td><td></td><td>1</td></tr></table>			1	<table><tr><td></td><td></td><td>1</td></tr></table>			1	<table><tr><td></td><td></td><td></td></tr></table>			
		1										
		1										

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes ☐ No

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

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

☒ Other:

R	e	v	i	s	e	d		C	o	d	e		f	o	r		G	r	e	e	n		I	n	f	r	a			
---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	--	--	--

MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
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 %

MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
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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.

Passed New G.I. planning. Have reduced number of parking spaces.

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

City has reviewed model local law and posted a revised local law. Cohoes local law has been revised to include green infrastructure practices in new construction projects, and has reduced the number of parking spaces and added more green spaces.

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

			1
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(ex.: samples/participants/events)

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

City comprehensive plan and Zoning provisions were updated to include G.I. and better site design

MS4 Annual Report Form

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

2	0	2	0
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
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Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

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

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

MS4 Annual Report Form

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

2	0	2	0
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
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2. Provide the following information about municipal operations good housekeeping programs:

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

Acres

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

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

Miles

	1	4	7	4
--	---	---	---	---

● Catch Basins Inspected and Cleaned Where Necessary

			5	7
--	--	--	---	---

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

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

○ Phosphorus Applied In Chemical Fertilizer

Lbs.

--	--	--	--	--

○ Nitrogen Applied In Chemical Fertilizer

Lbs.

--	--	--	--	--

○ Pesticide/Herbicide Applied

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

Acres

0					.	
---	--	--	--	--	---	--

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

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

4. What was the date of the last training?

0	2	/	2	5	/	2	0	2	0
---	---	---	---	---	---	---	---	---	---

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

		8
--	--	---

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

	2	5	%
--	---	---	---

MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
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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.

Green infrastructure reporting is on going. Catch basin cleaning fell short of the goal due to manpower shortages. The City of Cohoes hopes to achieve goal this year as the City has hired new DPW workers.

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

More developers are aware of the green infrastructure goals.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Student interns will be aiding in facility audits as well as O.R.I. inspections

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

1	2
---	---

1. Targeted Public Education and Outreach Best Management Practices

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

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

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

2. Specific audiences targeted during this reporting period:

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

C	o	a	l	T	r	a	i	n	'	g	-	P	u	b	l	i	c	E	m	p	l	-	C	W	A	-	R	a	i	n	C	k
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Other

MS4 Annual Report Form

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

2	0	2	0
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☒ Construction Site Operators Trained

Trained

			3	1
--	--	--	---	---

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				6
--	--	--	--	---

☒ List-Serves

In List

		4	3	5
--	--	---	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

		1	6	0
--	--	---	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

		2	6	6
--	--	---	---	---

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

P	r	e	s	e	n	t	a	t	i	o	n	H	a	n	d	o	u	t	s
C	W	P		W	e	b	c	a	s	t		R	o	a	d	S	a	l	t
C	o	a	l	i	t	i	o	n	T	r	a	i	n	B	l	i	t	z	
C	W	A	B	a	s	i	c	s	-	R	a	i	n	C	k	Q	u	i	z

☒ Other:

1	C	W	P	W	e	b	c	a	s	t	-	R	o	a	d	S	a	l	t
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☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

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URL

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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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.

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

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

1. Coalition website maintained, minor updates
2. Coalition Sponsored 1 CWP Webcast -11/2019 Salt & Stormwater - Salinization of Our W'sheds
3. Stormwater publications printed/distributed when requested
4. Dropped. Planning related to DRAFT MS4 Permit on hold until MS4 Permit reissued.
5. Status of print inventory not discussed. Limited Coalition staff (1 person as of July, 2019)

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

2020/2021 Coalition Goals: 1. Support/update Coalition website; 2. For interested Coalition MS4s provide access to the Center for Watershed Protection member portal (archived webcasts, educational material); 3. Hire Coalition Outreach Specialist; 4. Outreach Specialist updates and/or creates educational material for targeted audience - message and effectiveness analyzed 4. If requested, print/distribute existing stormwater publications (brochure racks, clean up events, etc.)

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0			
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Minimum Control Measure 2. Public Involvement/Participation

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

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

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

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

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

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

- | | | | | | | |
|---|------------|--|--|--|---|---|
| <input checked="" type="radio"/> List-Serve | # In List | | | | 2 | 6 |
| <input type="radio"/> Newspaper Advertising | # Days Run | | | | | |
| <input type="radio"/> TV/Radio Notices | # Days Run | | | | | |
| <input type="radio"/> Other: | | | | | | |
- ☒ Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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2. URL(s) con't.:

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

URL

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MS4 Annual Report Form

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

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

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

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

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

☒ MS4/Coalition Office
 ☒ Annual Report
 ☒ SWMP Plan
 ☒ Comments

Department																														
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☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

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☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

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 ☐ Comments

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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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.

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

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

5.a. Was an Annual Report public meeting held in this reporting period?☐ Yes ☐ No

If Yes, what was the date of the meeting?

		/			/				
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If No, is one planned?

☐ Yes ☐ No**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No**6. Were comments received during this reporting period?**☐ Yes ☒ No

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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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.

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.

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

1. Completed 5 Coalition-wide WAVE stream monitoring events: Onequethaw Creek (T/Beth); Sand Creek (T/Col); Vlomanskill (T/Beth) and KrumKill (City of Albany- 2 classes Holy Names students, same site); 2. 2020 budget adopted and staffing plan approved to hire a part time Coalition Stormwater Outreach Specialist responsible for public participation activities. As of 3/9/2020, no staff hired. Various public participation activities considered, but not formally discussed.

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

			1
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(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).

2020/2021 Coalition Goals: 1. Organize one or more Coalition-wide WAVE Volunteer Stream Monitoring events (July 1 to Sept 30); 2. Hire and train Coalition Outreach Specialist; 3. Outreach Specialist organizes one public participation activity; 4. Coalition prepares with members Joint SWMP Plan update (Annual Evaluation). NOTE: Covid19 pandemic may force change in plans (hiring and public participation activities).

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Stormwater Coalition of Albany County

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

[illegible]

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

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

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

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

☐ Yes ☐ No

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

			%
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8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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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.

2020/2021 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.

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

1. ORI Kits not restocked. Existing supply of test strips adequate. 2. Dropped. Planning related to DRAFT MS4 Permit on hold until MS4 Permit is reissued. 3. Need/value of ORI field training discussed, no action.

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

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(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).

2020/2021 Coalition Goals: 1. Review with Working Group contents of ORI kit-match kit to Svy123 ORI form-remove/add kit items; 2. Review ORI Kit resupply and water testing role of Albany County Water Purification District, revise services as needed; 3. Hire GIS Coordinator; 4 GIS Coordinator and/or Coalition Director train MS4s in use of tablets/ORI Svy123 forms, data access and management. NOTE: Covid19 pandemic may force change in plans (hiring and training).

MS4 Annual Report Form

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

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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																			
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SPDES ID

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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.

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.

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

1. Coalition co-sponsored with ACSWCD 1 4hr E/SC training for Construction Site Operators (11/18/2019)
2. Need/value of MS4 Construction Site Inspection field training using tablets w/Svy123 form not discussed (other priorities and limited Coalition staff)

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

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(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).

2020/2021 Coalition goal: 1. Co-sponsor with ACSWCD, one (1) 4hr E/SC training for Construction Site Operators; distribute promotional material to Coalition members; post training info on Coalition website.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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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.

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

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

1. Before leaving July, 2019 the Coalition Stormwater Program Technician developed multiple Survey123 forms based on PDF forms from the NYSDEC Maintenance Guidance Stormwater Management Practices (March 31, 2017). The forms were not pilot tested in the field.

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

			1
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(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).

2020/2021 Coalition goals: 1. Locate the Survey123 PCSMP forms created by the Coalition Stormwater Program Technician Assistant in 2019. Share forms with Coalition MS4s now using ArcGIS Online Survey123/Collector technology.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

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- ☐ Catch Basins Inspected and Cleaned Where Necessary #

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

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- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

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- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

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- ☐ Pesticide/Herbicide Applied # Acres

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

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

			2	5
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4. What was the date of the last training?

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

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

1	0	0	%
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MS4 Annual Report Form

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

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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																			
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SPDES ID

N	Y	R	2	0					
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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.

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 and support materials; match needs to likely DRAFT MS4 Permit requirements.

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

1. DVDs circulated, but train'g venues not set up. Coalition instead developed two train'g modules: Track 1 The SW Regs & Pollution Prevention Practices (Rain Check DVD) for Field Workers & Track 2 The SW Regs and Future MS4 Permit for Officials/Management. Municipal staff/officials attended Track 1 and Track 2 presentations hosted at multiple locations (20 training events, 240 total participants); 2 & 3. Dropped because status of DRAFT MS4 Permit too uncertain.

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

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(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).

2020/2021 Coalition goals: 1. Hire/train Coalition Stormwater Program Technician (PT- dedicated staff person for 4 MS4s); 2. Hire GIS Coordinator (FT); 3. Train GIS Coordinator in storm system and program mapping completed to date; 3. GIS Coordinator trains Coalition members in all aspects of ArcGIS Online Survey 123-Collector tablet use (ORI, Construction Sites, Municipal Facilities inspections). NOTE: Covid19 pandemic may force change in plans (hiring and training).

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

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Name of MS4

Village of Green Island

SPDES ID

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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f		A	l	b	a	n	y
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MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

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Name of MS4

Village of Green Island

SPDES ID

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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

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County

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MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Village of Green Island

SPDES ID

N Y R 2 0 A 3 7 7

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name	MI	Last Name
E l l e n	M	M c N u l t y - R y a n
Title		
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Address		
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m a y o r @ v i l l a g e o f g r e e n i s l a n d . c o m		
Phone	County	
(5 1 8) 2 7 3 - 2 2 0 1	A l b a n y	

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2020

Name of MS4 Village of Green Island

SPDES ID

N Y R 2 0 A 3 7 7

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

Partner/Coalition Name (con't.)

C o u n t y

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 7 5 G r e e n S t r e e t

City

A l b a n y

State

N Y

Zip

1 2 2 0 2 -

eMail

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

Phone

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

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

☒ Yes ☐ No

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

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

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

● MM3 O R I K i t - S v y 1 2 3 O R I F o r m w O F X Y d a t a

● 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 S W P P P R e v i e w L y r s o n S w I M M a p p e r

● MM6 C o a l T r a i n g B l i t z - S v y 1 2 3 M u n i A s m t

Additional tasks/responsibilities

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

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

2	0	2	0
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Name of MS4

V	i	l	l	a	g	e	o	f	G	r	e	e	n	I	s	l	a	n	d
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SPDES ID

N	Y	R	2	0	A	3	7	7
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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

E	l	l	e	n															
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MI

M

Last Name

M	c	N	u	l	t	y	-	R	y	a	n								
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Title (Clearly print title of individual signing report)

M	a	y	o	r															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature

Date

--	--

 /

--	--

 /

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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

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

Village of Green Island

SPDES ID

N	Y	R	2	0	A	3	7	7
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Water Quality Trends

- On behalf of a coalition

How many MS4s are contributed to this report?

- ☐ Yes ☒ No

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

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

URL

[illegible]

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[illegible]

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MS4 Annual Report Form

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

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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

SPDES ID

N	Y	R	2	0	A	3	7	7
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Minimum Control Measure 1. Public Education and Outreach

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. Targeted Public Education and Outreach Best Management Practices

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

☒ Construction Sites

☒ General Stormwater Management Information

☐ Household Hazardous Waste Disposal

☒ Illicit Discharge Detection and Elimination

☒ Infrastructure Maintenance

☐ Smart Growth

☒ Storm Drain Marking

☐ Green Infrastructure/Better Site Design/Low Impact Development

☐ Other:

☒ Pesticide and Fertilizer Application

☒ Pet Waste Management

☒ Recycling

☐ Riparian Corridor Protection/Restoration

☒ Trash Management

☒ Vehicle Washing

☒ Water Conservation

☐ Wetland Protection

☐ None

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

2. Specific audiences targeted during this reporting period:

☒ Public Employees ☒ Contractors

☒ Residential ☒ Developers

☐ Businesses ☒ General Public

☐ Restaurants ☐ Industries

☒ Other: ☐ Agricultural

C	o	a	l	T	r	a	i	n	'	g	P	u	b	l	i	c	E	m	p	l	-	C	W	A	-	R	a	i	n	C	k
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Other

MS4 Annual Report Form

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

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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

SPDES ID

N	Y	R	2	0	A	3	7	7
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3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☒ Direct Mailings

Mailings

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

☒ Kiosks or Other Displays

Locations

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

☐ List-Serves

In List

--	--	--	--	--

☒ Mailing List

In List

	1	4	0	0
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☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

--	--	--	--	--

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

P	r	e	s	e	n	t	a	t	i	o	n		H	a	n	d	o	u	t
C	W	P		W	e	b	c	a	s	t		R	o	a	d	S	a	l	t
C	o	a	l	i	t	i	o	n		T	r	a	i	n	B	l	i	t	z
1	C	W	P	W	e	b	c	a	s	t	-	R	o	a	d	S	a	l	t

☐ Other:

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

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

URL

w	w	w	.	v	i	l	l	a	g	e	o	f	g	r	e	e	n	i	s	l	a	n	d	.	c	o	m	/		
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Name of MS4/Coalition

Village of Green Island

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MS4 Annual Report Form

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

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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

SPDES ID

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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.

Continue publishing stormwater messages in newsletter; continue to maintain website links to Coalition website; continue to participate in Coalition wide education efforts.

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

All goals were completed

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

			2
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(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).

We will continue to evaluate our program and implement MCM 1 goals from SWMPP in 2020-21.

MS4 Annual Report Form

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

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

SPDES ID

N Y R 2 0 A 3 7 7

2. URL(s) con't.:

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

URL

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Village of Green Island

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2. URL(s) con't.:

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

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MS4 Annual Report Form

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

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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

SPDES ID

N	Y	R	2	0	A	3	7	7
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4.a. If this report was made available on the internet, what date was it posted?

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

0	5
---	---

 /

0	1
---	---

 /

2	0	2	0
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4.b. For how many days was/will this report be posted?

	1	4
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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

☐ Yes ☒ No

If Yes, what was the date of the meeting?

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 /

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If No, is one planned?

☐ Yes ☒ No

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

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

2	0	2	0
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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

SPDES ID

N	Y	R	2	0	A	3	7	7
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7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

2-1 Village will annually update public contact information in MCC & other MS4 documents 2-2 Village explains DRAFT annual report and Coalition on Village website as well as how to provide comments and feedback. This years annual public meeting will not be held due to COVID-19 declared emergency.

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

2-1 update is completed (annually) 2-2 posting on website is completed annually

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

			1
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(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).

2-2 Public comments will be collected and added to Coalition wide comments.

MS4 Annual Report Form

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

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

Name of MS4/Coalition	Villager of Green Island
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SPDES ID

N	Y	R	2	0	A	3	7	7
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Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped:				1	7	#	1	0	0	%
---	--	--	--	---	---	---	---	---	---	---

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

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

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

○ Other:

[illegible]

○ Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

SPDES ID

N	Y	R	2	0	A	3	7	7
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3.b. What types of illicit discharges have been found during this reporting period?

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

[illegible]

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

		0
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5. How many illicit discharges have been confirmed during this reporting period?

		0
--	--	---

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

0		
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7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

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

1	0	0	%
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8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

h	t	t	p	s	:	/	/	a	c	v	a	r	c	g	i	s	.	a	l	b	a	n	y	c	o	u	n	t	y	.
c	o	m	/	w	e	b	m	a	p	/																				
P	a	s	s	w	o	r	d		P	r	o	t	e	c	t	e	d	-	R	e	s	t	r	i	c	t	e	d		

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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
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SPDES ID

N	Y	R	2	0	A	3	7	7
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8. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

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

1	0	0	%
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MS4 Annual Report Form

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

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

Name of MS4/Coalition

Villager of Green Island

SPDES ID

N	Y	R	2	0	A	3	7	7
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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.

DPW will continue to document any illicit discharges

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

DPW and CEO had no illicit discharges and no illegal dumping during this reporting period.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

DPW and CEO will continue to check and document illicit discharges.

MS4 Annual Report Form

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

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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

SPDES ID

N	Y	R	2	0	A	3	7	7
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

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

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

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

☐ 09/2004 ☒ 03/2006 ☐ NT

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

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

		1
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ☒ Yes ☐ No ☐ NT

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

		0
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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No

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

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

MS4 Annual Report Form

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

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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

SPDES ID

N	Y	R	2	0	A	3	7	7
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

--	--	--

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

		1
--	--	---

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

		1
--	--	---

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

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

 %

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

1	0	0
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 %

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

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

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

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

MS4 Annual Report Form

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

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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

SPDES ID

N	Y	R	2	0	A	3	7	7
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7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

4-2 SWPPP Review Procedures forms 4-4 Complaint procedures forms 4-5 CI and enforcement forms 4-6 pre-construction meeting forms & procedures 4-7 Village will forward availability of E-SC required training 4-8 Staff will review existing SWPPP record keeping and may need additional training for staff

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

4-2, 4-4, 4-5 4-6 forms are used on our projects 4-7 Village emails notices of E-SC training to all contractors that are known to work in our community 4-8 Village has reviewed procedures with staff and has hired additional staff to assist with inspections

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

			3
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(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).

4-7 Village will continue to forward training opportunities to contractors 4-8 Village has a PT engineer with SW experience to help improve the review and inspection process we have now. We have also hired an additional 2 PT CEO's in 2018-19 and 2019-2020 to provide more inspection coverage of projects.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

SPDES ID

N	Y	R	2	0	A	3	7	7
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Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

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

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input checked="" type="radio"/> Filter Systems	<div><div></div><div></div><div>3</div></div>	<div><div></div><div></div><div>2</div></div>	<div><div></div><div></div><div>1</div></div>
<input type="radio"/> Infiltration Basins	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Open Channels	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Ponds	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Wetlands	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Other	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes ☐ No

☐ Yes ☒ No

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

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

○ Other:

[illegible]

MS4 Annual Report Form

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

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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

SPDES ID

N	Y	R	2	0	A	3	7	7
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impact Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
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 %

MS4 Annual Report Form

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

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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

SPDES ID

N	Y	R	2	0	A	3	7	7
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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
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(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).

5-3 Village has been awarded a grant for a zoning code update which is near complete & 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 and another in 2019-2020.

MS4 Annual Report Form

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

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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

SPDES ID

N	Y	R	2	0	A	3	7	7
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Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

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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

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

MS4 Annual Report Form

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

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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

SPDES ID

N	Y	R	2	0	A	3	7	7
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2. Provide the following information about municipal operations good housekeeping programs:

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

				1
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

			1	8
--	--	--	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

				0
--	--	--	--	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				2
--	--	--	--	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

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

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

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

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

				4
--	--	--	--	---

4. What was the date of the last training?

	2
--	---

/

	2	4
--	---	---

/

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

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

	2	4
--	---	---

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

1	0	0
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%

MS4 Annual Report Form

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

2	0	2	0
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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

SPDES ID

N	Y	R	2	0	A	3	7	7
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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.

Village reviews mandated catch basin inspection schedule and clean out where necessary; DPW will collect sweeping data for parking lots and streets; Updated facility inventory and use of self audit form; Village will evaluate and include GI practices where appropriate; DPW will inspect and maintain hydro separators as needed

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

6-3 DPW were unable to complete this BMP due to mechanical issues of required equipment 6-4 very difficult to collect this data as we use out of town sweeper and sometimes communicating need for collecting data 6-10 Village does not own occupied facilities in MS4 area 6-12 completed as required.

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

			2
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(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).

6-4 will make every effort to collect sweeping data from out of town sweeper 6-11 GI practices will be evaluated for incorporation into new zoning update due soon 6-12 2020 maintenance is being scheduled with ACWPD now

MS4 Annual Report Form

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

2	0	2	0
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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																			
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SPDES ID

N	Y	R	2	0					
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Minimum Control Measure 1. Public Education and Outreach

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

☐ On behalf of an individual MS4

☒ On behalf of a coalition

How many MS4s contributed to this report?

1	2
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1. Targeted Public Education and Outreach Best Management Practices

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

☒ Construction Sites

☒ General Stormwater Management Information

☒ Household Hazardous Waste Disposal

☒ Illicit Discharge Detection and Elimination

☒ Infrastructure Maintenance

☐ Smart Growth

☐ Storm Drain Marking

☐ Green Infrastructure/Better Site Design/Low Impact Development

☒ Other:

☒ Pesticide and Fertilizer Application

☒ Pet Waste Management

☒ Recycling

☐ Riparian Corridor Protection/Restoration

☒ Trash Management

☒ Vehicle Washing

☐ Water Conservation

☐ Wetland Protection

☐ None

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

Other

2. Specific audiences targeted during this reporting period:

☒ Public Employees ☐ Contractors

☐ Residential ☐ Developers

☐ Businesses ☒ General Public

☐ Restaurants ☐ Industries

☒ Other: ☐ Agricultural

C	o	a	l	T	r	a	i	n	'	g	-	P	u	b	l	i	c	E	m	p	l	-	C	W	A	-	R	a	i	n	C	k
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Other

MS4 Annual Report Form

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

2	0	2	0
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☒ Construction Site Operators Trained

Trained

			3	1
--	--	--	---	---

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				6
--	--	--	--	---

☒ List-Serves

In List

		4	3	5
--	--	---	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

		1	6	0
--	--	---	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

		2	6	6
--	--	---	---	---

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

P	r	e	s	e	n	t	a	t	i	o	n	H	a	n	d	o	u	t	s
C	W	P		W	e	b	c	a	s	t		R	o	a	d	S	a	l	t
C	o	a	l	i	t	i	o	n	T	r	a	i	n	B	l	i	t	z	
C	W	A	B	a	s	i	c	s	-	R	a	i	n	C	k	Q	u	i	z

☒ Other:

1	C	W	P	W	e	b	c	a	s	t	-	R	o	a	d	S	a	l	t
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☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

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URL

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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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.

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

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

1. Coalition website maintained, minor updates
2. Coalition Sponsored 1 CWP Webcast -11/2019 Salt & Stormwater - Salinization of Our W'sheds
3. Stormwater publications printed/distributed when requested
4. Dropped. Planning related to DRAFT MS4 Permit on hold until MS4 Permit reissued.
5. Status of print inventory not discussed. Limited Coalition staff (1 person as of July, 2019)

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

			1
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(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).

2020/2021 Coalition Goals: 1. Support/update Coalition website; 2. For interested Coalition MS4s provide access to the Center for Watershed Protection member portal (archived webcasts, educational material); 3. Hire Coalition Outreach Specialist; 4. Outreach Specialist updates and/or creates educational material for targeted audience - message and effectiveness analyzed 4. If requested, print/distribute existing stormwater publications (brochure racks, clean up events, etc.)

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0			
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Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?	1	2
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1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

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

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

- | | | | | | | |
|---|------------|--|--|--|---|---|
| <input checked="" type="radio"/> List-Serve | # In List | | | | 2 | 6 |
| <input type="radio"/> Newspaper Advertising | # Days Run | | | | | |
| <input type="radio"/> TV/Radio Notices | # Days Run | | | | | |
| <input type="radio"/> Other: | | | | | | |
- ☒ Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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2. URL(s) con't.:

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

URL

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URL

URL

URL

URL

URL

URL

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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4.a. If this report was made available on the internet, what date was it posted?

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

0	5	/	0	1	/	2	0	2	0
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4.b. For how many days was/will this report be posted?

	1	4
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?☐ Yes ☐ No

If Yes, what was the date of the meeting?

		/			/				
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If No, is one planned?

☐ Yes ☐ No**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No**6. Were comments received during this reporting period?**☐ Yes ☒ No

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

MS4 Annual Report Form

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

2	0	2	0
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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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.

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.

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

1. Completed 5 Coalition-wide WAVE stream monitoring events: Onequethaw Creek (T/Beth); Sand Creek (T/Col); Vlomanskill (T/Beth) and KrumKill (City of Albany- 2 classes Holy Names students, same site); 2. 2020 budget adopted and staffing plan approved to hire a part time Coalition Stormwater Outreach Specialist responsible for public participation activities. As of 3/9/2020, no staff hired. Various public participation activities considered, but not formally discussed.

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

			1
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(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).

2020/2021 Coalition Goals: 1. Organize one or more Coalition-wide WAVE Volunteer Stream Monitoring events (July 1 to Sept 30); 2. Hire and train Coalition Outreach Specialist; 3. Outreach Specialist organizes one public participation activity; 4. Coalition prepares with members Joint SWMP Plan update (Annual Evaluation). NOTE: Covid19 pandemic may force change in plans (hiring and public participation activities).

2	0	2	0
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N	Y	R	2	0				
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	1	2
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				#			%
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[illegible][illegible]

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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3.b. What types of illicit discharges have been found during this reporting period?

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

[illegible]

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

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

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

--	--	--

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

☐ Yes ☐ No

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

			%
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8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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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.

2020/2021 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.

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

1. ORI Kits not restocked. Existing supply of test strips adequate. 2. Dropped. Planning related to DRAFT MS4 Permit on hold until MS4 Permit is reissued. 3. Need/value of ORI field training discussed, no action.

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

			1
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(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).

2020/2021 Coalition Goals: 1. Review with Working Group contents of ORI kit-match kit to Svy123 ORI form-remove/add kit items; 2. Review ORI Kit resupply and water testing role of Albany County Water Purification District, revise services as needed; 3. Hire GIS Coordinator; 4 GIS Coordinator and/or Coalition Director train MS4s in use of tablets/ORI Svy123 forms, data access and management. NOTE: Covid19 pandemic may force change in plans (hiring and training).

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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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.

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.

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

1. Coalition co-sponsored with ACSWCD 1 4hr E/SC training for Construction Site Operators (11/18/2019)
2. Need/value of MS4 Construction Site Inspection field training using tablets w/Svy123 form not discussed (other priorities and limited Coalition staff)

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

			1
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(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).

2020/2021 Coalition goal: 1. Co-sponsor with ACSWCD, one (1) 4hr E/SC training for Construction Site Operators; distribute promotional material to Coalition members; post training info on Coalition website.

MS4 Annual Report Form

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

2	0	2	0
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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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.

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

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

1. Before leaving July, 2019 the Coalition Stormwater Program Technician developed multiple Survey123 forms based on PDF forms from the NYSDEC Maintenance Guidance Stormwater Management Practices (March 31, 2017). The forms were not pilot tested in the field.

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

			1
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(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).

2020/2021 Coalition goals: 1. Locate the Survey123 PCSMP forms created by the Coalition Stormwater Program Technician Assistant in 2019. Share forms with Coalition MS4s now using ArcGIS Online Survey123/Collector technology.

MS4 Annual Report Form

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

2	0	2	0
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
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2. Provide the following information about municipal operations good housekeeping programs:

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

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

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

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

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

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

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

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

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

			2	5
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4. What was the date of the last training?

0	3	/	0	5	/	2	0	2	0
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5. How many municipal employees have been trained in this reporting period?

2	4	7
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6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0
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 %

MS4 Annual Report Form

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

2	0	2	0
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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																			
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SPDES ID

N	Y	R	2	0					
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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.

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 and support materials; match needs to likely DRAFT MS4 Permit requirements.

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

1. DVDs circulated, but train'g venues not set up. Coalition instead developed two train'g modules: Track 1 The SW Regs & Pollution Prevention Practices (Rain Check DVD) for Field Workers & Track 2 The SW Regs and Future MS4 Permit for Officials/Management. Municipal staff/officials attended Track 1 and Track 2 presentations hosted at multiple locations (20 training events, 240 total participants); 2 & 3. Dropped because status of DRAFT MS4 Permit too uncertain.

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

			0
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(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).

2020/2021 Coalition goals: 1. Hire/train Coalition Stormwater Program Technician (PT- dedicated staff person for 4 MS4s); 2. Hire GIS Coordinator (FT); 3. Train GIS Coordinator in storm system and program mapping completed to date; 3. GIS Coordinator trains Coalition members in all aspects of ArcGIS Online Survey 123-Collector tablet use (ORI, Construction Sites, Municipal Facilities inspections). NOTE: Covid19 pandemic may force change in plans (hiring and training).

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

2	0	2	0
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Name of MS4

Town of Guilderland

SPDES ID

N	Y	R	2	0	A	2	1	1
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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

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

MCC form for period ending March 9,

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Town of Guilderland

N	Y	R	2	0	A	2	1	1
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A	l	b	a	n	y
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2020

Name of MS4 TOWN OF GUILDERLAND

SPDES ID

NYR20A211

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

KENNETH

MI

A

Last Name

DARPINO

Title

STORMWATER MANAGEMENT OFFICIAL

Address

5209 WESTERN TURNPIKE

City

GUILDERLAND

State

NY

Zip

eMail

darpinok@togny.org

Phone

() -

County

ALBANY

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

2 0 2 0

Name of MS4

Town of Guilderland

SPDES ID

N Y R 2 0 A 2 1 1

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

Partner/Coalition Name (con't.)

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

SPDES Partner ID - If applicable

N Y R 2 0

Address

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

City

A l b a n y

State

N Y

Zip

1 2 2 0 2 -

eMail

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

Phone

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

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

☒ Yes ☐ No

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

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

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

● MM3 O R I K i t - S v y 1 2 3 O R I F o r m w / O F X Y d a t a

● 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 S W P P P R e v i e w L y r s o n S w I M M a p p e r

● MM6 C o a l T r a i n g B l i t z - S v y 1 2 3 M u n i A s m t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2020

SPDES ID

Name of MS4 TOWN OF GUILDERLAND

NYR20A211

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

G

Last Name

BARBER

Title (Clearly print title of individual signing report)

SUPERVISOR - TOWN OF GUILDERLAND

Signature

Date

/

/

/

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

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

NYR20A211				
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[illegible]

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

NYR20A211

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MS4 Annual Report Form

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

2020		
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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

SPDES ID

NYR20A211				
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3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

1				
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☒ List-Serves

In List

110				
-----	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☐ School Program

Attendees

--	--	--	--	--

☒ TV Spot/Program

Days Run

150				
-----	--	--	--	--

☒ Printed Materials:

Total # Distributed

75				
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Locations (e.g. libraries, town offices, kiosks)

HANDED	OUT	FLIERS	TO																
WESTERN	AVE	BUSINESS																	
KIOSK	VERY	BUSY																	

☐ Other:

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

URL

WWW.TOWNOFGUILDERLAND.ORG																			
STORMWATER																			

URL

WWW.STORMWATERALBANY																			
COUNTY.ORG																			

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

NYR20A211				
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URL

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

MS4 Annual Report Form

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

2020			
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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

SPDES ID

NYR20A211				
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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.

Town posts stormwater tips and they appear on town website and town tv. We put down 80 stormwater markers in various town locations. Many were asked for by town residents who had issues with neighbors putting debris by catch basins.

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

1. TOWN WEBSITE WAS MAINTAINED
2. KIOSK ACTIVITY WAS MONITORED
3. DID MARKERS OF STORM DRAINS (80) THROUGH TOWN
4. HANDED OUT FLIERS TO BUSINESSES ON WESTERN AVE

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

1			
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Text

(ex.: samples/participants/events)

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

TOWN DID A VERY GOOD JOB GETTING OUT TO KEEP PUBLIC NOTIFIED OF STORMWATER. CONTINUE TO MAKE RESIDENTS AWARE OF STORMWATER PRACTICE OVERALL. CONTINUE TO UPDATE INFORMATION ON TOWN WEBSITE AND TOWN TV.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

SPDES ID

NYR20A211

Minimum Control Measure 2. Public Involvement/Participation

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

☒ On behalf of an individual MS4

☒ On behalf of a coalition

How many MS4s contributed to this report? 1

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

<input checked="" type="checkbox"/> Cleanup Events	# Events	3
<input checked="" type="checkbox"/> Comments on SWMP Received	# Comments	0
<input checked="" type="checkbox"/> Community Hotlines	Phone # () -	
Phone # () -	Phone # () -	
Phone # () -	Phone # () -	
Phone # () -	Phone # () -	
Phone # () -	Phone # () -	
Phone # () -	Phone # () -	
<input checked="" type="checkbox"/> Community Meetings	# Attendees	41
<input type="checkbox"/> Plantings	Sq. Ft.	
<input checked="" type="checkbox"/> Storm Drain Markings	# Drains	80
<input type="checkbox"/> Stakeholder Meetings	# Attendees	
<input type="checkbox"/> Volunteer Monitoring	# Events	
<input checked="" type="checkbox"/> Other: PUBLIC COMMENTS ON PERMIT		

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

☒ Yes ☐ No

<input checked="" type="checkbox"/> List-Serve	# In List	34
<input type="checkbox"/> Newspaper Advertising	# Days Run	
<input type="checkbox"/> TV/Radio Notices	# Days Run	
<input checked="" type="checkbox"/> Other: TOWN OF GUILDERLAND WEBSITE		
<input checked="" type="checkbox"/> Web Page URL: Enter URL(s) on the following two pages.		

L

2020		
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NYRA20211				
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URL

URL

URL

URL

URL

URL

URL

MCM 2 Page 2 of 6

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

NYR20A211

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

SPDES ID

NYR20A211

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

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

☒ MS4/Coalition Office

☒ Annual Report

☒ SWMP Plan

☐ Comments

Department

TOWN OF GUILDERLAND STORMWATER

Address

5209 WESTERN TURNPIKE

City

GUILDERLAND

Zip

NY

Phone

() -

☐ Library

☐ Annual Report

☐ SWMP Plan

☐ Comments

Address

City

Zip

Phone

() -

☐ Other

☐ Annual Report

☐ SWMP Plan

☐ Comments

Address

City

Zip

Phone

() -

☒ Web Page URL:

☒ Annual Report

☒ SWMP Plan

☒ Comments

WWW.TOWNOFGUILDERLAND.ORG

STORMWATER

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

☒ eMail

☐ Comments

DARPINOK1@TOGNY.ORG

MS4 Annual Report Form

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

20	20		
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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																			
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SPDES ID

NYR	20A	211					
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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.

--	--

 /

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 /

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

14		
----	--	--

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

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

☒ Yes ☐ No

If Yes, what was the date of the meeting?

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 /

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 /

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If No, is one planned?

☐ Yes ☒ No

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

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

2	0	2	0
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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

SPDES ID

NYR	2	0	A	2	1	1				
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7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

TOWN HAS MAINTAINED A LIST OF ACTIVITIES FROM MARCH 10, 2019-MARCH 09, 2020. TOWN HAS UPDATED ALL ITS INFORMATION ON WEBSITES. TOWN STORMWATER OFFICER HAS ATTENDED GREEN INFRASTRUCTURE MEETINGS.

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

CITIZENS ARE AWARE OF STORMWATER IN TOWN. STORMWATER PROGRAMS HAVE INCREASED IN TOWN. TOWN HAS A SWMP PLAN AND FOLLOWS THROUGH WITH IT EACH YEAR.

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

1			
---	--	--	--

(ex.: samples/participants/events)

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

TOWN IS PUTTING TOGETHER A SWMP PLAN FOR NEXT YEAR. ALSO WORKING WITH COALITION THROUGHOUT THE YEAR. STORMWATER COORDINATOR WILL UPDATE TOWN WEBSITE. COORDINATOR WILL POST ANNUAL REPORT.

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

SPDES ID

NYR20A211				
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How many MS4s contributed to this report?	1	
---	---	--

1. Enter the number and approx. percent of outfalls mapped:	310				#	100		%
---	-----	--	--	--	---	-----	--	---

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

45		
----	--	--

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

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

[illegible]

■ **Sewersheds:**

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

SPDES ID

NYR20A211

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

- | | |
|--|--|
| <input type="checkbox"/> Broken Lines From Sanitary Sewer | <input type="checkbox"/> Industrial Connections |
| <input type="checkbox"/> Cross Connections | <input type="checkbox"/> Inflow/Infiltration |
| <input checked="" type="checkbox"/> Failing Septic Systems | <input type="checkbox"/> Pump Station Failure |
| <input checked="" type="checkbox"/> Floor Drains Connected To Storm Sewers | <input checked="" type="checkbox"/> Sanitary Sewer Overflows |
| <input checked="" type="checkbox"/> Illegal Dumping | <input checked="" type="checkbox"/> Straight Pipe Sewer Discharges |
| <input type="checkbox"/> Other: | <input checked="" type="checkbox"/> None |

[illegible]

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

0		
---	--	--

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

0		
---	--	--

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

0		
---	--	--

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

☒ Yes ☐ No

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

100		%
-----	--	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

PASSWORD PROTECTED

HTTP://ACVARCGIS.ALBANYCOUNTY.

COM.WEBMAP/

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

SPDES ID

NYR20A211

8. URL(s) con't.:

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

URL

HTTP:ACVARCGIS.ALBANYCOUNTY.COM

WEBMAP/

URL

URL

URL

URL

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

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

70 %

MS4 Annual Report Form

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

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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

SPDES ID

NYR20A211

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.

ALL MAPPING OF CATCH BASINS HAS BEEN DONE. WORKING ON USING THIS TO HELP SOLVE PROBLEMS.
TOWN WILL CONTINUE TO MONITOR OUR MAPPING INFORMATION.

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

UPDATING AND CHECKING THE NUMBER OF OUTFALLS. THE DEFINITION OF WHAT AN OUTFALL IS HAS CHANGED THE NUMBER WE HAVE. WORKING ON UPDATING THIS. INSPECTED 45 OUTFALLS THIS YEAR.

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

1			
---	--	--	--

(ex.: samples/participants/events)

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

THIS IS A VERY TIME-CONSUMING JOB. WE ARE WORKING ON ALL OF OUR OUTFALL PRACTICES.

MS4 Annual Report Form

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

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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

SPDES ID

NYR20A211

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

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

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

How many MS4s contributed to this report?

1		
---	--	--

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

☒ Yes ☐ No

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

☒ Yes ☐ No ☐ NT

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

☐ 09/2004 ☒ 03/2006 ☐ NT

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

☒ Yes ☐ No

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

21		
----	--	--

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

☒ Yes ☐ No ☐ NT

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

0		
---	--	--

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

☐ Yes ☒ No

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

<input checked="" type="checkbox"/> Notices of Violation	#	4						<input type="checkbox"/> No Authority
<input checked="" type="checkbox"/> Stop Work Orders	#	1						<input type="checkbox"/> No Authority
<input type="checkbox"/> Criminal Actions	#							<input type="checkbox"/> No Authority
<input type="checkbox"/> Termination of Contracts	#							<input type="checkbox"/> No Authority
<input type="checkbox"/> Administrative Fines	#							<input type="checkbox"/> No Authority
<input type="checkbox"/> Civil Penalties	#							<input type="checkbox"/> No Authority
<input type="checkbox"/> Administrative Orders	#							<input type="checkbox"/> No Authority
<input type="checkbox"/> Enforcement Actions or Sanctions	#							
<input type="checkbox"/> Other	#							<input type="checkbox"/> No Authority

MS4 Annual Report Form

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

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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

SPDES ID

NYR20A211					
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

1		
---	--	--

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

5		
---	--	--

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

21		
----	--	--

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

100		
-----	--	--

 %

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

100		
-----	--	--

 %

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

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

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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
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SPDES ID

NYR20A211

6. con't.:

Submit additional pages as needed.

☒ MS4/Coalition Office

Department

TOWN OF GUILDERLAND TOWN HALL

Address

5209 WESTERN TURNPIKE

City

GUILDERLAND

NY

Zip

1

Phone

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

Library

Address

City

Zip

Phone

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

Address

175 GREEN STREET-COUNTY HEALTH

City

ALBANY

NY

Zip

1

Phone

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

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

URL

URL

MS4 Annual Report Form

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

2020			
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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

SPDES ID

NYR20A211				
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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.

CONSTRUCTION SITES ARE MONITORED THROUGHOUT THE TOWN. DEC ACTIVE CONSTRUCTION SITES ALSO MONITORED. STORMWATER OFFICER MAKES SURE ALL SITES ARE KEPT IN COMPLIANCE.

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

WE HAVE WRITTEN PROCEDURES IN PLACE TO MONITOR CONSTRUCTION SITES. WE ARE USING A NEW LAPTOP TO KEEP ALL INFORMATION ON. THIS HELPS KEEPING CONSTRUCTION SITES IN LINE.

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

1			
---	--	--	--

(ex.: samples/participants/events)

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

INSPECTION SITES ARE FOLLOWED UP ACCORDING TO DEC BLUE BOOK. STORMWATER OFFICER IS IN CONSTANT CONTACT WITH CONTRACTORS. TOWN DOES NOT GIVE N.O.T. WITHOUT FINAL INSPECTIONS.

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

N	Y	R	2	O	A	2	1	1
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The information in this section is being reported (check one):

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

	# Inventoried	# Inspections	# Times Maintained
Alternative Practices			
Filter Systems			
✓ Infiltration Basins	4	1	1
✓ Open Channels	2	2	1
✓ Ponds	46	38	1
Wetlands			
Other			

☒ Yes ☐ No

Other:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

SPDES ID

NYR20A211

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

0

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

70 %

MS4 Annual Report Form

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

2020			
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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

SPDES ID

NYR2OA211

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

TOWN PLANNING BOARD IS CONSTANTLY PUSHING GREEN INFRASTRUCTURE. WE ARE HAVING CONCEPT MEETINGS WHICH HELP IN ORGANIZATION.

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

WE ARE DOING A GOOD JOB OVERALL BUT ALWAYS ROOM FOR IMPROVEMENT. STAFFING AND TIMING IS ALWAYS AN ON GOING ISSUE. TOWN CLEANS OUT RETENTION PONDS YEARLY. THIS IS A MAIN FACTOR IN OUR POST CONSTRUCTION PRACTICES.

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

1			
---	--	--	--

(ex.: samples/participants/events)

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

AT CONCEPT MEETINGS, STORMWATER IS ALWAYS PUSHING FOR GREEN INFRASTRUCTURE. WE ARE SETTING UP NEW PROCEDURES FOR TRACKING ALL CONSTRUCTION ACTIVITIES.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

SPDES ID

NYR20A211

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

1

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

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

MS4 Annual Report Form

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

2	0	2	0
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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

SPDES ID

NYR20A211

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

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

Acres

4				
---	--	--	--	--

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

Miles

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

☒ Catch Basins Inspected and Cleaned Where Necessary

9	5			
---	---	--	--	--

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

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

☐ Phosphorus Applied In Chemical Fertilizer

Lbs.

--	--	--	--	--

☒ Nitrogen Applied In Chemical Fertilizer

Lbs.

2	0	0	0	
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☒ Pesticide/Herbicide Applied

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

Acres

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

1				
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4. What was the date of the last training?

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 /

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 /

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

3	0	
---	---	--

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

7	0	
---	---	--

 %

MS4 Annual Report Form

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

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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

SPDES ID

NYR	2	0	A	2	1	1				
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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.

THE TOWN HAS SWEPT ALL ROADS IN TOWN THROUGH THE YEAR AT LEAST ONCE. WE HAVE GONE INTO SEVERAL RETENTION PONDS AND CLEANED THEM OUT. THE TOWN HAS A SCHEDULE TO CLEAN OUT CATCH BASINS.

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

TOWN IS CONSTANTLY SWEEPING ROADS, CLEANING CATCH BASINS, CLEARING OUT RETENTION BASINS AND DOING DITCH WORK. THIS IS ALL HELPFUL FOR A BETTER STORMWATER PRACTICE. WE ARE TRYING TO SCHEDULE ALL THESE EVENTS FOR BETTER PRACTICE.

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

1			
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(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).

WE HAVE A SCHEDULE IN PLACE TO KEEP STORMWATER PRACTICES DONE YEARLY. WE ALSO ARE MORE ORGANIZED WITH OUR LAPTOP IN PLACE. WE HAVE DONE ALL 15 TOWNSITE SELF AUDITS. WE HAVE CONTINUED TO TRAIN TOWN EMPLOYEES ON STORMWATER WITH THE COALITION.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

1	2
---	---

1. Targeted Public Education and Outreach Best Management Practices

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

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

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

2. Specific audiences targeted during this reporting period:

- ☒ Public Employees ☐ Contractors
☐ Residential ☐ Developers
☐ Businesses ☒ General Public
☐ Restaurants ☐ Industries
☒ Other: ☐ Agricultural

C	o	a	l	T	r	a	i	n	'	g	-	P	u	b	l	i	c	E	m	p	l	-	C	W	A	-	R	a	i	n	C	k
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Other

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☒ Construction Site Operators Trained

Trained

			3	1
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☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				6
--	--	--	--	---

☒ List-Serves

In List

		4	3	5
--	--	---	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

		1	6	0
--	--	---	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

		2	6	6
--	--	---	---	---

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

P	r	e	s	e	n	t	a	t	i	o	n	H	a	n	d	o	u	t	s
C	W	P		W	e	b	c	a	s	t		R	o	a	d	S	a	l	t
C	o	a	l	i	t	i	o	n	T	r	a	i	n	B	l	i	t	z	
C	W	A	B	a	s	i	c	s	-	R	a	i	n	C	k	Q	u	i	z

☒ Other:

1	C	W	P	W	e	b	c	a	s	t	-	R	o	a	d	S	a	l	t
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☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

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URL

MS4 Annual Report Form

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

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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																			
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SPDES ID

N	Y	R	2	0					
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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.

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

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

1. Coalition website maintained, minor updates
2. Coalition Sponsored 1 CWP Webcast -11/2019 Salt & Stormwater - Salinization of Our W'sheds
3. Stormwater publications printed/distributed when requested
4. Dropped. Planning related to DRAFT MS4 Permit on hold until MS4 Permit reissued.
5. Status of print inventory not discussed. Limited Coalition staff (1 person as of July, 2019)

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

			1
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(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).

2020/2021 Coalition Goals: 1. Support/update Coalition website; 2. For interested Coalition MS4s provide access to the Center for Watershed Protection member portal (archived webcasts, educational material); 3. Hire Coalition Outreach Specialist; 4. Outreach Specialist updates and/or creates educational material for targeted audience - message and effectiveness analyzed 4. If requested, print/distribute existing stormwater publications (brochure racks, clean up events, etc.)

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0			
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Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?	1	2
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1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

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

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

- | | | | | | | |
|---|------------|--|--|--|---|---|
| <input checked="" type="radio"/> List-Serve | # In List | | | | 2 | 6 |
| <input type="radio"/> Newspaper Advertising | # Days Run | | | | | |
| <input type="radio"/> TV/Radio Notices | # Days Run | | | | | |
| <input type="radio"/> Other: | | | | | | |
- ☒ Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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2. URL(s) con't.:

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

URL

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URL

URL

URL

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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4.a. If this report was made available on the internet, what date was it posted?

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

0	5	/	0	1	/	2	0	2	0
---	---	---	---	---	---	---	---	---	---

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

	1	4
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?☐ Yes ☐ No

If Yes, what was the date of the meeting?

		/			/				
--	--	---	--	--	---	--	--	--	--

If No, is one planned?

☐ Yes ☐ No**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No**6. Were comments received during this reporting period?**☐ Yes ☒ No

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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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.

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.

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

1. Completed 5 Coalition-wide WAVE stream monitoring events: Onequethaw Creek (T/Beth); Sand Creek (T/Col); Vlomanskill (T/Beth) and KrumKill (City of Albany- 2 classes Holy Names students, same site); 2. 2020 budget adopted and staffing plan approved to hire a part time Coalition Stormwater Outreach Specialist responsible for public participation activities. As of 3/9/2020, no staff hired. Various public participation activities considered, but not formally discussed.

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

			1
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(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).

2020/2021 Coalition Goals: 1. Organize one or more Coalition-wide WAVE Volunteer Stream Monitoring events (July 1 to Sept 30); 2. Hire and train Coalition Outreach Specialist; 3. Outreach Specialist organizes one public participation activity; 4. Coalition prepares with members Joint SWMP Plan update (Annual Evaluation). NOTE: Covid19 pandemic may force change in plans (hiring and public participation activities).

2	0	2	0
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Name of MS4/Coalition	Stormwater Coalition of Albany County
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N	Y	R	2	0				
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How many MS4s contributed to this report?	1	2
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[illegible][illegible]

L

2	0	2	0
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Stormwater Coalition of Albany County

N	Y	R	2	0				
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- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

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☐ Yes ☐ No

			%
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☒ Yes ☐ No

☒ Yes ☐ No

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

[illegible][illegible]

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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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.

2020/2021 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.

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

1. ORI Kits not restocked. Existing supply of test strips adequate. 2. Dropped. Planning related to DRAFT MS4 Permit on hold until MS4 Permit is reissued. 3. Need/value of ORI field training discussed, no action.

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

			1
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(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).

2020/2021 Coalition Goals: 1. Review with Working Group contents of ORI kit-match kit to Svy123 ORI form-remove/add kit items; 2. Review ORI Kit resupply and water testing role of Albany County Water Purification District, revise services as needed; 3. Hire GIS Coordinator; 4 GIS Coordinator and/or Coalition Director train MS4s in use of tablets/ORI Svy123 forms, data access and management. NOTE: Covid19 pandemic may force change in plans (hiring and training).

MS4 Annual Report Form

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

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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																			
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SPDES ID

N	Y	R	2	0					
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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.

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.

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

1. Coalition co-sponsored with ACSWCD 1 4hr E/SC training for Construction Site Operators (11/18/2019)
2. Need/value of MS4 Construction Site Inspection field training using tablets w/Svy123 form not discussed (other priorities and limited Coalition staff)

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

2020/2021 Coalition goal: 1. Co-sponsor with ACSWCD, one (1) 4hr E/SC training for Construction Site Operators; distribute promotional material to Coalition members; post training info on Coalition website.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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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.

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

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

1. Before leaving July, 2019 the Coalition Stormwater Program Technician developed multiple Survey123 forms based on PDF forms from the NYSDEC Maintenance Guidance Stormwater Management Practices (March 31, 2017). The forms were not pilot tested in the field.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

2020/2021 Coalition goals: 1. Locate the Survey123 PCSMP forms created by the Coalition Stormwater Program Technician Assistant in 2019. Share forms with Coalition MS4s now using ArcGIS Online Survey123/Collector technology.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
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2. Provide the following information about municipal operations good housekeeping programs:

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

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

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

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

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

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

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

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

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

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

			2	5
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4. What was the date of the last training?

0	3	/	0	5	/	2	0	2	0
---	---	---	---	---	---	---	---	---	---

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

2	4	7
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6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0	%
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MS4 Annual Report Form

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

2	0	2	0
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SPDES ID

N	Y	R	2	0				
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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.

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 and support materials; match needs to likely DRAFT MS4 Permit requirements.

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

1. DVDs circulated, but train'g venues not set up. Coalition instead developed two train'g modules: Track 1 The SW Regs & Pollution Prevention Practices (Rain Check DVD) for Field Workers & Track 2 The SW Regs and Future MS4 Permit for Officials/Management. Municipal staff/officials attended Track 1 and Track 2 presentations hosted at multiple locations (20 training events, 240 total participants); 2 & 3. Dropped because status of DRAFT MS4 Permit too uncertain.

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

			0
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(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).

2020/2021 Coalition goals: 1. Hire/train Coalition Stormwater Program Technician (PT- dedicated staff person for 4 MS4s); 2. Hire GIS Coordinator (FT); 3. Train GIS Coordinator in storm system and program mapping completed to date; 3. GIS Coordinator trains Coalition members in all aspects of ArcGIS Online Survey 123-Collector tablet use (ORI, Construction Sites, Municipal Facilities inspections). NOTE: Covid19 pandemic may force change in plans (hiring and training).

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N	Y	R	2	0				
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Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

	1	2
--	---	---

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? ☐ Yes ☐ No ☒ N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? ☐ Yes ☐ No ☒ N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

			%
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Estimate what percentage was mapped in this reporting period.

			%
--	--	--	---

MS4 Annual Report Form

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2	0	2	0
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N	Y	R	2	0				
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☐ Yes ☐ No ☒ N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

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 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ☐ Yes ☐ No ☒ N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ☐ Yes ☐ No ☒ N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ☐ Yes ☐ No ☒ N/A

7b. How many projects have been sited in this reporting period?

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7c. What percent of the projects included in 7b have been completed in this reporting period?

--	--	--

 %

7d. What percent of projects planned in previous years have been completed?

--	--	--

 %

☐ No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ☐ Yes ☐ No ☒ N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? ☐ Yes ☐ No ☒ N/A

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2	0	2	0
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N	Y	R	2	0				
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9. Has your MS4/Coalition developed and implemented a program of native planting?

☐ Yes ☐ No ☒ N/A

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?

☐ Yes ☐ No ☒ N/A

11. Does your MS4/Coalition have a pet waste bag program?

☐ Yes ☐ No ☒ N/A

12. Does your MS4/Coalition have a program to manage goose populations?

☐ Yes ☐ No ☒ N/A