

FINAL

Stormwater Coalition of Albany County Joint Annual Report

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

**Reporting Period
March 10, 2021 to March 9, 2022**

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 which is posted on the Coalition website (see Stormwater Coalition Inter-municipal Agreement-Memorandum Of Understanding).

For Coalition “MS4s” the submission of a FINAL Joint Annual Report first involves posting the DRAFT Joint Annual Report on the internet. There the public is provided the opportunity to make comments and request an open meeting to discuss the DRAFT report. Comments received via the internet or during the meeting are included in a FINAL Annual Report which minimal-ly includes a summary of comments and responses if provided.

The MS4 Permit does not specify a public comment time period and language regarding when to insert public comments into the FINAL report varies depending on whether and what type of public meeting is held, interpretations of the Annual Report form language, and at a practical level the depth of the comments themselves. If possible, public comments regarding the DRAFT report are included in the FINAL report submitted by June 1, along with the individual “MS4” response.

To learn more about MS4 Permit requirements, go to the NYSDEC website (<https://www.dec.ny.gov/chemical/8695.html>). To learn more about individual MS4 program implementation, go to the Coalition member page and follow links to individual “MS4” stormwater webpages.

TO SUBMIT PUBLIC COMMENTS

1. Go to Stormwater Coalition website Home page “Public Comment” portal www.stormwateralbanycounty.org.
2. Contact the Public Contact named in individual Annual Reports (see below for list of Annual Reports, go to MCC Page 2).
3. By e-mail swcoalition@albanycounty.com or Coalition office phone 447-5645 (leave a message).

Comments submitted to the Coalition which pertain to a particular “MS4” will be forwarded to the MS4/municipality.

OTHER INFORMATION

1. Hard copies of this FINAL Joint Annual Report are available upon request. Contact the Stormwater Coalition office or Public Contact listed in the Joint Annual Report.
2. Public comments and suggestions regarding the FINAL Joint Annual Report, the Joint Coalition Stormwater Management Program Annual Evaluation, and the implementation of stormwater program activities throughout the year are welcome.

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 FINAL 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 Annual Evaluation completed in April, 2022. To view the 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)



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

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

[illegible][illegible][illegible]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

MCC form for period ending March 9, 2022

ALBANY COUNTY DPW

NYR20A359

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2022

Name of MS4 ALBANY COUNTY DPW

SPDES ID

NYR20A359

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

DANIEL

MI

P

Last Name

MCCOY

Title

COUNTY EXECUTIVE

Address

112 STATE ST

City

ALBANY

State

NY

Zip

0

eMail

DANIEL.MCCOY@ALBANYCOUNTYNY.GOV

Phone

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

County

ALBANY

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

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

Name of MS4

ALBANY COUNTY

SPDES ID

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

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

L	A	U	R	A															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

--

Last Name

D	E	G	A	E	T	A	N	O											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

Title

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

Address

1	1	2		S	T	A	T	E		S	T	R	E	E	T																				
---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

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

State

N	Y
---	---

Zip

1	2	2	0	7	-																																
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

eMail

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

Phone

(5	1	8)	4	4	7	-	5	6	7	0
---	---	---	---	---	---	---	---	---	---	---	---	---

County

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 2

Name of MS4

ALBANY COUNTY

SPDES ID

N Y R 2 0 A 3 5 9

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

L I S A

MI

Last Name

R A M U N D O

Title

C O M M I S S I O N E R O F P U B L I C W O R K S

Address

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

City

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

State

N Y

Zip

1 2 1 8 6 -

eMail

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

Phone

(5 1 8) 7 6 5 - 2 0 5 5

County

A L B A N Y

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 2

Name of MS4 ALBANY COUNTY

SPDES ID

N Y R 2 0 A 3 5 9

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

R O B E R T

MI

A

Last Name

G U N T H E R

Title

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

Address

4 4 7 N E W S A L E M R O A D

City

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

State

N Y

Zip

1 2 1 8 6 -

eMail

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

Phone

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

County

A L B A N Y

MCC form for period ending March 9,

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

Albany County DPW

SPDES ID

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

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/CoalitionName

[illegible]

Partner/Coalition Name (con't.)

[illegible]

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

[illegible]

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

$$\left(\begin{array}{|c|c|c|} \hline 5 & 1 & 8 \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline 4 & 4 & 7 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 5 & 6 & 4 & 5 \\ \hline \end{array}$$

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)?

[illegible]

● MM2	S	W	M	P	E	v	a	l	A	R	R	e	p	o	r	t	-	W	A	V	E	-	C	l	e	a	n	U	p
-------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

● MM3 O R I K i t C l e a n U p - S 1 2 3 O R I - A G O L M g m t

● MM4 Tit on 4 Hr ESC - S123 Insp AGO L M g m t

● MM5 S w I M M a p p e r O v e r h a u l - P r o g r a m L y r s

● MM6	M	u	n	i	F	a	c	-	S	1	2	3	U	p	d	a	t	e	-	A	G	O	L	M	g	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, 2022

Name of MS4

ALBANY COUNTY

SPDES ID

NYR20A359

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

DANIEL

MI

P


Last Name

MCCOY

Title (Clearly print title of individual signing report)

COUNTY EXECUTIVE

Signature



Date

03/

24

/0/

2022

DM

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance
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.

SPDES ID

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

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

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

☐ Yes ☒ No

- ☐ 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.

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

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

SPDES ID

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

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

- How many MS4s contributed to this report?

	1	
--	---	--

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

Other

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

Other

MS4 Annual Report Form

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

20	22		
----	----	--	--

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

NYR20A359

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

1

☐ Direct Mailings

Mailings

☒ Kiosks or Other Displays

Locations

7

☒ List-Serves

In List

3000

☐ Mailing List

In List

☐ Newspaper Ads or Articles

Days Run

☐ Public Events/Presentations

Attendees

☐ School Program

Attendees

☐ TV Spot/Program

Days Run

☒ Printed Materials:

Total # Distributed

UNK

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

DPW LOBBY

NURSING HOME

LAWSON'S LAKE

HALL OF RECORDS

☐ Other:

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

URL

HTTP://WWW.ALBANYCOUNTY.COM/GOVE

RNMENT/DEPARTMENTS/DEPARTMENTOFFP

UBLICWORKS/STORMWATERMANAGEMENT.

URL

ASPX

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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

Name of MS4/Coalition ALBANY COUNTY

SPDES ID
NYR20A359

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

URL

HTTP://WWW.ALBANYCOUNTY.COM/GOVERNMENT/DEPARTMENTS/ECONOMIC-DEVELOPMENT-AND-CONSERVATION/STORMWATER-PROGRAM

URL

HTTP://WWW.STORMWATERALBANYCOUNTY.ORG/STORMWATER-COALITION/MUNICIPALITIES/ALBANY-COUNTY

URL

HTTP://WWW.STORMWATERALBANYCOUNTY.ORG/STORMWATER-COALITION/MUNICIPALITIES/ALBANY-COUNTY

URL

URL

URL

URL

MS4 Annual Report Form

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

20	22		
----	----	--	--

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

Name of MS4/Coalition

ALBANY COUNTY DPW

SPDES ID

NYR20A359				
-----------	--	--	--	--

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.

CATCHBASIN STENCILING PROGRAM CONTINUED ON ALL COUNTY ROADS. NEW PET WASTE STATIONS PLACED ON RAIL TRAIL PROVED EFFECTIVE IN REDUCING LOOSE DOG WASTE. DPW WEBSITE UPDATED WITH CURRENT MS4 CONTACT INFO. POSTER DISPLAY ROTATION CONTINUED THRU COUNTY FACILITIES

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

4 NEW PET WASTE STATIONS AND 4 GARBAGE CANS PLACED ON RAIL TRAIL
REDUCED LOOSE PET WASTE AND GARBAGE.

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).

WEBSITE WILL CONTINUE TO BE UPDATED WITH RELEVANT INFO. CB STENCILING WILL CONTINUE IN SUMMER MONTHS. PET WASTE STATIONS WILL BE INSTALLED/MAINTAINED AS NEEDED DEPENDING ON DEMAND.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

NYR20A359

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:

☐ Cleanup Events

Events

☒ Comments on SWMP Received

Comments

☒ Community Hotlines

Phone #

(5 1 8) 4 4 7 - 4 0 2 8

Phone # (0) 0 -

Phone #

() -

Phone # (0) 0 -

Phone #

() -

Phone # (0) 0 -

Phone #

() -

Phone # (0) 0 -

Phone #

() -

Phone # (0) 0 -

Phone #

() -

☐ Community Meetings

Attendees

☐ Plantings

Sq. Ft.

☐ Storm Drain Markings

Drains

☐ Stakeholder Meetings

Attendees

☐ Volunteer Monitoring

Events

☐ Other:

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

☒ Yes ☐ No

☐ List-Serve

In List

☐ Newspaper Advertising

Days Run

☐ TV/Radio Notices

Days Run

☐ Other:

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

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

NYR20A359

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

$$T/$$
[illegible][illegible][illegible][illegible][illegible][illegible]

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

SPDES ID				
NYR20A359				

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, 2022

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

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

Address

City

Zip

-

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

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

☒ eMail ☐ Comments

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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

SPDES ID

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

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

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

0	
---	--

 /

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	
---	--

 /

0	
---	--

 /

--	--	--	--

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,

20	22		
----	----	--	--

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

NYR20A359				
-----------	--	--	--	--

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.

WAVE EVENTS PROMOTED ON COUNTY WEBSITE, DRAFT/FINAL ANNUAL REPORT POSTED ON COUNTY WEBSITE. DPW RECIEVED INQUIRIES AND COMPLAINTS ON STORMWATER ISSUES FROM PUBLIC. 24 HR HOTLINE STAFFED BY DPW FOREMEN FOR URGENT ISSUES.

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

DPW RECEIVED OVER 20 STORMWATER RELATED INQUIRIES/COMPLAINTS. ALL ISSUES WERE ADDRESSED AND MANY WERE RESOLVED. WAVE PROGRAM WAS SUCCESSFUL. 24 HR HOTLINE RECIEVED DRAINAGE/FLOODING CALLS FROM 911 DISPATCH CENTER AND GENERAL PUBLIC, HIGHWAY AND ENGINEERING HANDLED ALL CALLS WHEN RECIEVED.

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).

PUBLIC CONTACT INFO WILL CONTINUE TO BE UPDATED AS NEEDED. DPW AND NATURAL RESOURCES OFFICE WILL CONTINUE TO HANDLE STORMWATER COMPLAINTS. WAVE INFORMATION, JOINT ANNUAL REPORT WILL BE POSTED ON DPW WEBSITE. 911 DISPATCH WILL CONTINUE TO DIRECT DRAINAGE CALLS TO 24 HR DPW HOTLINE.

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

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

SPDES ID					
NYR20A359					

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:	205		#	100	%
--	-----	--	---	-----	---

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 checked="" 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 checked="" type="radio"/> Commercial Carwashes | <input checked="" type="radio"/> Outdoor Fluid Storage |
| <input type="radio"/> Commercial Laundry/Dry Cleaners | <input checked="" type="radio"/> Parking Lot Maintenance |
| <input checked="" type="radio"/> Construction Vehicle Washouts | <input type="radio"/> Printing |
| <input checked="" type="radio"/> Cross-Connections | <input checked="" 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 checked="" type="radio"/> Septic Maintenance |
| <input checked="" 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 type="radio"/> Other: | <input type="radio"/> None |

[illegible]

- Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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

Name of MS4/Coalition ALBANY COUNTY

SPDES ID

NYR20A359				
-----------	--	--	--	--

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?

	2	
--	---	--

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

	2	
--	---	--

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

	2	
--	---	--

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

☒ Yes ☐ No

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

			%
--	--	--	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

[illegible][illegible][illegible]

URL

[illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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

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

SPDES ID

NYR20A359

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?

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

MS4 Annual Report Form

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

20	22		
----	----	--	--

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

NYR20A359

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.

ORI PROGRAM CONTINUED, YR 4/5 IN CYCLE. IDDE ENFORCEMENT WAS COORDINATED WITH SURROUNDING MUNICIPALITIES, OTHER COUNTY DEPTS IF NEEDED. DUTY PHONE, CALLS TO ENGINEERING, RECEIVED AND RESPONDED TO COMPLAINTS. OUTFALLS LABELED WITH ID#

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

ISSUED VERBAL WARNINGS TO CONTRACTOR. HIGHWAY FOREMEN CALL SWPT DAILY TO REPORT IDDE RELATED ISSUES. MANY ISSUES HANDLED AND RESOLVED.

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 MONITOR ALL OF COUNTY MS4 FOR IDDE WHILE DOING ORIS FOR 2022. FIELD COMPLAINTS FROM PUBLIC/COUNTY WORKERS ON POTENTIAL IDDE VIOLATIONS. CONTINUE TO ISSUE STOP WORK ORDERS, WARNINGS, NOV'S AS NEEDED. CONTINUE TO LABEL OUTFALLS WITH ID#. CONTINUE COORDINATION WITH SURROUNDING MS4S FOR ENFORCEMENT ACTION.

MS4 Annual Report Form

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

20	22		
----	----	--	--

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

NYR20A359

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?

50		
----	--	--

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?

50		
----	--	--

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><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><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><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><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><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><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><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><td></td></tr></table>							
<input checked="" type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td>2</td><td></td><td></td><td></td></tr></table>			2				<input type="radio"/> No Authority
		2							

MS4 Annual Report Form

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

20	22		
----	----	--	--

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

NYR20A359				
-----------	--	--	--	--

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

	1	
--	---	--

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

	1	
--	---	--

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

	1	
--	---	--

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

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, 2022

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

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

SPDES ID							
NYR20A359							

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

[illegible]

Address

[illegible]

City

[illegible]

NY	
----	--

Zip

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

Phone

$$\left(\begin{array}{|c|c|c|} \hline 5 & 1 & 8 \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline 6 & 5 & 5 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 7 & 9 & 2 & 4 \\ \hline \end{array}$$

○ Library

Address

[illegible]

City

[illegible]

--	--

Zip

0					-				
---	--	--	--	--	---	--	--	--	--

Phone

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

☐ Other

Address

[illegible]

City

[illegible]

--	--

Zip

0					-				
---	--	--	--	--	---	--	--	--	--

Phone

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

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

URL

[illegible][illegible][illegible]

URL

[illegible][illegible][illegible]

MS4 Annual Report Form

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

2022			
------	--	--	--

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

NYR20A359				
-----------	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

ALBANY COUNTY PLANNING BOARD RECIEVED SUPPORT FROM SWPT ON GML239 REVIEWS FOR SWPPP/GP-0-20-001 COMPLIANCE. DPW ENGINEERING RECIEVED AND REVIEWED SEVERAL SWPPPS FOR COUNTY FACILITIES. GI POLICY IMPLEMENTED WHERE POSSIBLE.

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

MULTIPLE GML239 REVIEWS REQUIRED SPDES COVERAGE. NOI FILED FOR SHERIFFS DISPATCH CENTER, SEVERAL COUNTY FACILITIES WILL REQUIRE NOI FOR CAP IN UPCOMING MONTHS.

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

	1		
--	---	--	--

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

CONTINUE GML239 REVIEWS FOR GP-0-20-001, BASIC E&SC BMPS, TOWN GRADING REQUIREMENTS, ETC. IMPLEMENT GI POLICY, ACSWP RES 475 WHERE NECESSARY. MAINTAIN COMPLIANCE WITH ALL ENVIRONMENTAL PERMITS ALBANY CTY MAINTAINS/MAY MAINTAIN WITHIN THE NEW RECORDING PERIOD.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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

Name of MS4/Coalition ALBANY COUNTY

SPDES ID
NYR20A359

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

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 checked="" type="radio"/> Alternative Practices		4	
<input type="radio"/> Filter Systems			
<input checked="" type="radio"/> Infiltration Basins		5	2
<input type="radio"/> Open Channels			
<input checked="" type="radio"/> Ponds		1	
<input type="radio"/> Wetlands			
<input type="radio"/> Other			

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:

GI POLICY

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

NYR20A359

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?

0 %

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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

SPDES ID

NYR20A359							
-----------	--	--	--	--	--	--	--

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.

PCSMP INSPECTION PROGRAM CONTINUED. UPDATES PROVIDED TO SWCO FOR MAPPING CHANGES. SWPT CONTINUED TO UPDATE INVENTORY OF PCSMP PRACTICES IF NEEDED. INSPECTIONS FOCUSED ON PCMPs FOUND WITHIN MS4 AREA.

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

DRAINAGE IMPROVED IN AREAS THAT NEEDED MAINTAINCE ON PCSMPs. NEW COUNTY EQUIPMENT IMPROVED ABILITY TO VACUUM VORTEX UNITS, SOFT EXCAVATE DITCHES TO REMOVE SEDIMENT BUILDUP IN AREAS OTHERWISE IMPOSSIBLE TO EXCAVATE WITH EXCAVATORS.

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

	1		
--	---	--	--

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

CONTINUE PCSMP INSPECTIONS BASED ON 3 YEAR INSPECTION CYCLE. MAINTAIN AS NEEDED. CONTINUE COUNTY FACILITY AUDITS TO INSPECT PCSMPs LOCATED IN FACILITY, ADDRESS ISSUES AS NEEDED.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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

Name of MS4/Coalition

ALBANYCTY

SPDES ID

NYR20A359

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.**

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 checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Hydrologic Habitat Modification.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" 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,

20	22		
----	----	--	--

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

NYR20A359

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

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

	1	5		
--	---	---	--	--
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

1	7	5	.	8		
---	---	---	---	---	--	--
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

	4	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 (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?

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

4. What was the date of the last training?

0	1
---	---

 /

1	2
---	---

 /

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

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

5	1	
---	---	--

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

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

 %

MS4 Annual Report Form

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

20	22		
----	----	--	--

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

Name of MS4/Coalition

ALBANYCTY

SPDES ID

NYR20A359				
-----------	--	--	--	--

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.

ROAD SWEEPING/PARKING LOT SWEEPING GOAL MET. TRAINING OCCURRED IN WINTER MONTHS. AUDITS COMPLETED.

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

TRAINING RECIEVED POSITIVE FEEDBACK FROM EMPLOYEES.

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).

SWEEPING PROGRAM WILL CONTINUE IN SUMMER MONTHS. CB MAINTENANCE PROGRAM MANDATED BY EPA AUDIT, WILL COMMENCE THIS SUMMER. TRAININGS WILL CONTINUE.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

	1	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	-	P	o	l	l	u	t	i	o	n		P	r	e	v	e	n
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---

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 |

G	e	n	l	P	u	b	l	i	c																							
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

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

☒ List-Serves

In List

			3	6
--	--	--	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

			2	7
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

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

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

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

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

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

☒ Other:

H	R	W	A		A	w	a	r	d	-	J	u	n	e	2	0	2	1	
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

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

URL

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

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

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

URL

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

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

2021/2022 Coalition Goals: 1. Support/update Coalition website; 2. Sponsor a viewing event of archived webcasts where the stormwater topic is of interest to a target audience defined by Coalition members (ex. road salt program for highway departments; Homeowner Association maintenance of stormwater practices); 3. If requested, print/distribute existing stormwater publications (brochure racks, clean up events, etc.). NOTE: In person public education limited, due to Covid unknowns.

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

2021/2022 Coalition Goals: 1. Coalition website updated-links from MS4s evaluated, some corrected; 2. Training event (webcast) not sponsored or organized by Coalition- info shared with members about available webcasts; 3. No brochures requested, none distributed.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

2022/2023: 1. Coalition website updates, review content & correct layout, remove content (outdated); 2. Track status of draft MS4 Permit and MCM1 requirements - integrate updated MS4 Permit w/Coalition-led mapping initiatives as needed; 3. Purchase curb markers for Coalition members

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

2. URL(s) con't.:

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

URL

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

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

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

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

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

City										Zip											
A	l	b	a	n	y					N	Y	1	2	2	0	2	-				

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

☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address										<input type="radio"/> Annual Report	<input type="radio"/> SWM Plan	<input type="radio"/> Comments

City Zip -

Phone (0) 0 -

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address	

City Zip 0 -

Phone (0) 0 -

☐ Web Page URL:
 ☐ Annual Report
 ☐ SWMP Plan
 ☐ Comments

[illegible]

(J	o	i	n	t		S	W	M	P		A	n	n	u	a	l		E	v	a	l	u	a	t	i	o	n)
---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---

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

● eMail ● Comments

[illegible]

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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

SPDES ID

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

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

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

0	5	/	0	3	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

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

	1	5
--	---	---

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

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.

Name of "MS4": NA Stormwater Coalition

"MS4" SPDES ID No. NONE - Stormwater Coalition

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

**Reporting Period
March 10, 2021 to March 9, 2022**

**Minimum Control Measure 2
Public Involvement/Participation**

Public Comment Information

From Annual Report Form MCM 2 Page 5 of 6

Question 6. Were comments received during this reporting period? Yes/No

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

.....

List of Attachments:

NONE

Comments (if no Attachments):

On May 11, 2022 the citizen's group Save Colonie submitted comments by email via the Stormwater Coalition Public Comment portal. Their comments pertained to the DRAFT Joint Stormwater Coalition Annual Report posted on the Coalition website May 3, 2022, in particular the Colonie 2022 Stormwater Report. These Save Colonie comments were forwarded to the Town of Colonie, Stormwater Program Coordinator. Related documentation provided by the Town is included in the FINAL Town of Colonie 2022 Annual Report (MS4 Permit No. NYR20A190).

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

2021/2022 Coalition Goals: 1. Organize or support one public participation activity, possibly Coalition-wide WAVE Volunteer stream monitoring event (July 1 to Sept 30) or other activity; 2. Prep and post Joint SWMP Plan (Annual Evaluation April, 2021)

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

2021/2022 Coalition Goals: 1. Researched multiple WAVE sites; conducted 1 WAVE monitor'g event (9/24/2021) on Normanskill trib in City/Albany (Outdoor Afro supported volunteer recruitment, 7 volunteers); 2. Joint SWMP Plan update (Annual Evaluation April, 2021) completed and posted on Coalition website; 3. Co-sponsored w/Coalition member community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/1/2021, 19 volunteers).

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).

2022/2023 Coalition Goals: 1. Prep and post Joint SWMP Annual Evaluation (April, 2022); 2. Director queries Coalition members regarding Coalition-wide WAVE volunteer stream monitoring events (July 1 to Sept 30), organizes one or more if interest; 2. Director queries Coalition members about Coalition sponsorship or coordination of one public participation event (not WAVE). If interest, provide Coalition staff support and coordinate Coalition-wide support.

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

Minimum Control Measure 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	2
--	---	---

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

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

			%
--	--	--	---

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

--	--	--

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

- ☐ Auto Recyclers
 - ☐ 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

[illegible]

- Sewersheds:

[illegible]

L

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



Stormwater Coalition of Albany County

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

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

[illegible]

--	--	--

--	--	--

--	--	--

☐ Yes ☐ No

			%
--	--	--	---

☒ Yes ☐ No

☒ 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,

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

2021/2022 Coalition Goals: 1. Orient/train as needed GIS Coordinator in Coalition map'g effort to date (storm system map'g, outfalls, ArcGIS Online inspection forms, data storage and mgmt, SwIM mapper); 2. Identify map'g/inspection form needs, prioritize tasks w/Coalition members; 3. Implement priority items (storm system map'g updates; manage ArcGIS Online acct transfer/groups; other); 4. Review status of SwIM, develop plan w/VHB; 5. Set up ORI kits storage-175Grn; labwk \$

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

2021/2022 Coalition Goals: 1. GIS Coordinator oriented/trained; 2. Inspection forms evaluated by Coalition staff, process not coordinated w/ all members, small edits to forms used by Coalition SW Prog Tech; 3. Some storm system mapping updates completed; AGOL accounts analyzed, purchased as needed; 4. VHB contract extended, but services not used; 5. ORI kits reorg and stocked, lab contract w/ADK Environmental set up

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).

2022/2023 Coalition Goals: 1. Updated IMA-MOU adopted by Board clarifies GIS Services provided by Coalition for members; dues structure clarified. Members track progress of updated MS4 Pmt release/related map'g/inspection requirements. Depend'g on member commitments/needs, Coalition staff provide MS4 Pmt GIS/map'g support. 2. Coalition SwIM mapper decommissioned. 3. GIS Coor launches stormwater AGOLwebapps for interested mbrs. 4. Manage ORI kits-\$ water tests

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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

SPDES ID

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

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

2021/2022 Coalition goal: None

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

--

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

1. Coalition Director consults with ACSWCD about future of 4 hr E/SC training given videoconference E/SC offerings by SWCD state-wide. If relevant and possible, one training co-sponsored with ACSWCD (not a videoconference).

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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

SPDES ID

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

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			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).

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

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

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

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

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

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

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied (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?

				9
--	--	--	--	---

4. What was the date of the last training?

0	3
---	---

 /

0	9
---	---

 /

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

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

	2	7
--	---	---

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

--	--	--

 %

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

2022/2023: 1. Coalition Director and Working Group representatives identify Coalition-wide training needs. Director organizes with Working Group support minimally one Coalition-wide training activity; 2. Coalition Director identifies training (staff development) opportunities for members & Coalition staff, allocates training dollars for interested Coalition members, purchases training seats, as needed and funds are available

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

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

Name of MS4

University at Albany (SUNY) Uptown Campus

SPDES ID

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

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

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

MCC form for period ending March 9,

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

Name of MS4

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

Section 2 - C

Important Instr

Contact information

1. Principal E
GP-0-08-00
2. Duly Autho
Authorized
3. The Local S
4. The Stormy
coordinatio
5. Report Pre

A separate
filled by th
once and cl

If a new Dr
provided an
Elected Of

For each contac

- Principal Executive Officer
- Duly Authorized Representative
- Local Stormwater Management Agency
- Stormwater Management Agency
- Report Preparer

First Name

H	a	v	i	d	a	n							
---	---	---	---	---	---	---	--	--	--	--	--	--	--

MI

Last Name

R	o	d	r	i	g	u	e	z						
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Title

[illegible]

Address

[illegible]

City

[illegible]

State

Zip

N	Y
---	---

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

-

--	--	--	--

eMail

[illegible]

Phone

$$\left(\begin{array}{|c|c|c|} \hline 5 & 1 & 8 \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline 9 & 5 & 6 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 8 & 0 & 1 & 0 \\ \hline \end{array}$$

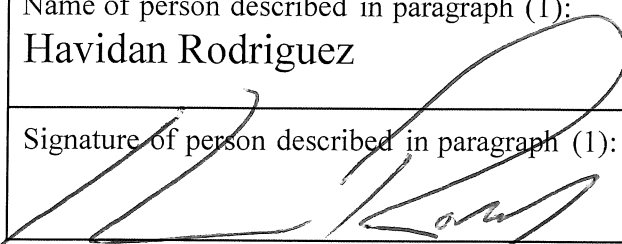
County

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

Signature Authorization Form

Permittee Name University at Albany SPDES NO. NYR20A234

Facility Name University at Albany Date May 15, 2020

Name of person described in paragraph (1): Havidan Rodriguez	Title: President
Signature of person described in paragraph (1): 	Date: May 27, 2020

THE PERMITTEE MUST NOTIFY THE DEPARTMENT OF ANY CHANGE IN THIS INFORMATION. THIS FORM SHOULD ONLY BE SENT IN WITH THE ANNUAL REPORT.

Name and/or Title of person responsible for signing and submitting MS4 Annual Report: Director of Code Administration	Phone: (518-442-3400)		
Mailing Name: Karl Kilts			
Mailing Address: Service Building A 1400 Washington Ave.	City: Albany	State: NY	Zip: 12222

Return To: MS4 Coordinator
Bureau of Water Permits
New York State Department of Environmental Conservation
625 Broadway
Albany, NY 12233-3505

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 2

Name of MS4 University at Albany (SUNY Uptown Campus)

SPDES ID

N Y R 2 0 A 2 3 4

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

K a r l

MI

Last Name

K i l t s

Title

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

Address

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

City

A l b a n y

State

N Y

Zip

1 2 2 2 2 -

eMail

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

Phone

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

County

A l b a n y

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

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

Name of MS4

University at Albany (SUNY Uptown Campus)

SPDES ID

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

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

B	r	a	d																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

F

Last Name

B	u	n	z	e	y														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

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

Address

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

City

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

State

N	Y
---	---

Zip

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

eMail

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

Phone

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

County

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

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

2 0 2 2

Name of MS4

University at Albany (SUNY) Uptown Campus

SPDES ID

N Y R 2 0 A 2 3 4

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

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 C o a l i t i o n W e b s i t e - P o s t i n g s

● MM2 S W M P E v a l A R R e p o r t - W A V E - C l e a n U p

● MM3 O R I K i t C l e a n U p - S 1 2 3 O R I - A G O L M g m t

● MM4 T u i t i o n 4 H r E S C - S 1 2 3 I n s p A G O L M g m t

● MM5 S w I M M a p p e r O v e r h a u l - P r o g r a m L y r s

● MM6 M u n i F a c - S 1 2 3 U p d a t e - A G O L M g 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	2
---	---	---	---

Name of MS4

University at Albany (SUNY) Uptown Campus

SPDES ID

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

Section 4 - Certification Statement

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

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

First Name

K	a	r	l																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

G

Last Name

K	i	l	t	s															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title (Clearly print title of individual signing report)

Director, Code Administration

Signature



Date

0	5	/	1	8	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

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

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

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

_____ SPDES ID _____

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

L

[illegible]

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus

SPDES ID

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

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

--	--	--

1. Targeted Public Education and Outreach Best Management Practices

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

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

U	A	l	b	a	n	y		W	e	b	s	i	t	e		a	n	d		P	r	e	s	e	n	t	a	t	i	o	n	s
---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---

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 type="radio"/> General Public |
| <input type="radio"/> Restaurants | <input type="radio"/> Industries |
| <input checked="" type="radio"/> Other: | <input type="radio"/> Agricultural |

S	t	u	d	e	n	t	s																								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other

MS4 Annual Report Form

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

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

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

SPDES ID

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

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

- List-Serves

# In List					
-----------	--	--	--	--	--

○ Mailing List

# In List					
-----------	--	--	--	--	--

☐ Newspaper Ads or Articles

# Days Run					
------------	--	--	--	--	--

○ Public Events/Presentations

# Attendees					
-------------	--	--	--	--	--

○ School Program

# Attendees					
-------------	--	--	--	--	--

○ TV Spot/Program

# Days Run					
------------	--	--	--	--	--

● Printed Materials:

Total # Distributed					
---------------------	--	--	--	--	--

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

S	e	r	v	i	c	e		B	u	i	l	d	i	n	g		A		
---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	--	--

[illegible]

M	a	n	a	g	e	m	e	n	t
---	---	---	---	---	---	---	---	---	---

[illegible]

○ Other:

[illegible]

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

URL

[illegible][illegible][illegible]

URL

[illegible][illegible][illegible]

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

SPDES ID

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus

SPDES ID

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

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

- 1) Install Green Infrastructure interpretive signs at four (4) locations.
- 2) Update website when required.
- 3) Continue using and monitor "No Dumping" on CB's frame castings as standard.
- 4) Provide stormwater information for students and others, and conduct GI tours or presentations when requested and document activity.

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

- 1) Signs not installed due to lack of funding.
- 2) Website updated
- 3) "No Dumping" label on castings installed for new catch basin installations.
- 4.) GI tours conducted

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

			4
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

- 1) Update website when required.
- 2) Continue using and monitor "No Dumping" on CB's frame castings as standard.
- 3) Provide stormwater information for students and others, and conduct GI tours or presentations when requested and document activity.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus

SPDES ID

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

Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?

--	--	--

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

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

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

☒ Yes ☐ No

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus

SPDES ID

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

2. URL(s) con't.:

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

URL

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

URL

URL

URL

URL

URL

URL

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

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

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus

SPDES ID

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

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

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

0	5
---	---

 /

0	3
---	---

 /

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

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

	1	4
--	---	---

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

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

☐ Yes ☒ No

If Yes, what was the date of the meeting?

--	--

 /

--	--

 /

--	--	--	--

If No, is one planned?

☐ Yes ☒ No

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

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus

SPDES ID

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

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

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

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

1) Campus Cleanup was not performed due to COVID-19 restrictions.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

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

2) Post Draft/Final Annual Report on University at Albany stormwater website.

L

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

University at Albany (SUNY) Uptown Campus

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

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

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

#

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

%

		0
--	--	---

[illegible][illegible]

L

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

University at Albany (SUNY) Uptown Campus

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

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

[illegible]

		0
--	--	---

		0
--	--	---

		0
--	--	---

☒ Yes ☐ No

			%
--	--	--	---

☒ Yes ☐ No

☐ Yes ☒ No

☐ Yes ☒ No

URL

[illegible][illegible]

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

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

[illegible]

- | | | | |
|--|---|---|---|
| | 0 | 0 | % |
|--|---|---|---|

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus

SPDES ID

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

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

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

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

- 1) Reviewed requirements of MS4 Permit Review and no updates required.
- 2) There were no illicit discharges to address.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus

SPDES ID

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

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

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

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

How many MS4s contributed to this report?

--	--	--

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

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

☐ 09/2004 ☐ 03/2006 ☒ NT

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

		2
--	--	---
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?** ☐ Yes ☐ No ☒ NT
- If Yes, how many public comments were received during this reporting period?

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

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

<input type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><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><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><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><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><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><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><td></td></tr></table>							<input type="radio"/> No Authority
<input checked="" type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td>0</td></tr></table>						0	
					0				
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus

SPDES ID

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

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

--	--	--

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

		3
--	--	---

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

		3
--	--	---

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

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

 %

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

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

 %

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

☒ Yes ☐ No ☐ NT

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

☒ Yes ☐ No ☐ NT

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

☒ Yes ☐ No

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus

SPDES ID

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

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

- 1) Stormwater Management program Coordinator to continue to oversee Construction Activity Permit requirements
- 2) Perform site visits at construction sites as needed.
- 3) Provide link to University Public Complaint portal on stormwater web site.
- 4) Monitor 4 hr. ESC staff training.

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

- 1) Stormwater Management program Coordinator oversaw Construction Activity Permit requirements
- 2) Site visits at construction sites were performed when needed.
- 3) Link to University Public Complaint portal on stormwater web site activated
- 4) Staff notified of 4hr ESC training status and opportunities available for training.

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

			4
--	--	--	---

(ex.: samples/participants/events)

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

- 1) Stormwater Management program Coordinator to continue to oversee Construction Activity Permit requirements
- 2) Perform site visits at construction sites as needed.
- 3) Monitor 4 hr. ESC staff training.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus

SPDES ID

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

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

--	--	--

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

	# Inventoried	# Inspections	# Times Maintained									
<input checked="" type="radio"/> Alternative Practices	<table><tr><td></td><td>1</td><td>5</td></tr></table>		1	5	<table><tr><td></td><td></td><td>3</td></tr></table>			3	<table><tr><td></td><td></td><td>4</td></tr></table>			4
	1	5										
		3										
		4										
<input type="radio"/> Filter Systems	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input checked="" type="radio"/> Infiltration Basins	<table><tr><td></td><td></td><td>7</td></tr></table>			7	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
		7										
		0										
		0										
<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></td><td>7</td></tr></table>			7	<table><tr><td></td><td></td><td>7</td></tr></table>			7	<table><tr><td></td><td></td><td>7</td></tr></table>			7
		7										
		7										
		7										
<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 checked="" type="radio"/> Other	<table><tr><td></td><td></td><td>4</td></tr></table>			4	<table><tr><td></td><td></td><td>4</td></tr></table>			4	<table><tr><td></td><td></td><td>3</td></tr></table>			3
		4										
		4										
		3										

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

☒ Yes ☐ No

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

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

☒ Other:

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus

SPDES ID

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

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

		0
--	--	---

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

	5	0
--	---	---

 %

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus

SPDES ID

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

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

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

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

- 1) Post-construction practices inspected and reviewed.
- 2) Post construction Practice inventory and mapping updated.
- 3.) Dry-wells were cleaned and catch basins cleaned.

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

			4
--	--	--	---

(ex.: samples/participants/events)

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus

SPDES ID

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

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Right of Way Maintenance.....	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Parks and Open Space.....	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input 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	2
---	---	---	---

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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus

SPDES ID

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

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

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

			6	8
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		1	9	5
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

			3	2
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			1	6
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

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

	1	6	7	7
--	---	---	---	---
- Pesticide/Herbicide Applied # Acres

		4	6	.	8
--	--	---	---	---	---

(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?

				0
--	--	--	--	---

4. What was the date of the last training?

		/			/				
--	--	---	--	--	---	--	--	--	--

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

		0
--	--	---

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

		0
--	--	---

 %

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus

SPDES ID

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

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

- 1) Perform staff trainings.
- 2) Be more diligent on catch basin inspections.
- 3) Update mapping for facility assessments and maintenance.
- 4) Perform facility assessments

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

- 1) Training did not occur due to COVID restrictions.
- 2) Catch Basin inspection process developed, and initiated in work flow system.
- 3) Mapping was updated for facility assessments and maintenance.
- 4) Facility assessment performed

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

			3
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

- 1) Perform staff trainings.
- 2) Assess catch basin inspection process.
- 3) Update mapping for facility assessments and maintenance.
- 4) Perform facility assessments

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

Name of MS4/Coalition

SPDES ID

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

	1	2
--	---	---

Coalition Website - Pollution Prevention

[illegible]

L

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

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

☒ List-Serves

In List

			3	6
--	--	--	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

			2	7
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

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

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

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

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

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

☒ Other:

H	R	W	A		A	w	a	r	d	-	J	u	n	e	2	0	2	1	
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

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

URL

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

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

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

URL

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

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

2021/2022 Coalition Goals: 1. Support/update Coalition website; 2. Sponsor a viewing event of archived webcasts where the stormwater topic is of interest to a target audience defined by Coalition members (ex. road salt program for highway departments; Homeowner Association maintenance of stormwater practices); 3. If requested, print/distribute existing stormwater publications (brochure racks, clean up events, etc.). NOTE: In person public education limited, due to Covid unknowns.

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

2021/2022 Coalition Goals: 1. Coalition website updated-links from MS4s evaluated, some corrected; 2. Training event (webcast) not sponsored or organized by Coalition- info shared with members about available webcasts; 3. No brochures requested, none distributed.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

2022/2023: 1. Coalition website updates, review content & correct layout, remove content (outdated); 2. Track status of draft MS4 Permit and MCM1 requirements - integrate updated MS4 Permit w/Coalition-led mapping initiatives as needed; 3. Purchase curb markers for Coalition members

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

2. URL(s) con't.:

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

URL

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

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

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

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

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

City										Zip											
A	l	b	a	n	y					N	Y	1	2	2	0	2	-				

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

☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address																				<input type="radio"/> Annual Report	<input type="radio"/> SWM Plan	<input type="radio"/> Comments

City Zip

Phone (0) 0 -

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address	

City										Zip									
										0					-				

Phone (0) 0 -

☐ Web Page URL:
 ☐ Annual Report
 ☐ SWMP Plan
 ☐ Comments

[illegible]

(J	o	i	n	t		S	W	M	P		A	n	n	u	a	l		E	v	a	l	u	a	t	i	o	n)
---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---

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

● eMail ● Comments

[illegible]

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

0	5	/	0	3	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

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

	1	5
--	---	---

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

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.

Name of "MS4": NA Stormwater Coalition

"MS4" SPDES ID No. NONE - Stormwater Coalition

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

**Reporting Period
March 10, 2021 to March 9, 2022**

**Minimum Control Measure 2
Public Involvement/Participation**

Public Comment Information

From Annual Report Form MCM 2 Page 5 of 6

Question 6. Were comments received during this reporting period? Yes/No

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

.....

List of Attachments:

NONE

Comments (if no Attachments):

On May 11, 2022 the citizen's group Save Colonie submitted comments by email via the Stormwater Coalition Public Comment portal. Their comments pertained to the DRAFT Joint Stormwater Coalition Annual Report posted on the Coalition website May 3, 2022, in particular the Colonie 2022 Stormwater Report. These Save Colonie comments were forwarded to the Town of Colonie, Stormwater Program Coordinator. Related documentation provided by the Town is included in the FINAL Town of Colonie 2022 Annual Report (MS4 Permit No. NYR20A190).

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

2021/2022 Coalition Goals: 1. Organize or support one public participation activity, possibly Coalition-wide WAVE Volunteer stream monitoring event (July 1 to Sept 30) or other activity; 2. Prep and post Joint SWMP Plan (Annual Evaluation April, 2021)

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

2021/2022 Coalition Goals: 1. Researched multiple WAVE sites; conducted 1 WAVE monitor'g event (9/24/2021) on Normanskill trib in City/Albany (Outdoor Afro supported volunteer recruitment, 7 volunteers); 2. Joint SWMP Plan update (Annual Evaluation April, 2021) completed and posted on Coalition website; 3. Co-sponsored w/Coalition member community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/1/2021, 19 volunteers).

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).

2022/2023 Coalition Goals: 1. Prep and post Joint SWMP Annual Evaluation (April, 2022); 2. Director queries Coalition members regarding Coalition-wide WAVE volunteer stream monitoring events (July 1 to Sept 30), organizes one or more if interest; 2. Director queries Coalition members about Coalition sponsorship or coordination of one public participation event (not WAVE). If interest, provide Coalition staff support and coordinate Coalition-wide support.

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

Minimum Control Measure 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	2
---	---	---

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

				#			%
--	--	--	--	---	--	--	---

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

--	--	--

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

- | | |
|---|---|
| <input type="radio"/> Auto Recyclers | <input type="radio"/> Landscaping (Irrigation) |
| <input 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 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 type="radio"/> Swimming Pools |
| <input type="radio"/> Improper RV Waste Disposal | <input type="radio"/> Vehicle Fueling |
| <input type="radio"/> Industrial Process Water | <input type="radio"/> Vehicle Maint./Repair Shops |
| <input type="radio"/> Other: | <input type="radio"/> None |

[illegible]

- Sewersheds:

[illegible]

L

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



Stormwater Coalition of Albany County

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

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

[illegible]

--	--	--

--	--	--

--	--	--

☐ Yes ☐ No

			%
--	--	--	---

☒ Yes ☐ No

☒ 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,

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

2021/2022 Coalition Goals: 1. Orient/train as needed GIS Coordinator in Coalition map'g effort to date (storm system map'g, outfalls, ArcGIS Online inspection forms, data storage and mgmt, SwIM mapper); 2. Identify map'g/inspection form needs, prioritize tasks w/Coalition members; 3. Implement priority items (storm system map'g updates; manage ArcGIS Online acct transfer/groups; other); 4. Review status of SwIM, develop plan w/VHB; 5. Set up ORI kits storage-175Grn; labwk \$

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

2021/2022 Coalition Goals: 1. GIS Coordinator oriented/trained; 2. Inspection forms evaluated by Coalition staff, process not coordinated w/ all members, small edits to forms used by Coalition SW Prog Tech; 3. Some storm system mapping updates completed; AGOL accounts analyzed, purchased as needed; 4. VHB contract extended, but services not used; 5. ORI kits reorg and stocked, lab contract w/ADK Environmental set up

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).

2022/2023 Coalition Goals: 1. Updated IMA-MOU adopted by Board clarifies GIS Services provided by Coalition for members; dues structure clarified. Members track progress of updated MS4 Pmt release/related map'g/inspection requirements. Depend'g on member commitments/needs, Coalition staff provide MS4 Pmt GIS/map'g support. 2. Coalition SwIM mapper decommissioned. 3. GIS Coor launches stormwater AGOLwebapps for interested mbrs. 4. Manage ORI kits-\$ water tests

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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

SPDES ID

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

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

2021/2022 Coalition goal: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

1. Coalition Director consults with ACSWCD about future of 4 hr E/SC training given videoconference E/SC offerings by SWCD state-wide. If relevant and possible, one training co-sponsored with ACSWCD (not a videoconference).

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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

SPDES ID

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

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			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).

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

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

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

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

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

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

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied (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?

				9
--	--	--	--	---

4. What was the date of the last training?

0	3	/	0	9	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

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

	2	7
--	---	---

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

			%
--	--	--	---

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

2022/2023: 1. Coalition Director and Working Group representatives identify Coalition-wide training needs. Director organizes with Working Group support minimally one Coalition-wide training activity; 2. Coalition Director identifies training (staff development) opportunities for members & Coalition staff, allocates training dollars for interested Coalition members, purchases training seats, as needed and funds are available

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

Name of MS4

City of Albany

SPDES ID

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

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

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

MCC form for period ending March 9,

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

City of Albany

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

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

MCC form for period ending March 9,

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

City of Albany

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

Important Instructions - Please Read

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

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

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

First Name	MI	Last Name
P e t e r	W	B e c k

Title																																
S	t	o	r	m	w	a	t	e	r		P	r	o	g	r	a	m		M	a	n	a	g	e	r							

Address																			
1	0		N	.	E	n	t	e	r	p	r	i	s	e	D	r	i	v	e

City	State	Zip
A l b a n y	N Y	1 2 2 0 4 -

eMail																			
p	b	e	c	k	@	a	l	b	a	n	y	n	y	.	g	o	v		

Phone (5 1 8) 4 3 4 - 5 3 0 0 County A l b a n y

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2022

Name of MS4 City of Albany

SPDES ID

N Y R 2 0 A 4 6 4

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

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 C o a l i t i o n W e b s i t e - P o s t i n g s

● MM2 S W M P E v a l A R R e p o r t - W A V E - C l e a n U p

● MM3 O R I K i t C l e a n U p - S 1 2 3 O R I - A G O L M g m t

● MM4 T u i t i o n 4 H r E S C - S 1 2 3 I n s p A G O L M g m t

● MM5 S w I M M a p p e r O v e r h a u l - P r o g r a m L y r s

● MM6 M u n i F a c - S 1 2 3 U p d a t e - A G O L M g 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,	2	0	2	2
--	---	---	---	---

SPDES ID

Name of MS4 City of Albany

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

Section 4 - Certification Statement

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

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

First Name

[illegible]

MI

E

Last Name

C	o	f	f	e	y	,		J	r	.	,		P	E
---	---	---	---	---	---	---	--	---	---	---	---	--	---	---

Title (Clearly print title of individual signing report)

C	o	m	m	i	s	s	i	o	n	e	r
---	---	---	---	---	---	---	---	---	---	---	---

Signature

Joseph E. Coffey

Date _____

0	5	/	2	4	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

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

MS4 Permit Coordinator

Division of Water

4th Floor

625 Broadway

Albany, New York 12233-3505

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

SPDES ID _____

City of Albany

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

Water Quality Trends

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

- ☐ Yes ☒ No

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

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

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

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

--	--	--

[illegible][illegible]

MCM 1 Page 1 of 4

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

City of Albany

SPDES ID

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

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

☒ Construction Site Operators Trained

Trained

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

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

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

☒ List-Serves

In List

			4	5
--	--	--	---	---

☐ Mailing List

In List

--	--	--	--	--

☒ Newspaper Ads or Articles

Days Run

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

☒ Public Events/Presentations

Attendees

			5	0
--	--	--	---	---

☒ School Program

Attendees

		1	5	5
--	--	---	---	---

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

			1	9
--	--	--	---	---

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

A	l	b	a	n	y		W	a	t	e	r		D	e	p	t	.		
---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	--	--

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

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

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

☒ Other:

D	e	p	t	o	f	W	a	t	e	r	F	a	c	e	b	o	o	k	
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

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

URL

w	w	w	.	a	l	b	a	n	y	n	y	.	g	o	v	/	5	0	6	/	S	t	o	r	m	w	a	t	e	r	-
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

M	a	n	a	g	e	m	e	n	t																					
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

URL

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

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

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

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

Name of MS4/Coalition

City of Albany

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

URL

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

City of Albany

SPDES ID

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

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

1. Stormwater coordinator (SWC)/staff will continue the stenciling of catch basins within the local watersheds. 2. SWC/staff will maintain 2 brochure racks at AWD. 3. SWC will continue to participate in school programs and tabling events. 4. SWC/staff will update the city stormwater website, Facebook page & Twitter account with additional stormwater material.

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

1. SWC stenciled 48 catch basins within the local watersheds. 2. SWC/staff maintained 1 brochure rack at AWD. 3. SWC/staff participated in a tabling event at Pollinator's Day and presented at academic events at Valley Tech School, Hackett Middle School, University of Albany & Christian Brother's Academy. SWC/staff also participated in the Future Cities Program.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

1. Stormwater coordinator (SWC)/staff will continue the stenciling of catch basins within the local watersheds. 2. SWC/staff will maintain 1 brochure rack at AWD. 3. SWC will continue to participate in school programs and tabling events. 4. SWC/staff will update the city stormwater website, Facebook page & Twitter account with additional stormwater material.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

City of Albany

SPDES ID

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

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

4. SWC/staff will update the city stormwater website, Facebook page & Twitter account with additional stormwater material.

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

4. SWC/staff updated the cities stormwater website and numerous stormwater related posts were made on the AWD Facebook & Twitter 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).

1. Stormwater coordinator (SWC)/staff will continue the stenciling of catch basins within the local watersheds. 2. SWC/staff will maintain 1 brochure rack at AWD. 3. SWC will continue to participate in school programs and tabling events. 4. SWC/staff will update the city stormwater website, Facebook page & Twitter account with additional stormwater material.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

City of Albany																			
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

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

2. URL(s) con't.:

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

URL

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

URL

w	w	w	.	a	l	b	a	n	y	n	y	.	g	o	v	/	5	0	6	/	S	t	o	r	m	w	a	t	e	r	-
M	a	n	a	g	e	m	e	n	t																						

URL

URL

URL

URL

URL

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

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

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

C	i	t	y	o	f	A	l	b	a	n	y
---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

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

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

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

☒ MS4/Coalition Office

☒ Annual Report ☒ SWMP Plan ☒ Comments

Department

D	e	p	a	r	t	m	e	n	t	o	f	W	a	t	e	r	&	W	a	t	e	r	S	u	p
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Address

1	0	N	o	r	t	h	E	n	t	e	r	p	r	i	s	e	D	r	i	v	e				
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

City

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

N	Y
---	---

Zip

1	2	2	0	4	-				
---	---	---	---	---	---	--	--	--	--

Phone

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

☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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

City

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

--	--

Zip

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

Phone

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

☒ Other

☒ Annual Report ☒ SWMP Plan ☒ Comments

Address

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

City

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

N	Y
---	---

Zip

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

Phone

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

☒ Web Page URL:

☒ Annual Report ☒ SWMP Plan ☒ Comments

w	w	w	.	a	l	b	a	n	y	n	y	.	g	o	v	/	5	0	6	/	S	t	o	r	m	w	a	t	e	r
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

-	M	a	n	a	g	e	m	e	n	t																				
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

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

☐ eMail

☐ Comments

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

City of Albany

SPDES ID

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

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

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

0	5	/	0	3	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

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

	1	5
--	---	---

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

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

☐ Yes ☒ No

If Yes, what was the date of the meeting?

		/			/				
--	--	---	--	--	---	--	--	--	--

If No, is one planned?

☐ Yes ☒ No

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

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

City of Albany

SPDES ID

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

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

1. City of Albany (COA) will update the public contact annually. 2. COA will post a 2021/2022 Final Joint Report on website (stormwater page). 3. AWD will continue to lend support in the way of education and operational guidance information to community groups. 4. COA will coordinate with community and activist groups to plan and initiate public events.

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

1. SWC has updated the public contact. 2. The 2021/2022 Final Joint Report was posted on the Albany County Stormwater Coalition & city stormwater websites. 3. AWD helped promote 2 clean-up events, Village of Green Island Riverkeeper Sweep & NYSDEC WAVE Program led by the Stormwater Coalition of Albany County. 4. COA did not coordinate with community and activist groups due to covid restrictions.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

1. City of Albany (COA) will update the public contact annually. 2. COA will post a 2022/2023 Final Joint Report on website (stormwater page). 3. AWD will continue to lend support in the way of education and operational guidance information to community groups. 4. COA will coordinate with community and activist groups to plan and initiate public events.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

City of Albany

SPDES ID

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

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

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

		2	4	7
--	--	---	---	---

 #

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

 %

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

	4	8
--	---	---

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

☐ Auto Recyclers

☐ Landscaping (Irrigation)

☐ Building Maintenance

☐ Marinas

☐ Churches

☐ Metal Plateing Operations

☐ Commercial Carwashes

☐ Outdoor Fluid Storage

☐ Commercial Laundry/Dry Cleaners

☐ Parking Lot Maintenance

☐ Construction Vehicle Washouts

☐ Printing

☒ Cross-Connections

☐ Residential Carwashing

☐ Distribution Centers

☐ Restaurants

☐ Food Processing Facilities

☐ Schools and Universities

☐ Garbage Truck Washouts

☐ Septic Maintenance

☐ Hospitals

☐ Swimming Pools

☐ Improper RV Waste Disposal

☐ Vehicle Fueling

☐ Industrial Process Water

☐ Vehicle Maint./Repair Shops

☒ Other:

☐ None

O	R	I		b	a	s	e	d		o	n		r	o	t	a	t	i	n	g		s	c	h	e	d	u	l	e
---	---	---	--	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---

☐ Sewersheds:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

L

2	0	2	2
---	---	---	---



N	Y	R	2	0	A	4	6	4
---	---	---	---	---	---	---	---	---

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☒ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☒ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

		4
--	--	---

		4
--	--	---

		4
--	--	---

☐ Yes ☐ No

			%
--	--	--	---

☒ Yes ☐ No
☐ Yes ☒ No

URL

[illegible]

URL

[illegible]

2	0	2	2
---	---	---	---

N	Y	R	2	0	A	4	6	4
---	---	---	---	---	---	---	---	---

[illegible]

- | | | | |
|---|---|---|---|
| 1 | 0 | 0 | % |
|---|---|---|---|

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Albany

SPDES ID

N	Y	R	2	0	A	4	6	4
---	---	---	---	---	---	---	---	---

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. Stormwater staff will review all completed construction projects for potential outfalls and map utilizing GPS/GIS technologies. 2. Stormwater staff following the ORI Inspection Schedule Map will complete ORI on approximately 20 percent of the mapped outfalls. 3. Stormwater staff will review and update as needed existing procedures for the IDDE program. 4. Stormwater staff will collect data and map any illicit discharges in the GIS system.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. Stormwater staff has reviewed completed construction projects for potential outfalls. 2. Stormwater staff followed the ORI Inspection Schedule Map and completed ORI on 48 outfalls. 3. Stormwater staff reviewed existing procedures for the IDDE program, no updates were performed. 4. Stormwater staff has collected data for 4 illicit discharges.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Stormwater staff will review all completed construction projects for potential outfalls and map utilizing GPS/GIS technologies. 2. Stormwater staff following the ORI Inspection Schedule Map will complete ORI on approximately 20 percent of the mapped outfalls. 3. Stormwater staff will review and update as needed existing procedures for the IDDE program. 4. Stormwater staff will collect data and map any illicit discharges in the GIS system.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Albany

SPDES ID

N	Y	R	2	0	A	4	6	4
---	---	---	---	---	---	---	---	---

Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?** ☒ Yes ☐ No
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?** ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

- 2. Does your MS4/Coalition have a SWPPP review procedure in place?** ☒ Yes ☐ No
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		4
--	--	---
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?** ☒ Yes ☐ No ☐ NT
- If Yes, how many public comments were received during this reporting period?

		0
--	--	---
- 5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?** ☒ Yes ☐ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

<input checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input checked="" type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	
				0				
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Albany

SPDES ID

N	Y	R	2	0	A	4	6	4
---	---	---	---	---	---	---	---	---

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		2
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

	1	4
--	---	---

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	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Albany																			
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	4	6	4
---	---	---	---	---	---	---	---	---

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

D	e	p	t	.		o	f		W	a	t	e	r		&		W	a	t	e	r		S	u	p	p	l	y		
---	---	---	---	---	--	---	---	--	---	---	---	---	---	--	---	--	---	---	---	---	---	--	---	---	---	---	---	---	--	--

Address

1	0		N	o	r	t	h		E	n	t	e	r	p	r	i	s	e		D	r	i	v	e						
---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--

City

A	l	b	a	n	y												
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

N	Y
---	---

Zip

1	2	2	0	4	-				
---	---	---	---	---	---	--	--	--	--

Phone

(5	1	8)	4	3	4	-	5	3	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---

○ Library

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Zip

					-				
--	--	--	--	--	---	--	--	--	--

Phone

()				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

○ Other

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Zip

					-				
--	--	--	--	--	---	--	--	--	--

Phone

()				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Albany

SPDES ID

N	Y	R	2	0	A	4	6	4
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. Stormwater staff will continue to e-mail contractors about the availability of 4-hr E-SC Training Courses. 2. The SWC will revise as needed the Albany County Stormwater Coalition Forms for best implementation for the City of Albany. 3. SWC will provide erosion and sediment training material during pre-construction meetings. 4. COA will review all SWPPP's on proposed projects and provide monthly inspections on active construction sites.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. The Stormwater Program Coordinator (SWC) e-mailed 42 contractors about the availability of 4-hr E-SC Training Courses on March 01, 2021. 2. The SWC reviewed the forms created by the Albany County Stormwater Coalition and has implemented them into the SWPPP Inspections. 3. The SWC has provided erosion and sediment training material at some of the pre-construction meetings.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Stormwater staff will continue to e-mail contractors about the availability of 4-hr E-SC Training Courses. 2. The SWC will revise as needed the Albany County Stormwater Coalition Forms for best implementation for the City of Albany. 3. SWC will provide erosion and sediment training material during pre-construction meetings. 4. COA will review all SWPPP's on proposed projects and provide monthly inspections on active construction sites.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Albany

SPDES ID

N	Y	R	2	0	A	4	6	4
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

4. COA will review all SWPPP's on proposed projects and provide monthly inspections on active construction sites.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

4. City of Albany staff and/or the SWC has reviewed 4 SWPPP's on proposed projects and has provided monthly inspections on all active construction sites.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Stormwater staff will continue to e-mail contractors about the availability of 4-hr E-SC Training Courses. 2. The SWC will revise as needed the Albany County Stormwater Coalition Forms for best implementation for the City of Albany. 3. SWC will provide erosion and sediment training material during pre-construction meetings. 4. COA will review all SWPPP's on proposed projects and provide monthly inspections on active construction sites.

2	0	2	2
---	---	---	---

Name of MS4/Coalition

City of Albany

N	Y	R	2	0	A	4	6	4
---	---	---	---	---	---	---	---	---

How many MS4s contributed to this report?		
---	--	--

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Albany

SPDES ID

N	Y	R	2	0	A	4	6	4
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		5
--	--	---

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?

1	0	0
---	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Albany

SPDES ID

N	Y	R	2	0	A	4	6	4
---	---	---	---	---	---	---	---	---

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. SWC/staff will continue to update the inventory of built stormwater practices since 2003 and record them in the annual report.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. SWC/staff GPS 100 % all newly discovered/built practices.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. SWC/staff will continue to update the inventory of built stormwater practices since 2003 and record them in the annual report.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Albany																			
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	4	6	4
---	---	---	---	---	---	---	---	---

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

- 1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other.....	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Albany

SPDES ID

N	Y	R	2	0	A	4	6	4
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

		3	6	4
--	--	---	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

1	6	9	2	0
---	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

			6	8
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

		2	7	5
--	--	---	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

	2	8	9	0
--	---	---	---	---
- Pesticide/Herbicide Applied # Acres

	3	8	6	.	9
--	---	---	---	---	---

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

			1	8
--	--	--	---	---

4. What was the date of the last training?

0	2
---	---

 /

2	5
---	---

 /

2	0	2	2
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

3	3	8
---	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0
---	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Albany

SPDES ID

N	Y	R	2	0	A	4	6	4
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. Stormwater staff will reassess one third of the revised facility audit inventory based on the three-year plan map. 2. Staff will review catch basin inspection and cleaning schedule and inspections, clean-outs and repairs will be documented. 3. Stormwater staff will collect and maintain data on miles and acres swept, fertilizer, pesticide, herbicide, and other chemicals used, road salt applied, and household hazardous waste collected.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. SWC reassessed 17 facilities identified in Year 1/1 based on the three-year plan map, approximately one third of the revised facility audit inventory. 2. Staff reviewed catch basin inspection and cleaning schedule and records : 201 inspections, 120 repairs, 133 cleaned in the CSS and 68 cleaned in the MS4 areas with 644.2 tons debris removed.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Stormwater staff will reassess one third of the revised facility audit inventory based on the three-year plan map. 2. Staff will review catch basin inspection and cleaning schedule and inspections, clean-outs and repairs will be documented. 3. Stormwater staff will collect and maintain data on miles and acres swept, fertilizer, pesticide, herbicide, and other chemicals used, road salt applied, and household hazardous waste collected.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Albany

SPDES ID

N	Y	R	2	0	A	4	6	4
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

3. Stormwater staff will collect and maintain data on miles and acres swept, fertilizer, pesticide, herbicide, and other chemicals used, road salt applied, and household hazardous waste collected.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

3. SWC has collected and maintained data on miles and acres swept, fertilizer, pesticide, herbicide, and other chemicals used, road salt applied, and household hazardous waste collected.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Stormwater staff will reassess one third of the revised facility audit inventory based on the three-year plan map. 2. Staff will review catch basin inspection and cleaning schedule and inspections, clean-outs and repairs will be documented. 3. Stormwater staff will collect and maintain data on miles and acres swept, fertilizer, pesticide, herbicide, and other chemicals used, road salt applied, and household hazardous waste collected.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

- ☐ On behalf of an individual MS4
☒ On behalf of a coalition

How many MS4s contributed to this report?

	1	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"/> General Stormwater Management Information
<input checked="" type="radio"/> Household Hazardous Waste Disposal
<input checked="" type="radio"/> Illicit Discharge Detection and Elimination
<input checked="" type="radio"/> Infrastructure Maintenance
<input type="radio"/> Smart Growth
<input type="radio"/> Storm Drain Marking
<input type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development | <input checked="" type="radio"/> Pesticide and Fertilizer Application
<input checked="" type="radio"/> Pet Waste Management
<input checked="" type="radio"/> Recycling
<input type="radio"/> Riparian Corridor Protection/Restoration
<input checked="" type="radio"/> Trash Management
<input checked="" type="radio"/> Vehicle Washing
<input type="radio"/> Water Conservation
<input type="radio"/> Wetland Protection |
|--|---|
- ☒ Other: ☐ None

C	o	a	l	i	t	i	o	n	W	e	b	s	i	t	e	-	P	o	l	l	u	t	i	o	n		P	r	e	v	e	n
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---

Other

2. Specific audiences targeted during this reporting period:

- | | |
|--|--|
| <input checked="" type="radio"/> Public Employees
<input type="radio"/> Residential
<input type="radio"/> Businesses
<input type="radio"/> Restaurants
<input checked="" type="radio"/> Other: | <input type="radio"/> Contractors
<input type="radio"/> Developers
<input checked="" type="radio"/> General Public
<input type="radio"/> Industries
<input type="radio"/> Agricultural |
|--|--|

G	e	n	l	P	u	b	l	i	c																						
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				6
--	--	--	--	---

☒ List-Serves

In List

			3	6
--	--	--	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

			2	7
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

Locations (e.g. libraries, town offices, kiosks)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Other:

H	R	W	A		A	w	a	r	d	-	J	u	n	e	2	0	2	1	
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

w	w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Support/update Coalition website; 2. Sponsor a viewing event of archived webcasts where the stormwater topic is of interest to a target audience defined by Coalition members (ex. road salt program for highway departments; Homeowner Association maintenance of stormwater practices); 3. If requested, print/distribute existing stormwater publications (brochure racks, clean up events, etc.). NOTE: In person public education limited, due to Covid unknowns.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Coalition website updated-links from MS4s evaluated, some corrected; 2. Training event (webcast) not sponsored or organized by Coalition- info shared with members about available webcasts; 3. No brochures requested, none distributed.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition website updates, review content & correct layout, remove content (outdated); 2. Track status of draft MS4 Permit and MCM1 requirements - integrate updated MS4 Permit w/Coalition-led mapping initiatives as needed; 3. Purchase curb markers for Coalition members

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	5
---	---

 /

0	3
---	---

 /

2	0	2	2
---	---	---	---

4.b. For how many days was/will this report be posted?

	1	5
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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.

Name of "MS4": NA Stormwater Coalition

"MS4" SPDES ID No. NONE - Stormwater Coalition

**SPDES General Permit for Stormwater Discharges from
Municipal Separated Storm Sewer Systems (MS4s)
Permit No. GP-0-15-003
JOINT ANNUAL REPORT**

**Reporting Period
March 10, 2021 to March 9, 2022**

**Minimum Control Measure 2
Public Involvement/Participation**

Public Comment Information

From Annual Report Form MCM 2 Page 5 of 6

Question 6. Were comments received during this reporting period? Yes/No

If yes, attach comments, responses and changes made to SWMP in response to comments to this report.

.....
List of Attachments:

NONE

Comments (if no Attachments):

~~On May 11, 2022 the citizen's group Save Colonie submitted comments by email via the Stormwater Coalition Public Comment portal. Their comments pertained to the DRAFT Joint Stormwater Coalition Annual Report posted on the Coalition website May 3, 2022, in particular the Colonie 2022 Stormwater Report. These Save Colonie comments were forwarded to the Town of Colonie, Stormwater Program Coordinator. Related documentation provided by the Town is included in the FINAL Town of Colonie 2022 Annual Report (MS4 Permit No. NYR20A190).~~

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Organize or support one public participation activity, possibly Coalition-wide WAVE Volunteer stream monitoring event (July 1 to Sept 30) or other activity; 2. Prep and post Joint SWMP Plan (Annual Evaluation April, 2021)

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Researched multiple WAVE sites; conducted 1 WAVE monitor'g event (9/24/2021) on Normanskill trib in City/Albany (Outdoor Afro supported volunteer recruitment, 7 volunteers); 2. Joint SWMP Plan update (Annual Evaluation April, 2021) completed and posted on Coalition website; 3. Co-sponsored w/Coalition member community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/1/2021, 19 volunteers).

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).

2022/2023 Coalition Goals: 1. Prep and post Joint SWMP Annual Evaluation (April, 2022); 2. Director queries Coalition members regarding Coalition-wide WAVE volunteer stream monitoring events (July 1 to Sept 30), organizes one or more if interest; 2. Director queries Coalition members about Coalition sponsorship or coordination of one public participation event (not WAVE). If interest, provide Coalition staff support and coordinate Coalition-wide support.

2	0	2	2
---	---	---	---

Name of MS4/Coalition

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

	1	2
--	---	---

--	--	--	--	--

#

			%
--	--	--	---

--	--	--

[illegible][illegible]

L

2	0	2	2
---	---	---	---



Stormwater Coalition of Albany County

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

--	--	--

--	--	--

--	--	--

☐ Yes ☐ No

			%
--	--	--	---

☒ Yes ☐ No

☒ 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,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Orient/train as needed GIS Coordinator in Coalition map'g effort to date (storm system map'g, outfalls, ArcGIS Online inspection forms, data storage and mgmt, SwIM mapper); 2. Identify map'g/inspection form needs, prioritize tasks w/Coalition members; 3. Implement priority items (storm system map'g updates; manage ArcGIS Online acct transfer/groups; other); 4. Review status of SwIM, develop plan w/VHB; 5. Set up ORI kits storage-175Grn; labwk \$

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. GIS Coordinator oriented/trained; 2. Inspection forms evaluated by Coalition staff, process not coordinated w/ all members, small edits to forms used by Coalition SW Prog Tech; 3. Some storm system mapping updates completed; AGOL accounts analyzed, purchased as needed; 4. VHB contract extended, but services not used; 5. ORI kits reorg and stocked, lab contract w/ADK Environmental set up

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).

2022/2023 Coalition Goals: 1. Updated IMA-MOU adopted by Board clarifies GIS Services provided by Coalition for members; dues structure clarified. Members track progress of updated MS4 Pmt release/related map'g/inspection requirements. Depend'g on member commitments/needs, Coalition staff provide MS4 Pmt GIS/map'g support. 2. Coalition SwIM mapper decommissioned. 3. GIS Coor launches stormwater AGOLwebapps for interested mbrs. 4. Manage ORI kits-\$ water tests

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goal: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Coalition Director consults with ACSWCD about future of 4 hr E/SC training given videoconference E/SC offerings by SWCD state-wide. If relevant and possible, one training co-sponsored with ACSWCD (not a videoconference).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			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).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

--	--	--	--	--
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles

--	--	--	--	--
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied (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?

				9
--	--	--	--	---

4. What was the date of the last training?

0	3	/	0	9	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	7
--	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

--	--	--	--

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition Director and Working Group representatives identify Coalition-wide training needs. Director organizes with Working Group support minimally one Coalition-wide training activity; 2. Coalition Director identifies training (staff development) opportunities for members & Coalition staff, allocates training dollars for interested Coalition members, purchases training seats, as needed and funds are available

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	2	2
---	---	---	---

Name of MS4

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ☐ An Annual Report for a single MS4
- ☐ A Single Entity (Per Part II.E of GP-0-10-002)
- ☒ A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

S	T	O	R	M	W	A	T	E	R		C	O	A	L	I	T	I	O	N		O	F		A	L	B	A	N	Y
C	O	U	N	T	Y																								

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 2

Name of MS4 TOWN OF BETHLEHEM

SPDES ID

N Y R 2 0 A 2 0 8

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for **each** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☒ Principal Executive Officer/Chief Elected Official
- ☐ Duly Authorized Representative
- ☐ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

First Name

D a v i d

MI

Last Name

V a n L u v e n

Title

T o w n S u p e r v i s o r

Address

4 4 5 D e l a w a r e A v e

City

D e l m a r

State

N Y

Zip

1 2 0 5 4 -

eMail

d v a n l u v e n @ t o w n o f b e t h l e h e m . o r g

Phone

(5 1 8) 4 3 9 - 4 9 5 5

County

A l b a n y

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	2	2
---	---	---	---

Name of MS4

T	O	W	N	O	F	B	E	T	H	L	E	H	E	M
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☐ Principal Executive Officer/Chief Elected Official
- ☒ Duly Authorized Representative
- ☐ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

First Name

M	a	r	c											
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

MI

--

Last Name

D	o	r	s	e	y									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

Title

H	i	g	h	w	a	y		S	u	p	e	r	i	n	t	e	n	d	e	n	t							
---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

Address

7	4		E	l	m		A	v	e		E	a	s	t														
---	---	--	---	---	---	--	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

S	e	l	k	i	r	k												
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	2	1	5	8	-				
---	---	---	---	---	---	--	--	--	--

eMail

m	d	o	r	s	e	y	@	t	o	w	n	o	f	b	e	t	h	l	e	h	e	m	.	o	r	g			
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--

Phone

(5	1	8)	4	3	9	-	4	9	5	5
---	---	---	---	---	---	---	---	---	---	---	---	---

County

A	l	b	a	n	y									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	2	2
---	---	---	---

Name of MS4

T	O	W	N	O	F	B	E	T	H	L	E	H	E	M
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☐ Principal Executive Officer/Chief Elected Official
- ☐ Duly Authorized Representative
- ☒ Local Stormwater Public Contact
- ☒ Stormwater Management Program (SWMP) Coordinator
- ☒ Report Preparer

First Name

J	o	e												
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

MI

--

Last Name

C	l	e	v	e	l	a	n	d						
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Title

S	t	o	r	m	w	a	t	e	r		P	r	o	g	r	a	m		C	o	o	r	d	i	n	a	t	o	r		
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	--

Address

4	4	5		D	e	l	a	w	a	r	e		A	v	e	.														
---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

D	e	l	m	a	r												
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	2	0	5	4	-				
---	---	---	---	---	---	--	--	--	--

eMail

j	c	l	e	v	e	l	a	n	d	@	t	o	w	n	o	f	b	e	t	h	l	e	h	e	m	.	o	r	g		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

Phone

(5	1	8)	4	3	9	-	4	9	5	5
---	---	---	---	---	---	---	---	---	---	---	---	---

County

A	l	b	a	n	y								
---	---	---	---	---	---	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

2 0 2 2

Name of MS4

TOWN OF BETHLEHEM

SPDES ID

N Y R 2 0 A 2 0 8

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

☒ Yes ☐ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S t o r m w a t e r C o a 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 C o a l i t i o n W e b s i t e - P o s t i n g s

● MM2 S W M P E v a l A R R e p o r t - W A V E - C l e a n U p

● MM3 O R I K i t C l e a n U p - S 1 2 3 O R I - A G O L M g m t

● MM4 T u i t i o n 4 H r E S C - S 1 2 3 I n s p A G O L M g m t

● MM5 S w I M M a p p e r O v e r h a u l - P r o g r a m L y r s

● MM6 M u n i F a c - S 1 2 3 U p d a t e - A G O L M g 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, **2022**Name of MS4 **Town of Bethlehem**

SPDES ID

N Y R 2 0 A **208****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."

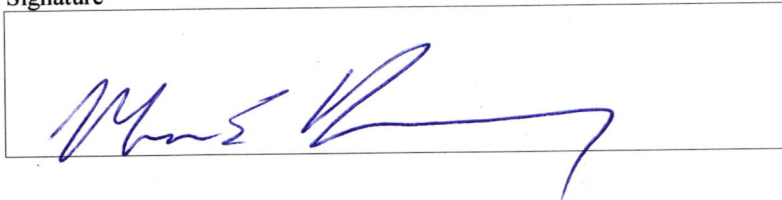
This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name **Marc** MI **E** Last Name **Dorsey**

Title (Clearly print title of individual signing report)

Highway Superintendent/D.A.R.

Signature



Date

05 / 03 / 2022

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

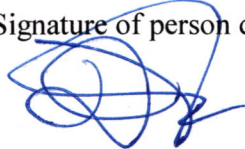
Bureau of Water Compliance
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

Signature Authorization Form

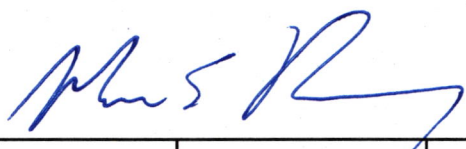
Permittee Name: *Town of Bethlehem*

SPDES NO. NYR20A *208*

Date: *7/26/21*

Name of person described in paragraph (1): <i>David VanLuven</i>	Title: <i>Town Supervisor</i>
Signature of person described in paragraph (1): 	Date: <i>7-26-2021</i>

THE PERMITTEE MUST NOTIFY THE DEPARTMENT OF ANY CHANGE IN THIS INFORMATION. THIS FORM SHOULD ONLY BE SENT IN WITH THE ANNUAL REPORT.

Name and/or title of person responsible for signing and submitting official documents including reports, certifications or information required by the NYS Small MS4 General Permit: <i>Marc Dorsey</i> <i>Superintendent of Highways</i>	Phone: <i>(518)439-4955 x 1598</i>		
Signature (if individual named above): 			
Mailing Address: <i>74 Elm Ave. East</i>	City: <i>Selkirk</i>	State: <i>NY</i>	Zip: <i>12158</i>

* Note: Notices of Intent (NOI) associated with permit coverage under the NYS Small MS4 General Permit must be signed by a principal executive officer or ranking elected official. See paragraph (1) for definition of a principal executive officer.

Return to: MS4 Coordinator
Bureau of Water Permits
New York State Department of Environmental Conservation 625
Broadway
Albany, NY 12233-3505

2	0	2	2
---	---	---	---

TOWN OF BETHLEHEM

N	Y	R	2	0	A	0	8
---	---	---	---	---	---	---	---

0	1	2
---	---	---

☐ Yes ☒ No

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

Minimum Control Measure 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:

- | | |
|---|---|
| <input checked="" type="radio"/> Construction Sites
<input checked="" type="radio"/> General Stormwater Management Information
<input type="radio"/> Household Hazardous Waste Disposal
<input checked="" type="radio"/> Illicit Discharge Detection and Elimination
<input checked="" type="radio"/> Infrastructure Maintenance
<input type="radio"/> Smart Growth
<input checked="" type="radio"/> Storm Drain Marking
<input type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development
<input checked="" type="radio"/> Other: | <input checked="" type="radio"/> Pesticide and Fertilizer Application
<input checked="" type="radio"/> Pet Waste Management
<input type="radio"/> Recycling
<input type="radio"/> Riparian Corridor Protection/Restoration
<input checked="" type="radio"/> Trash Management
<input checked="" type="radio"/> Vehicle Washing
<input type="radio"/> Water Conservation
<input checked="" type="radio"/> Wetland Protection
<input type="radio"/> None |
|---|---|

S	W	I	M	M	I	N	G		P	O	O	L		M	A	I	N	T	E	N	A	N	C	E										
---	---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Other

2. Specific audiences targeted during this reporting period:

- | | |
|--|--|
| <input checked="" type="radio"/> Public Employees
<input checked="" type="radio"/> Residential
<input checked="" type="radio"/> Businesses
<input checked="" type="radio"/> Restaurants
<input type="radio"/> Other: | <input checked="" type="radio"/> Contractors
<input checked="" type="radio"/> Developers
<input checked="" type="radio"/> General Public
<input type="radio"/> Industries
<input type="radio"/> Agricultural |
|--|--|

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9,**

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	O	W	N	O	F	B	E	T	H	L	E	H	E	M
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:☒ Construction Site Operators Trained# Trained

				6
--	--	--	--	---

☒ Direct Mailings# Mailings

1	2	0	0	0
---	---	---	---	---

☒ Kiosks or Other Displays# Locations

				3
--	--	--	--	---

☐ List-Serves# In List

--	--	--	--	--

☐ Mailing List# In List

--	--	--	--	--

☐ Newspaper Ads or Articles# Days Run

--	--	--	--	--

☒ Public Events/Presentations# Attendees

		4	0	0
--	--	---	---	---

☐ School Program# Attendees

--	--	--	--	--

☐ TV Spot/Program# Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

Locations (e.g. libraries, town offices, kiosks)

B	U	I	L	D	I	N	G		D	I	V	I	S	I	O	N			
E	N	G	I	N	E	E	R	I	N	G		D	I	V	I	S	I	O	N
H	I	G	H	W	A	Y		D	E	P	A	R	T	M	E	N	T		

☐ Other:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

W	W	W	.	T	O	W	N	O	F	B	E	T	H	L	E	H	E	M	.	O	R	G	/	1	7	2	/	S	T	O	R
M	W	A	T	E	R	-	M	A	N	A	G	E	M	E	N	T															

URL

W	W	W	.	S	T	O	R	M	W	A	T	E	R	A	L	B	A	N	Y	C	O	U	N	T	Y	.	O	R	G		

2	0	2	2
---	---	---	---

Name of MS4/Coalition	TOWN OF BETHLEHEM
-----------------------	-------------------

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

URL

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. Continue to distribute stormwater literature at at least one Household Hazardous Waste Collection Day 2. Continue to distribute Moving Dirt and Pool Brochure to individuals seeking a building permit 3. Insert stormwater message in at least one water & sewer bill specifically targeting illegal dumping into the MS4

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. Goal met - 400 After the Storm brochures were distributed to residents at the 2021 Household Hazardous Waste Collection Day 2. Goal met - Distributed 98 Moving Dirt and 64 Pool brochures. 3. Goal met - a pet waste disposal and illegal dumping stormwater message was delivered to approx. 12,000 sewer & water customers in the bi-annual DPW newsletter

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Continue to distribute stormwater literature at at least one Household Hazardous Waste Collection Day 2. Continue to distribute Moving Dirt and Pool Brochure to individuals seeking a building permit 3. Insert stormwater message in at least one water & sewer bill specifically targeting illicit discharges (sediment) into the MS4

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	O	W	N	O	F	B	E	T	H	L	E	H	E	M
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

Minimum Control Measure 2. Public Involvement/Participation

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

☒ Cleanup Events

Events

				2
--	--	--	--	---

☒ Comments on SWMP Received

Comments

				0
--	--	--	--	---

☒ Community Hotlines

Phone #

(

--	--	--

)

--	--	--

 -

--	--	--	--

Phone # (

5	1	8
---	---	---

)

4	3	9
---	---	---

 -

4	9	5	5
---	---	---	---

Phone # (

--	--	--

)

--	--	--

 -

--	--	--	--

Phone # (

5	1	8
---	---	---

)

7	6	7
---	---	---

 -

9	6	1	8
---	---	---	---

Phone # (

--	--	--

)

--	--	--

 -

--	--	--	--

Phone # (

5	1	8
---	---	---

)

4	4	7
---	---	---

 -

5	6	4	5
---	---	---	---

Phone # (

--	--	--

)

--	--	--

 -

--	--	--	--

Phone # (

--	--	--

)

--	--	--

 -

--	--	--	--

Phone # (

--	--	--

)

--	--	--

 -

--	--	--	--

Phone # (

--	--	--

)

--	--	--

 -

--	--	--	--

Phone # (

--	--	--

)

--	--	--

 -

--	--	--	--

☐ Community Meetings

Attendees

--	--	--	--	--

☒ Plantings

Sq. Ft.

		3	4	0
--	--	---	---	---

☒ Storm Drain Markings

Drains

				2
--	--	--	--	---

☐ Stakeholder Meetings

Attendees

--	--	--	--	--

☐ Volunteer Monitoring

Events

--	--	--	--	--

☒ Other:

P	U	B	L	I	C	C	O	M	M	E	N	T	F	O	R	D	R	A	F	T	M	S	4	A	N	N	R	P	T
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?

☐ Yes ☐ No

☒ List-Serve

In List

			2	6
--	--	--	---	---

☐ Newspaper Advertising

Days Run

--	--	--	--	--

☐ TV/Radio Notices

Days Run

--	--	--	--	--

☒ Other:

P	O	S	T	E	D		I	N		T	O	W	N		H	A	L	L											
---	---	---	---	---	---	--	---	---	--	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

☒ Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

W	W	W	.	S	T	O	R	M	W	A	T	E	R	A	L	B	A	N	Y	C	O	U	N	T	Y	.	O	R	G		
W	W	W	.	T	O	W	N	O	F	B	E	T	H	L	E	H	E	M	.	O	R	G	/	1	7	5	/	O	U	R	-
S	T	O	R	M	W	A	T	E	R	-	M	A	N	A	G	E	M	E	N	T	-	P	R	O	G	R	A	M			

URL

URL

URL

URL

URL

URL

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

URL

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

--	--

 /

--	--

 /

--	--	--	--

4.b. For how many days was/will this report be posted?

	1	4
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

--	--

 /

--	--

 /

--	--	--	--

If No, is one planned?

☐ Yes ☐ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☐ No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. Continue to support Community Clean Up Days 2. Continue to support Coalition outreach to recruit volunteer stream monitors (WAVE) 3. Continue to support and track street tree plantings 4. Continue to support the Annual Report public comment process and posting of FINAL Annual Report

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. Goal met - Two community cleanups were conducted during the reporting period (22 participants, 37 bags of trash collected) 2. Goal met - Assisted Coalition in identifying possible WAVE sites, Coalition hosted 9/26/21 WAVE monitoring event 3. Goal met - 34 street trees were planted (volunteer residents agreed to tree plantings, Highway staff planted trees) 4. Goal met - AR posted for public comment, FINAL AR posted to Town stormwater website and Coalition website

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Continue to support Community Clean Up Days 2. Support Coalition outreach to recruit volunteer stream monitors (WAVE) 3. Continue to support and track street tree plantings on residential streets 4. Continue to support the Annual Report public comment process and posting of FINAL Annual Report

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

3.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

C	O	N	S	T	R	U	C	T	I	O	N		A	C	I	T	I	V	I	T	Y	-	S	E	D	I	M	E	N	T	
---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		1
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		1
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		1
--	--	---

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	%
---	---	---	---

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

T	O	B		G	I	S		(I	N	T	E	R	N	A	L		U	S	E		O	N	L	Y)					
---	---	---	--	---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	---	---	--	---	---	---	---	---	--	--	--	--	--

(N	O	T		P	U	B	L	I	C	-	F	A	C	I	N	G)													
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2	0	2	2
---	---	---	---

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

[illegible][illegible][illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. Continue ongoing Storm System Mapping (SSM) data collection and integration into SSM GIS datasets when possible 2. Map IDDEs by creating dataset in Town of Bethlehem Stormwater GIS 3. Continue to map new outfalls as they become active or are discovered 4. Continue to support the Track A Concern program and monitor/respond to public questions, complaints, other issues of concern 5. Conduct annual ORIs for 20% of MS4 Outfall inventory

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. Goal met - SSM data was collected and SSM GIS was updated where relevant. 2. Goal unmet - due to other GIS priorities (GIS server upgrade). IDDEs were still tracked in a database for future mapping. 3. Goal met - new outfalls were added to SSM GIS where relevant. 4. Goal met - 5. Goal met - 122 ORIs were conducted during the reporting period (27% of MS4 outfalls)

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Continue ongoing Storm System Mapping (SSM) data collection and integration into SSM GIS datasets when possible 2. Map IDDEs by creating dataset in Town of Bethlehem Stormwater GIS 3. Continue to map new outfalls as they become active or are discovered 4. Continue to support the Track A Concern program and monitor/respond to public questions, complaints, other issues of concern 5. Conduct annual ORIs for 20% of MS4 Outfall inventory

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

		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?

	2	5
--	---	---

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?

		2
--	--	---

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>1</td><td>9</td></tr></table>				1	9	<input type="radio"/> No Authority
			1	9				
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input checked="" type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table>					1	<input type="radio"/> No Authority
				1				
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		7
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

	3	5
--	---	---

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	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	O	W	N	O	F	B	E	T	H	L	E	H	E	M
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

D	P	W		-		E	N	G	I	N	E	E	R	I	N	G		D	I	V	I	S	I	O	N				
---	---	---	--	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--

Address

4	4	5		D	E	L	A	W	A	R	E		A	V	E														
---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

D	E	L	M	A	R												
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

N	Y
---	---

Zip

1	2	0	5	4	-				
---	---	---	---	---	---	--	--	--	--

Phone

(5	1	8)	4	3	9	-	4	9	5	5
---	---	---	---	---	---	---	---	---	---	---	---	---

○ Library

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Zip

					-				
--	--	--	--	--	---	--	--	--	--

Phone

()				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

○ Other

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Zip

					-				
--	--	--	--	--	---	--	--	--	--

Phone

()				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. Update Construction Site Inventory in Town GIS and track important permit elements 2. Conduct construction site SWPPP compliance inspections for all active construction sites multiple times throughout the reporting year 3. Ensure SWPPP reviewers have adequate stormwater training 4. Continue to conduct pre-construction meetings for all SPDES permitted Construction Activities

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. Goal met - updated info for existing projects and created new inventory for new projects. 2. Goal met - all active construction sites were inspected multiple times throughout the reporting period. 3. Goal met - SWPPP reviewers were adequately trained on current SWPPP review requirements. 4. Goal met - The Town hosted pre-construction meetings for all newly permitted SPDES sites which started construction during the reporting period (meetings are facilitated by the SW Program Coordinator)

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Update Construction Site Inventory in Town GIS and track important permit elements 2. Conduct construction site SWPPP compliance inspections for all active construction sites at least 1x per year 3. Ensure SWPPP reviewers have adequate stormwater training 4. Continue to conduct pre-construction meetings for all SPDES permitted Construction Activities. 5. Periodically send inclement weather notices to SPDES permittees, their contractors, and SWPPP inspectors, reminding of required E&SC measures (at least 1x / year)

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☒ Yes ☐ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		1
--	--	---

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
--	--	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. Update Post Construction SMP inventory in Town GIS as new practices are constructed and to update information for existing SMPs 2. Inspect all Town-owned SMPs annually 3. Continue to request and retain required Operations & Maintenance inspection and maintenance documentation annually from Private PCSMP owners 4. Provide educational and historic SPDES information for private SMP owners, when requested, to assist in the proper inspection and maintenance in accordance with operations and maintenance requirements

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. Goal met - inventory updated multiple times throughout the reporting period. 2. Goal met - All town-owned SMPs were inspected during the reporting period. 3. Goal met - records request letters were sent to the owners of all known private SMPs throughout Town. Received documentation was filed for record keeping purposes. 4. Goal met - relevant resources and SPDES/SWPPP documentation was provided to private SMP owners for multiple properties throughout the Town.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Update Post Construction SMP inventory in Town GIS as new practices are constructed and to update information for existing SMPs 2. Inspect all Town-owned SMPs annually 3. Continue to request and retain required Operations & Maintenance inspection and maintenance documentation annually from Private PCSMP owners 4. Provide educational and historic SPDES information for private SMP owners, when requested, to assist in the proper inspection and maintenance in accordance with operations and maintenance requirements

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM																			
-------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

- 1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input 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	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

				6
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		1	8	5
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		1	1	8
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			1	1
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Pesticide/Herbicide Applied # Acres

			0	.	0
--	--	--	---	---	---

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

			1	3
--	--	--	---	---

4. What was the date of the last training?

0	3
---	---

 /

0	9
---	---

 /

2	0	2	2
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	7	8
--	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0
---	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. Conduct assessment of all municipal facilities within the MS4 regulated area which have not been assessed since March, 2018 2. Ensure all relevant staff receive at least one annual stormwater training 3. SW Program Coordinator will communicate stormwater training opportunities to relevant Town staff (email/other) 4. Continue to update GIS inventory of municipal facilities with relevant data

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. Goal met - all MS4 municipal facilities that had not been assessed since March 2018, including several MS4 municipal operations, were assessed. 2. Goal met - all relevant staff received at least one stormwater training. Several staff received multiple trainings. 3. Goal met - SW program coordinator notified all relevant staff of upcoming stormwater and stormwater-related training opportunities. 4. Goal met - GIS inventory of MS4 municipal facilities was updated multiple times throughout the reporting period

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Conduct assessment of all municipal facilities within the MS4 regulated area which have not been assessed since March, 2019 2. Ensure all relevant staff receive at least one annual stormwater training 3. SW Program Coordinator will communicate stormwater training opportunities to relevant Town staff (email/other) 4. Continue to update GIS inventory of municipal facilities with relevant data 5. Stormwater program coordinator will continue to participate in the Integrated Pest Management Committee which oversees approval/denial of pesticide or herbicide applications on

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

- ☐ On behalf of an individual MS4
☒ On behalf of a coalition

How many MS4s contributed to this report?

	1	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	-	P	o	l	l	u	t	i	o	n		P	r	e	v	e	n
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---

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 |

G	e	n	l	P	u	b	l	i	c																							
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				6
--	--	--	--	---

☒ List-Serves

In List

			3	6
--	--	--	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

			2	7
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

Locations (e.g. libraries, town offices, kiosks)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Other:

H	R	W	A		A	w	a	r	d	-	J	u	n	e	2	0	2	1	
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

w	w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Support/update Coalition website; 2. Sponsor a viewing event of archived webcasts where the stormwater topic is of interest to a target audience defined by Coalition members (ex. road salt program for highway departments; Homeowner Association maintenance of stormwater practices); 3. If requested, print/distribute existing stormwater publications (brochure racks, clean up events, etc.). NOTE: In person public education limited, due to Covid unknowns.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Coalition website updated-links from MS4s evaluated, some corrected; 2. Training event (webcast) not sponsored or organized by Coalition- info shared with members about available webcasts; 3. No brochures requested, none distributed.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition website updates, review content & correct layout, remove content (outdated); 2. Track status of draft MS4 Permit and MCM1 requirements - integrate updated MS4 Permit w/Coalition-led mapping initiatives as needed; 3. Purchase curb markers for Coalition members

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 | 0 | 2 | 2

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																															
	S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n	-	A	l	b	a	n	y	C	n	t	y

Address																																
1	7	5			G	r	e	e	n			S	t	r	e	e	t	-	C	n	t	y	H	e	a	l	t	h	B	l	d	g

City										Zip											
A	l	b	a	n	y					N	Y	1	2	2	0	2	-				

Phone (5 1 8) 4 4 7 - 5 6 4 5

☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address										<input type="radio"/> Annual Report	<input type="radio"/> SWM Plan	<input type="radio"/> Comments

City Zip -

Phone (0) 0 -

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address	

City										Zip									
										0					-				

Phone (0) 0 -

☐ Web Page URL:
 ☐ Annual Report
 ☐ SWMP Plan
 ☐ Comments

[illegible]

(J	o	i	n	t		S	w	m	p		A	n	n	u	a	l		E	v	a	l	u	a	t	i	o	n)
---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---

Please provide specific address of page where report can be accessed - not home page.

● eMail ● Comments

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	5
---	---

 /

0	3
---	---

 /

2	0	2	2
---	---	---	---

4.b. For how many days was/will this report be posted?

	1	5
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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.

Name of "MS4": NA Stormwater Coalition

"MS4" SPDES ID No. NONE - Stormwater Coalition

**SPDES General Permit for Stormwater Discharges from
Municipal Separated Storm Sewer Systems (MS4s)
Permit No. GP-0-15-003
JOINT ANNUAL REPORT**

**Reporting Period
March 10, 2021 to March 9, 2022**

**Minimum Control Measure 2
Public Involvement/Participation**

Public Comment Information

From Annual Report Form MCM 2 Page 5 of 6

Question 6. Were comments received during this reporting period? Yes/No

If yes, attach comments, responses and changes made to SWMP in response to comments to this report.

.....

List of Attachments:

NONE

Comments (if no Attachments):

On May 11, 2022 the citizen's group Save Colonie submitted comments by email via the Stormwater Coalition Public Comment portal. Their comments pertained to the DRAFT Joint Stormwater Coalition Annual Report posted on the Coalition website May 3, 2022, in particular the Colonie 2022 Stormwater Report. These Save Colonie comments were forwarded to the Town of Colonie, Stormwater Program Coordinator. Related documentation provided by the Town is included in the FINAL Town of Colonie 2022 Annual Report (MS4 Permit No. NYR20A190).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Organize or support one public participation activity, possibly Coalition-wide WAVE Volunteer stream monitoring event (July 1 to Sept 30) or other activity; 2. Prep and post Joint SWMP Plan (Annual Evaluation April, 2021)

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Researched multiple WAVE sites; conducted 1 WAVE monitor'g event (9/24/2021) on Normanskill trib in City/Albany (Outdoor Afro supported volunteer recruitment, 7 volunteers); 2. Joint SWMP Plan update (Annual Evaluation April, 2021) completed and posted on Coalition website; 3. Co-sponsored w/Coalition member community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/1/2021, 19 volunteers).

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).

2022/2023 Coalition Goals: 1. Prep and post Joint SWMP Annual Evaluation (April, 2022); 2. Director queries Coalition members regarding Coalition-wide WAVE volunteer stream monitoring events (July 1 to Sept 30), organizes one or more if interest; 2. Director queries Coalition members about Coalition sponsorship or coordination of one public participation event (not WAVE). If interest, provide Coalition staff support and coordinate Coalition-wide support.

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

Minimum Control Measure 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	2
--	---	---

1. Enter the number and approx. percent of outfalls mapped:

					#
--	--	--	--	--	---

			%
--	--	--	---

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

--	--	--

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ☐ Auto Recyclers
 - ☐ 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

[illegible]

- Sewersheds:

[illegible]

L

2	0	2	2
---	---	---	---



Stormwater Coalition of Albany County

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

--	--	--

--	--	--

--	--	--

☐ Yes ☐ No

			%
--	--	--	---

☒ Yes ☐ No

☒ 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,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Orient/train as needed GIS Coordinator in Coalition map'g effort to date (storm system map'g, outfalls, ArcGIS Online inspection forms, data storage and mgmt, SwIM mapper); 2. Identify map'g/inspection form needs, prioritize tasks w/Coalition members; 3. Implement priority items (storm system map'g updates; manage ArcGIS Online acct transfer/groups; other); 4. Review status of SwIM, develop plan w/VHB; 5. Set up ORI kits storage-175Grn; labwk \$

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. GIS Coordinator oriented/trained; 2. Inspection forms evaluated by Coalition staff, process not coordinated w/ all members, small edits to forms used by Coalition SW Prog Tech; 3. Some storm system mapping updates completed; AGOL accounts analyzed, purchased as needed; 4. VHB contract extended, but services not used; 5. ORI kits reorg and stocked, lab contract w/ADK Environmental set up

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).

2022/2023 Coalition Goals: 1. Updated IMA-MOU adopted by Board clarifies GIS Services provided by Coalition for members; dues structure clarified. Members track progress of updated MS4 Pmt release/related map'g/inspection requirements. Depend'g on member commitments/needs, Coalition staff provide MS4 Pmt GIS/map'g support. 2. Coalition SwIM mapper decommissioned. 3. GIS Coor launches stormwater AGOLwebapps for interested mbrs. 4. Manage ORI kits-\$ water tests

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goal: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

--

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Coalition Director consults with ACSWCD about future of 4 hr E/SC training given videoconference E/SC offerings by SWCD state-wide. If relevant and possible, one training co-sponsored with ACSWCD (not a videoconference).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			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).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

--	--	--	--	--
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles

--	--	--	--	--
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied (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?

				9
--	--	--	--	---

4. What was the date of the last training?

0	3	/	0	9	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	7
--	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

			%
--	--	--	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition Director and Working Group representatives identify Coalition-wide training needs. Director organizes with Working Group support minimally one Coalition-wide training activity; 2. Coalition Director identifies training (staff development) opportunities for members & Coalition staff, allocates training dollars for interested Coalition members, purchases training seats, as needed and funds are available

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	2	2
---	---	---	---

Name of MS4

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
---	---	---	---	---	---	---	---	---

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ☐ An Annual Report for a single MS4
- ☐ A Single Entity (Per Part II.E of GP-0-10-002)
- ☒ A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f		A	l	b	a	n	y
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---

C	o	u	n	t	y																								
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	2	0	2	2
-------------------------------------	---	---	---	---

Name of MS4 City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
---	---	---	---	---	---	---	---	---

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☐ Principal Executive Officer/Chief Elected Official
- ☒ Duly Authorized Representative
- ☐ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☒ Report Preparer

First Name

[illegible]

MI

--	--

Last Name

[illegible]

Title

[illegible]

Address

[illegible]

City

[illegible]

State

N	Y
---	---

Zip

1	2	0	4	7	-				
---	---	---	---	---	---	--	--	--	--

eMail

e	n	a	t	h	a	n	@	c	i	.	c	o	h	o	e	s	.	n	y	.	u	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Phone

$$\begin{pmatrix} 5 & 1 & 8 \end{pmatrix} \begin{matrix} 2 & 3 & 3 \end{matrix} - \begin{matrix} 2 & 1 & 3 & 0 \end{matrix}$$

County

A	l	b	a	n	y									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 2

Name of MS4 City of Cohoes

SPDES ID

N Y R 2 0 A 2 4 3

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☐ Principal Executive Officer/Chief Elected Official
☐ Duly Authorized Representative
☐ Local Stormwater Public Contact
☒ Stormwater Management Program (SWMP) Coordinator
☐ Report Preparer

First Name

J o s e p h

MI

Last Name

S e m a n - G r a v e s

Title

C i t y P l a n n e r

Address

9 7 M o h a w k S t r e e t

City

C o h o e s

State

N Y

Zip

1 2 0 4 7 -

eMail

j s e m a n - g r a v e s @ c i . c o h o e s . n y . u s

Phone

(5 1 8) 2 3 3 - 2 1 3 0

County

A l b a n y

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 2

Name of MS4

C i t y o f C o h o e s

SPDES ID

N Y R 2 0 A 2 4 3

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

W i l l i a m

MI

T

Last Name

K e e l e r

Title

M a y o r

Address

9 7 M o h a w k S t r e e t

City

C o h o e s

State

N Y

Zip

9 2 0 4 7 -

eMail

w t k e e l e r @ c i . c o h o e s . n y . u s

Phone

(9 1 8) 2 3 3 - 2 1 1 9

County

A l b a n y

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

2 0 2 2

Name of MS4

City of Cohoes

SPDES ID

N Y R 2 0 2 4 3

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

☒ 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 C o a l i t i o n W e b s i t e - P o s t i n g s

● MM2 S W M P E v a l A R R e p o r t - W A V E - C l e a n U p

● MM3 O R I K i t C l e a n U p - S 1 2 3 O R I - A G O L M g m t

● MM4 T u i t i o n 4 H r E S C - S 1 2 3 I n s p A G O L M g m t

● MM5 S w I M M a p p e r O v e r h a u l - P r o g r a m L y r s

● MM6 M u n i F a c - S 1 2 3 U p d a t e - A G O L M g 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,

2022

Name of MS4 City of Cohoes

SPDES ID

N Y R 2 0 A 2 4 3

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name

W i l l i a m

MI

T

Last Name

K e e l e r

Title (Clearly print title of individual signing report)

M a y o r

Signature



Date

05 / 05 / 2022

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance
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, 2022

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
---	---	---	---	---	---	---	---	---

Water Quality Trends

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s are contributed to this report?	1
---	---

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

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	City of Cohoes
-----------------------	----------------

SPDES ID

N	Y	R	2	0	A	2	4	3
---	---	---	---	---	---	---	---	---

Minimum Control Measure 1. Public Education and Outreach

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]

Other

2. Specific audiences targeted during this reporting period:

- ☐ Public Employees ☐ Contractors
☐ Residential ☐ Developers
☐ Businesses ☐ General Public
☐ Restaurants ☐ Industries
☒ Other: ☐ Agricultural

[illegible]

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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
---	---	---	---	---	---	---	---	---

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

[illegible]

● Kiosks or Other Displays

Locations

				1
--	--	--	--	---

☐ List-Serves

In List

--	--	--	--	--	--

○ Mailing List

In List

[illegible]

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

● Public Events/Presentations

Attendees

		3	7	0
--	--	---	---	---

☐ School Program

Attendees

--	--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

● **Printed Materials:**

Total # Distributed

			4	2
--	--	--	---	---

Locations (e.g. libraries, town offices, kiosks)

[illegible]

☐ Other:

[illegible]

● **Web Page:** Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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
---	---	---	---	---	---	---	---	---

3. Web Page con't.: Provide specific web addresses - not home page.

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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.

Due to COVID 19 most items were electronic. Also support personnel were furloughed, laid off and some retired with vacant positions just beginning to be back filled.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Included a link to the City of Cohoes Stormwater Education Facebook page with stormwater information. Number of people reached on Facebook was 411.

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, along with the city's website.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

h	t	t	p	s	:	/	/	w	w	w	.	c	i	.	c	o	h	o	e	s	.	n	y	.	u	s	/	2	8	3		
S	t	o	r	m	-	W	a	t	e	r	-	M	a	n	a	g	e	m	e	n	t	-	C	o	a	l	i	t	i	o	n	

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

2. URL(s) con't.:

Please provide specific address(es) where notices can be accessed - not home page.

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition

C	i	t	y	o	f	C	o	h	o	e	s
---	---	---	---	---	---	---	---	---	---	---	---

N	Y	R	2	0	A	2	4	3
---	---	---	---	---	---	---	---	---

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ 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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Address

9	7	M	o	h	a	w	k	S	t	r	e	e	t
---	---	---	---	---	---	---	---	---	---	---	---	---	---

City

C	o	h	o	e	s
---	---	---	---	---	---

N	Y
---	---

Zip

1	2	0	4	7	-				
---	---	---	---	---	---	--	--	--	--

Phone

(5	1	8)	2	3	3	-	2	1	3	1
---	---	---	---	---	---	---	---	---	---	---	---	---

☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Zip

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

()																
---	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Other

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

1	7	5	G	r	e	e	n	S	t	r	e	e	t	C	o	a	l	i	t	i	o	n	R	m
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

City

A	l	b	a	n	y
---	---	---	---	---	---

N	Y
---	---

Zip

1	2	2	0	7	-				
---	---	---	---	---	---	--	--	--	--

Phone

(5	1	8)	4	4	7	-	5	6	4	5
---	---	---	---	---	---	---	---	---	---	---	---	---

☒ 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	.	o	r	g
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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	1
---	---

 /

2	0	2	2
---	---	---	---

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	2
---	---

 /

2	0	2	2
---	---	---	---

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	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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/ 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 411 "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,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Cohoes																			
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	2	4	3
---	---	---	---	---	---	---	---	---

Minimum Control Measure 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	4
--	--	---	---	---

 #

1	0	0
---	---	---

 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

	8	8
--	---	---

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

☐ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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
---	---	---	---	---	---	---	---	---

3.b. What types of illicit discharges have been found during this reporting period?

- | | |
|--|--|
| <input type="radio"/> Broken Lines From Sanitary Sewer | <input type="radio"/> Industrial Connections |
| <input type="radio"/> Cross Connections | <input type="radio"/> Inflow/Infiltration |
| <input type="radio"/> Failing Septic Systems | <input type="radio"/> Pump Station Failure |
| <input checked="" type="radio"/> Floor Drains Connected To Storm | <input type="radio"/> Sanitary Sewer Overflows |
| <input type="radio"/> Illegal Dumping | <input type="radio"/> Straight Pipe Sewer Discharges |
| <input checked="" type="radio"/> Other | <input type="radio"/> None |

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		1
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		1
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		1
--	--	---

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	8	%
---	---	---

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]

7

2	0	2	2
---	---	---	---

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

N	Y	R	2	0	A	2	4	3
---	---	---	---	---	---	---	---	---

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

[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?**

9	5	%
---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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. During the past year some staff have been laid off, furloughed and some retired. Some positions have been filled and will need training.

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. For mapping, the City has to map some newer storm water lines that were installed and upload them to the storm water mapper.

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. Train new personnel.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

NYR20A243			
-----------	--	--	--

Name of MS4/Coalition

City of Cohoes	
----------------	--

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?

	2	

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	#					3	<input type="radio"/> No Authority
<input type="radio"/> Stop Work Orders	#						<input type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#						<input type="radio"/> No Authority
<input type="radio"/> Other	#						<input type="radio"/> No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Cohoes

SPDES ID

N	Y	R	2	0	A	2	4	3
---	---	---	---	---	---	---	---	---

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

		1
--	--	---

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		1
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		1
--	--	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once?

☐ NT

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?

☐ Yes ☒ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?

☐ Yes ☒ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?

☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 2

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
---	---	---	---	---	---	---	---	---

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

[illegible]

Address

[illegible]

City

[illegible]

N	Y
---	---

Zip

1	2	0	4	7	-				
---	---	---	---	---	---	--	--	--	--

Phone

$$(\begin{array}{|c|c|c|} \hline 5 & 1 & 8 \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline 2 & 3 & 2 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 2 & 1 & 3 & 1 \\ \hline \end{array}$$

○ Library

Address

[illegible]

City

[illegible]

Zip

					DATE				
--	--	--	--	--	------	--	--	--	--

Phone

$$\left(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

☐ Other

[illegible]

Address

[illegible]

City

Phone

$$\left(\begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array}$$

Zip

--	--	--	--	--

=

--	--	--	--	--

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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
--	--	--	---

(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. Train new personnel on procedures.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Cohoes									
----------------	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	2	4	3
---	---	---	---	---	---	---	---	---

Minimum Control Measure 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
--	--	---

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>3</td></tr></table>			3	<table><tr><td></td><td></td><td></td></tr></table>			
		6										
		3										
<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>3</td></tr></table>		1	3	<table><tr><td></td><td></td><td>9</td></tr></table>			9	<table><tr><td></td><td></td><td>3</td></tr></table>			3
	1	3										
		9										
		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 checked="" type="radio"/> Other	<table><tr><td></td><td></td><td>2</td></tr></table>			2	<table><tr><td></td><td></td><td>2</td></tr></table>			2	<table><tr><td></td><td></td><td></td></tr></table>			
		2										
		2										

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,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☒ Yes ☐ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
--	--	---

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
--	--	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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.

New G.I. planning, reduced number of parking spaces. Due to COVID training has been decreased. The city has designed a sewer separation project using green infrastructure. The Mohawk-Hudson Bike Trail Green Infrastructure Project was bid in February 2022.

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
--	--	--	---

(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 comp. plan is being updated to include G.I. and better site design. Addition of green infrastructure has been added in the City. Additional training will be forthcoming. The Mohawk-Hudson Bike Trail Green Infrastructure Project will be under construction by the end of May 2022 and has constructed wetlands as a major part of the project.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Cohoes																			
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	2	4	3
---	---	---	---	---	---	---	---	---

Minimum Control Measure 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.

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 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	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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 #

		1	8	4
--	--	---	---	---
- 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 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

				.	
--	--	--	--	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				1
--	--	--	--	---

4. What was the date of the last training?

0	1	/	2	2	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		2
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0	%
---	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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 mapping is ongoing. The City of Cohoes hopes to achieve this goal this year as the City will hire new DPW workers and building code officers. Building code officers conduct inspection of construction site for SWPPP requirements.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

More developers are aware of the green infrastructure goals. Green infrastructure is being incorporated into some of the City and storm sewer separation projects. (See MCM 5 of this report).

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. COVID has reduced the number of interns available this year. Hopefully we will get more in the next reporting year.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

- ☐ On behalf of an individual MS4
☒ On behalf of a coalition

How many MS4s contributed to this report?

	1	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	-	P	o	l	l	u	t	i	o	n		P	r	e	v	e	n
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---

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 |

G	e	n	l	P	u	b	l	i	c																							
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				6
--	--	--	--	---

☒ List-Serves

In List

			3	6
--	--	--	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

			2	7
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

Locations (e.g. libraries, town offices, kiosks)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Other:

H	R	W	A		A	w	a	r	d	-	J	u	n	e	2	0	2	1	
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

w	w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Support/update Coalition website; 2. Sponsor a viewing event of archived webcasts where the stormwater topic is of interest to a target audience defined by Coalition members (ex. road salt program for highway departments; Homeowner Association maintenance of stormwater practices); 3. If requested, print/distribute existing stormwater publications (brochure racks, clean up events, etc.). NOTE: In person public education limited, due to Covid unknowns.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Coalition website updated-links from MS4s evaluated, some corrected; 2. Training event (webcast) not sponsored or organized by Coalition- info shared with members about available webcasts; 3. No brochures requested, none distributed.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition website updates, review content & correct layout, remove content (outdated); 2. Track status of draft MS4 Permit and MCM1 requirements - integrate updated MS4 Permit w/Coalition-led mapping initiatives as needed; 3. Purchase curb markers for Coalition members

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 | 0 | 2 | 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	Stormwater Coalition of Albany County	SPDES ID							
		N	Y	R	2	0			

3. Where can the public access copies of this annual report, Stormwater Management Program (SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ MS4/Coalition Office
 ☒ Annual Report
 ☒ SWMP Plan
 ☒ Comments

Department																															
	S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n	-	A	l	b	a	n	y	C	n	t	y

Address																														
1	7	5		G	r	e	e	n		S	t	r	e	e	t	-	C	n	t	y	H	e	a	l	t	h	B	l	d	g

City										Zip											
A	l	b	a	n	y					N	Y	1	2	2	0	2	-				

Phone (5 1 8) 4 4 7 - 5 6 4 5

☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address										<input type="radio"/> Annual Report	<input type="radio"/> SWM Plan	<input type="radio"/> Comments

City Zip 0 -

Phone (0) 0 -

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address	

City										Zip									
										0					-				

Phone (0) 0 -

☐ Web Page URL:
 ☐ Annual Report
 ☐ SWMP Plan
 ☐ Comments

[illegible][illegible]

Please provide specific address of page where report can be accessed - not home page.

 eMail
  Comments

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	5
---	---

 /

0	3
---	---

 /

2	0	2	2
---	---	---	---

4.b. For how many days was/will this report be posted?

	1	5
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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.

Name of "MS4": NA Stormwater Coalition

"MS4" SPDES ID No. NONE - Stormwater Coalition

**SPDES General Permit for Stormwater Discharges from
Municipal Separated Storm Sewer Systems (MS4s)
Permit No. GP-0-15-003
JOINT ANNUAL REPORT**

**Reporting Period
March 10, 2021 to March 9, 2022**

**Minimum Control Measure 2
Public Involvement/Participation**

Public Comment Information

From Annual Report Form MCM 2 Page 5 of 6

Question 6. Were comments received during this reporting period? Yes/No

If yes, attach comments, responses and changes made to SWMP in response to comments to this report.

.....
List of Attachments:

NONE

Comments (if no Attachments):

On May 11, 2022 the citizen's group Save Colonie submitted comments by email via the Stormwater Coalition Public Comment portal. Their comments pertained to the DRAFT Joint Stormwater Coalition Annual Report posted on the Coalition website May 3, 2022, in particular the Colonie 2022 Stormwater Report. These Save Colonie comments were forwarded to the Town of Colonie, Stormwater Program Coordinator. Related documentation provided by the Town is included in the FINAL Town of Colonie 2022 Annual Report (MS4 Permit No. NYR20A190).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Organize or support one public participation activity, possibly Coalition-wide WAVE Volunteer stream monitoring event (July 1 to Sept 30) or other activity; 2. Prep and post Joint SWMP Plan (Annual Evaluation April, 2021)

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Researched multiple WAVE sites; conducted 1 WAVE monitor'g event (9/24/2021) on Normanskill trib in City/Albany (Outdoor Afro supported volunteer recruitment, 7 volunteers); 2. Joint SWMP Plan update (Annual Evaluation April, 2021) completed and posted on Coalition website; 3. Co-sponsored w/Coalition member community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/1/2021, 19 volunteers).

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).

2022/2023 Coalition Goals: 1. Prep and post Joint SWMP Annual Evaluation (April, 2022); 2. Director queries Coalition members regarding Coalition-wide WAVE volunteer stream monitoring events (July 1 to Sept 30), organizes one or more if interest; 2. Director queries Coalition members about Coalition sponsorship or coordination of one public participation event (not WAVE). If interest, provide Coalition staff support and coordinate Coalition-wide support.

L

2	0	2	2
---	---	---	---

Stormwater Coalition of Albany County

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

How many MS4s contributed to this report?	1	2
---	---	---

--	--	--

[illegible][illegible]

L

2	0	2	2
---	---	---	---



Stormwater Coalition of Albany County

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

--	--	--

--	--	--

--	--	--

☐ Yes ☐ No

			%
--	--	--	---

☒ Yes ☐ No

☒ 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,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Orient/train as needed GIS Coordinator in Coalition map'g effort to date (storm system map'g, outfalls, ArcGIS Online inspection forms, data storage and mgmt, SwIM mapper); 2. Identify map'g/inspection form needs, prioritize tasks w/Coalition members; 3. Implement priority items (storm system map'g updates; manage ArcGIS Online acct transfer/groups; other); 4. Review status of SwIM, develop plan w/VHB; 5. Set up ORI kits storage-175Grn; labwk \$

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. GIS Coordinator oriented/trained; 2. Inspection forms evaluated by Coalition staff, process not coordinated w/ all members, small edits to forms used by Coalition SW Prog Tech; 3. Some storm system mapping updates completed; AGOL accounts analyzed, purchased as needed; 4. VHB contract extended, but services not used; 5. ORI kits reorg and stocked, lab contract w/ADK Environmental set up

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).

2022/2023 Coalition Goals: 1. Updated IMA-MOU adopted by Board clarifies GIS Services provided by Coalition for members; dues structure clarified. Members track progress of updated MS4 Pmt release/related map'g/inspection requirements. Depend'g on member commitments/needs, Coalition staff provide MS4 Pmt GIS/map'g support. 2. Coalition SwIM mapper decommissioned. 3. GIS Coor launches stormwater AGOLwebapps for interested mbrs. 4. Manage ORI kits-\$ water tests

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goal: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Coalition Director consults with ACSWCD about future of 4 hr E/SC training given videoconference E/SC offerings by SWCD state-wide. If relevant and possible, one training co-sponsored with ACSWCD (not a videoconference).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			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).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

--	--	--	--	--
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles

--	--	--	--	--
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied (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?

				9
--	--	--	--	---

4. What was the date of the last training?

0	3	/	0	9	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	7
--	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

			%
--	--	--	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition Director and Working Group representatives identify Coalition-wide training needs. Director organizes with Working Group support minimally one Coalition-wide training activity; 2. Coalition Director identifies training (staff development) opportunities for members & Coalition staff, allocates training dollars for interested Coalition members, purchases training seats, as needed and funds are available

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	2
---	---	---	---

Name of MS4

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ☐ An Annual Report for a single MS4
- ☐ A Single Entity (Per Part II.E of GP-0-10-002)
- ☒ A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

S	T	O	R	M	W	A	T	E	R		C	O	A	L	I	T	I	O	N		O	F		A	L	B	A	N	Y
C	O	U	N	T	Y																								

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 2

Name of MS4 TOWN OF COLONIE

SPDES ID

N Y R 2 0 A 1 9 0

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for **each** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☒ Principal Executive Officer/Chief Elected Official
- ☐ Duly Authorized Representative
- ☐ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

First Name

P E T E R

MI

G

Last Name

C R U M M E Y

Title

T O W N S U P E R V I S O R

Address

5 3 4 N E W L O U D O N R O A D

City

L A T H A M

State

N Y

Zip

1 2 1 1 0 -

eMail

C O L O N I E T O W N S U P E R V I S O R @ C O L O N I E . O R G

Phone

(5 1 8) 7 8 3 - 2 7 4 7

County

A L B A N Y

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 2

Name of MS4 TOWN OF COLONIE

SPDES ID

N Y R 2 0 A 1 9 0

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

M A T T H E W

MI

J

Last Name

M C G A R R Y

Title

C O M M I S S I O N E R O F P U B L I C W O R K S

Address

3 4 7 O L D N I S K A Y U N A R O A D

City

L A T H A M

State

N Y

Zip

1 2 1 1 0 -

eMail

M C G A R R Y M @ C O L O N I E . O R G

Phone

(5 1 8) 7 8 3 - 6 2 9 2

County

A L B A N Y

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 2

Name of MS4 TOWN OF COLONIE

SPDES ID

N Y R 2 0 A 1 9 0

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

Z A C H

MI

T

Last Name

H A R R I S O N

Title

S T O R M W A T E R M A N A G E M E N T C O O R D I N A T O R

Address

3 4 7 O L D N I S K A Y U N A R O A D

City

L A T H A M

State

N Y

Zip

1 2 1 1 0 -

eMail

H A R R I S O N Z @ C O L O N I E . O R G

Phone

(5 1 8) 7 8 3 - 2 7 9 5

County

A L B A N Y

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 2

Name of MS4 TOWN OF COLONIE

SPDES ID

N Y R 2 0 A 1 9 0

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

A D A M

MI

J

Last Name

W A N D S

Title

S E N I O R S T O R M W A T E R M G M T I N S P E C T O R

Address

3 4 7 O L D N I S K A Y U N A R O A D

City

L A T H A M

State

N Y

Zip

1 2 1 1 0 -

eMail

W A N D S A @ C O L O N I E . O R G

Phone

(5 1 8) 7 8 3 - 2 7 9 5

County

A L B A N Y

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 2

Name of MS4 TOWN OF COLONIE

SPDES ID

N Y R 2 0 A 1 9 0

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☐ Principal Executive Officer/Chief Elected Official
☐ Duly Authorized Representative
☐ Local Stormwater Public Contact
☐ Stormwater Management Program (SWMP) Coordinator
☒ Report Preparer

First Name

K A T E L Y N

MI

M

Last Name

R E E P M E Y E R

Title

C I V I L E N G I N E E R

Address

3 4 7 O L D N I S K A Y U N A R O A D

City

L A T H A M

State

N Y

Zip

1 2 1 1 0 -

eMail

R E E P M E Y E R K @ C O L O N I E . O R G

Phone

(5 1 8) 7 8 3 - 6 2 9 2

County

A L B A N Y

MS4 Municipal Compliance Certification (MCC) FormMCC form for period ending March 9,

2	0	2	2
---	---	---	---

Name of MS4

T	O	W	N	O	F	C	O	L	O	N	I	E
---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ☒ 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	1	9	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	
---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	--	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	--

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

C	O	A	L	I	T	I	O	N	W	E	B	S	I	T	E	-	P	O	S	T	I	N	G	S									
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

● MM2

S	W	M	P	E	v	a	l	A	R	R	e	p	o	r	t	-	W	A	V	E	-	C	L	E	A	N	U	P					
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--

● MM3

O	R	I	K	i	t	C	l	e	a	n	U	p	-	S	1	2	3	O	R	I	-	A	G	O	L	M	g	m	t					
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--

● MM4

T	u	i	t	i	o	n	4	H	r	E	S	C	-	S	1	2	3	I	n	s	p	A	G	O	L	M	g	m	t					
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--

● MM5

S	w	i	M	M	a	p	p	e	r	O	v	e	r	h	a	u	-	P	r	o	g	r	a	m	L	y	r	s					
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--

● MM6

M	u	n	i	F	a	c	-	S	1	2	3	U	p	d	a	t	e	-	A	G	O	L	M	g	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, 2 0 2 2

Name of MS4 TOWN OF COLONIE

SPDES ID

N Y R 2 0 A 1 9 0

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name

P E T E R

MI

G


Last Name

C R U M M E Y

Title (Clearly print title of individual signing report)

T O W N S U P E R V I S O R

Signature



Date

05 / 26 / 2022

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

2	0	2	2
---	---	---	---

TOWN OF COLONIE

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

--	--	--

☐ Yes ☒ No

URL

[illegible][illegible][illegible][illegible]

2	0	2	2
---	---	---	---

SPDES ID

TOWN OF COLONIE

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

--	--	--

[illegible][illegible]

L

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☒ Construction Site Operators Trained

Trained

			2	5
--	--	--	---	---

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				3
--	--	--	--	---

☐ List-Serves

In List

--	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

		1	9	6
--	--	---	---	---

Locations (e.g. libraries, town offices, kiosks)

P	U	B	L	I	C		O	P	S		C	E	N	T	E	R			
---	---	---	---	---	---	--	---	---	---	--	---	---	---	---	---	---	--	--	--

T	O	W	N		H	A	L	L											
---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Other:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

H	T	T	P	S	:	/	/	S	T	O	R	M	W	A	T	E	R	A	L	B	A	N	Y	C	O	U	N	T	Y	.	O
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

R	G	/	S	T	O	R	M	W	A	T	E	R	-	R	E	G	U	L	A	T	I	O	N	S	/						
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2	0	2	2
---	---	---	---

Name of MS4/Coalition

TOWN OF COLONIE

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

URL

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue to maintain brochure racks at Town Hall and Public Operations Center, and the information table located at the entrance of the Public Works/Engineering department.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town Hall and Pubic Operations brochure kiosks were stocked and available for public access during this reporting period.

C. How many times was this observation measured or evaluated in this reporting period?

			2
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to maintain brochure racks at Town Hall and Public Operations Center, and the information table located at the entrance of the Public Works/Engineering department. Count brochures distributed. Add brochure rack at William K Sanford Town Library.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Stencil catch basins (approximately 20) and distribute 100 door hangers.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town stenciled 18 catch basins and distributed 212 door hangers.

C. How many times was this observation measured or evaluated in this reporting period?

			2
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Stencil catch basins (approximately 20) and distribute 100 door hangers.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

H	T	T	P	S	:	/	/	S	T	O	R	M	W	A	T	E	R	A	L	B	A	N	Y	C	O	U	N	T	Y	.	O
R	G	/	P	R	O	G	R	A	M	S	/																				

URL

URL

URL

URL

URL

URL

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

Please provide specific address(es) where notices can be accessed - not home page.

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	O	W	N	O	F	C	O	L	O	N	I	E
---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ MS4/Coalition Office ☐ Annual Report ☐ SWMP Plan ☐ Comments

Department

S	T	O	R	M	W	A	T	E	R		M	A	N	A	G	E	M	E	N	T		O	F	F	I	C	E			
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--

Address

3	4	7		O	L	D		N	I	S	K	A	Y	U	N	A		R	O	A	D									
---	---	---	--	---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--

City

L	A	T	H	A	M																									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Zip

N	Y
---	---

1	2	1	1	0	-						
---	---	---	---	---	---	--	--	--	--	--	--

Phone

(5	1	8)	7	8	3	-	2	7	5	8
---	---	---	---	---	---	---	---	---	---	---	---	---

☐ 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

H	T	T	P	S	:	/	/	S	T	O	R	M	W	A	T	E	R	A	L	B	A	N	Y	C	O	U	N	T	Y	.
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

O	R	G	/	S	T	O	R	M	W	A	T	E	R	-	C	O	A	L	I	T	I	O	N	/	M	U	N	I	C	I
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

P	A	L	I	T	I	E	S	/	T	O	W	N	-	O	F	-	C	O	L	O	N	I	E	/						
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Please provide specific address of page where report can be accessed - not home page.

☐ eMail ☐ Comments

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	O	W	N	O	F	C	O	L	O	N	I	E
---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	5
---	---

 /

0	3
---	---

 /

2	0	2	2
---	---	---	---

4.b. For how many days was/will this report be posted?

	1	4
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

--	--

 /

--	--

 /

--	--	--	--

If No, is one planned?

☐ Yes ☒ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

Name of "MS4": Town of Colonie

"MS4" SPDES ID No. NYR20A190

**SPDES General Permit for Stormwater Discharges from
Municipal Separated Storm Sewer Systems (MS4s)
Permit No. GP-0-15-003
JOINT ANNUAL REPORT**

**Reporting Period
March 10, 2021 to March 9, 2022**

**Minimum Control Measure 2
Public Involvement/Participation**

Public Comment Information

From Annual Report Form MCM 2 Page 5 of 6

Question 6. Were comments received during this reporting period? Yes/No

If yes, attach comments, responses and changes made to SWMP in response to comments to this report.

.....

List of Attachments:

- ~~– A letter about the Town of Colonie Annual Report from Save Colonie: A partnership for Planning dated May 11, 2022.~~
- ~~– Response letter from the Town of Colonie Stormwater Management Office to the letter from Save Colonie.~~

Comments (if no Attachments):

May 11, 2022

Storm Water Coalition of Albany County
112 State Street, Room 720
Albany, NY 12207

VIA EMAIL swcoalition@albanycounty.com

RE: Town of Colonie Annual Report 2021-2022

Dear Coalition Members:

SAVE Colonie: a Partnership for Planning (hereinafter "SAVE") and its members have been participating in and monitoring the development review process in the Town of Colonie for the past several years. SAVE's members regularly attend meetings of the Town Board, Planning Board and Zoning Board of Appeals. We were an active participant in the Town's 2019 Comprehensive Plan update process. For more information regarding SAVE and our efforts, please visit our webpage at <https://www.savecolonie.com>. During the 2021/2022 annual reporting period, the Town continued its rapid pace of major development project reviews. We note that as of January 1, 2022, Peter Crummey is now the Town of Colonie Supervisor.

SAVE Colonie offers these comments on the Town of Colonie's Annual Report for 2021-2022.

For the past two reporting periods, SAVE raised concerns regarding the implementation of the Town's enforcement of its MS-4 permit. On December 27, 2021, the Region 2 Administrator of the US Environmental Protection Agency issued an information request and Administrative Compliance Order Docket No. CWA-02-2022-3017. The Compliance Order cited the Town's failure to comply with integral components and responsibilities associated with the Town's enforcement and stormwater program review responsibilities under the Federal Clean Water Act and the conditions and limitations of the MS4 General Permit. The Town's draft 2022 annual report does not acknowledge this Compliance Order or propose any remedial actions to address the shortcomings the EPA identified in the Compliance Order.

On May 19, 2021, as part of its 2021 Final Annual Report, the Town provided cursory and incomplete responses to many of SAVE's detailed public comments..

Given the new Town administration, we have selected several previously submitted and still relevant comments, with the hope that they will now receive the proper acknowledgement and responses that Colonie residents deserve:

1. The Town's stormwater watershed map demonstrates that there is an extensive system of tributaries throughout the Town, all of which eventually flow to the Mohawk River. What happens upstream clearly has implications and consequences for all "waters" that flow to the Mohawk River, Colonie's main drinking water source. If there is not proper

planning and stormwater management at the source for these discharges, how can the integrity of the Mohawk River be protected as the primary raw drinking water supply for the Town of Colonie? The published Coalition Waterbody Inventory/Priority Waterbody list reveals several unassessed watersheds within the Town, including but not limited to Vly Road, Delphus Kill and New Loudon Road Watersheds. What are the plans of the Albany County Stormwater coalition and the Town of Colonie to assess these unassessed watersheds and protect the Mohawk?

2. The NYSDEC Division of Water and the Mohawk River Basin program are developing a plan to restore the Mohawk River and its tributaries to reduce pollution and keep the Mohawk and its watershed healthy for fish and people. A final plan is scheduled to be released in 2022. The plan will calculate a total maximum daily load (TMDL) for the Mohawk River watershed in the Town of Colonie. We understand that the Town's Pure Waters Department is already aware of this ongoing initiative. Have there been any communications between the Albany County Stormwater Coalition and the Town's Stormwater office to NYSDEC regarding the anticipated TMDL for the Mohawk river and watershed? What steps are being taken to review current municipal stormwater plans in anticipation of the establishment of a TMDL for the Mohawk River watershed?

3. Lack of a Dedicated Stormwater Program Webpage

There is still no dedicated stormwater program management webpage, or any public notice that the draft report is available for public review and comment. We disagree with the Town's 2021 response that this is acceptable, and that a link on the Public Works Department webpage to the Albany County Stormwater Coalition website is sufficient. A comparison of Colonie's and other Coalition members' websites shows that the Town of Colonie could certainly do better.

4. Town of Colonie's administration of the MS-4 program as it pertains to the timing of SWPPP and SWPPP conformance approvals continue to fall short.

The Town's response indicated that conditional final approvals do not preclude the public's right to comment on the SWPPP plans because the SWPPPs are available on the Town's planning website. However, project-specific preliminary and final Stormwater Pollution Prevention Plans still are not regularly uploaded onto this planning project webpage or elsewhere on the Town's website. This precludes public review and comment. What steps can Town officials take to ensure that the public has access to review preliminary and final SWPPPS for projects and provide their comments and concerns to Town staff?

5. Equivalency with NYS SPDES General Permit for StormWater Discharges from Construction Activities.

SAVE sought the opinion of the Stormwater Coalition and NYSDEC as to whether the Town's practices in implementing the Town's stormwater regulations do in fact conform to the Town's land use laws and therefore are in compliance with the MS-4 permit. Does the Town land use law authorize the Town to implement the current DEC MS-4 permitting guidance?

6. Minimum Control Measures for Construction Site Control

We were seeking confirmation that the Town's land use law precludes the alteration of a site while a project review is pending. The Town's response indicated that "projects that fall below the one-acre threshold do not require grading permits regardless of any potential planning or zoning initiatives." This does not respond to the issue of site alteration during project review.

Town officials have made inconsistent public statements regarding when the Town's stormwater review is required. As a recent example, at a Town Zoning Board of Appeals hearing, neighbors stated that a proposed single family residence (with less than 1 acres disturbance) would exacerbate existing off-site drainage issues. The applicant's representative advised that Town staff reviews the stormwater impacts so the adjacent neighbors should have no concerns. Town building department staff and the ZBA members did not contradict this statement. Is there a new policy to conduct stormwater reviews for projects with less than 1 acres disturbance? SAVE also seeks an explanation of whether a site can be disturbed while a SWPPP is being reviewed.

7. MCM 5 Post-Construction Stormwater Management Green Infrastructure Practices

It is apparent from the Town's responses to prior years' comments that Town officials and MS4 staff have not attended Low Impact Development (LID), Better Site Design (BSD) or other green infrastructure training during the 2021/2022 reporting period. This is especially concerning with several large development projects on heavily forested hilly parcels currently under review. Implementation of these concepts is required and critical as the Town reviews these projects.

Colonie does not have a tree preservation plan or uniform standards for tree inventories on a project sites. Although the Town indicates that it has a Conservation Overlay District Law to underscore its stormwater program's compliance with green infrastructure practices, in its review of a large subdivision project at 34 Denison Road, the Town has *not required* compliance with the Conservation Overlay District law regulations. Furthermore, the Town has accepted non-conforming SWPPPs with no supporting analysis or documentation that the use of green infrastructure practices are not practicable.

Excessive use of traditional catch-basins, rather than modern methods.

The Town should demand more from project applicants. The Town reported to USEPA that it has a total of 11,279 catch basins and 646 inventoried MS-4 outfalls, with only a 20% inspection rate due to staffing issues. These approved catch basins and outfalls become the maintenance responsibility of the Town's taxpayers. It would benefit the environment and Colonie taxpayers if the Town would require developers to employ other on-site water

management methods to protect taxpayers from oversight costs and the environment from the Town's inability to perform the necessary inspections.

8. Third Party SWPPP Certification

We requested that the NYSDEC review the two Town Designated Engineers' consulting agreements to confirm whether these firms are properly certified to conduct stormwater management reviews, but have had no response from Colonie.

9. Open Space Preservation Program

In the May 2021 response, Town officials confirmed that there is currently NO Open Space preservation program. What is the status of the Town's current open space preservation effort? What progress has the Town made to create an open space inventory and an open space preservation plan, and develop a dedicated funding source for the preservation of open space in the Town?

10. SWPPP Enforcement/Compliance

In 2021, the Town provided an incomplete response to SAVE's concerns regarding the effectiveness of the Town's stormwater enforcement program. SAVE's comments sought project-specific enforcement information. It should be noted that many of the projects that SAVE cited were eventually the subject of the USEPA's 2021 audit and inspection and resulting Compliance Order. What is the Town's plan to improve stormwater management enforcement?

Thank you for your consideration of all our comments. We look forward to the Town of Colonie and the Stormwater Coalition's detailed responses to all of our questions and comments.

Please send written responses and any correspondence via savecolonietrees@gmail.com.

Sincerely,

SAVE Colonie: A Partnership for Planning

cc: Peter Crummey, Supervisor Town of Colonie

Justine Modigliani, USEPA Enforcement and Compliance Assurance Division

Tony Lisi, Acting Director, Region 4 NYSDEC

Ethan Sullivan, NYSDEC MS-4 Permit Coordinator

Derek Thursland, Region 4 Water Engineer

May 11, 2022

Town of Colonie Stormwater Office responses are below in red (May 25, 2022)

Storm Water Coalition of Albany County
112 State Street, Room 720
Albany, NY 12207

VIA EMAIL swcoalition@albanycounty.com

RE: Town of Colonie Annual Report 2021-2022

Dear Coalition Members:

SAVE Colonie: a Partnership for Planning (hereinafter "SAVE") and its members have been participating in and monitoring the development review process in the Town of Colonie for the past several years. SAVE's members regularly attend meetings of the Town Board, Planning Board and Zoning Board of Appeals. We were an active participant in the Town's 2019 Comprehensive Plan update process. For more information regarding SAVE and our efforts, please visit our webpage at <https://www.savecolonie.com>. During the 2021/2022 annual reporting period, the Town continued its rapid pace of major development project reviews. We note that as of January 1, 2022, Peter Crummey is now the Town of Colonie Supervisor.

SAVE Colonie offers these comments on the Town of Colonie's Annual Report for 2021-2022.

For the past two reporting periods, SAVE raised concerns regarding the implementation of the Town's enforcement of its MS-4 permit. On December 27, 2021, the Region 2 Administrator of the US Environmental Protection Agency issued an information request and Administrative Compliance Order Docket No. CWA-02-2022-3017. The Compliance Order cited the Town's failure to comply with integral components and responsibilities associated with the Town's enforcement and stormwater program review responsibilities under the Federal Clean Water Act and the conditions and limitations of the MS4 General Permit. The Town's draft 2022 annual report does not acknowledge this Compliance Order or propose any remedial actions to address the shortcomings the EPA identified in the Compliance Order.

On May 19, 2021, as part of its 2021 Final Annual Report, the Town provided cursory and incomplete responses to many of SAVE's detailed public comments.

Given the new Town administration, we have selected several previously submitted and still relevant comments, with the hope that they will now receive the proper acknowledgement and responses that Colonie residents deserve:

1. The Town's stormwater watershed map demonstrates that there is an extensive system of tributaries throughout the Town, all of which eventually flow to the Mohawk River. What happens upstream clearly has implications and consequences for all "waters" that flow to the Mohawk River, Colonie's main drinking water source. If there is not proper

1. planning and stormwater management at the source for these discharges, how can the integrity of the Mohawk River be protected as the primary raw drinking water supply for the Town of Colonie? The published Coalition Waterbody Inventory/Priority Waterbody list reveals several unassessed watersheds within the Town, including but not limited to Vly Road, Delphus Kill and New Loudon Road Watersheds. What are the plans of the Albany County Stormwater coalition and the Town of Colonie to assess these unassessed watersheds and protect the Mohawk? **A: All projects that are submitted to the Town of Colonie must comply with the Town of Colonie Standards for Stormwater Regulations and NYSDEC if a SWPPP is required. These regulations that are set to make sure that the post condition of the proposed projects meet or improve the preconditions of the site to protect the tributaries and the Mohawk River and Hudson River. During the project review, the Town of Colonie Stormwater assesses any impact the project may have on the watersheds.**

2. The NYSDEC Division of Water and the Mohawk River Basin program are developing a plan to restore the Mohawk River and its tributaries to reduce pollution and keep the Mohawk and its watershed healthy for fish and people. A final plan is scheduled to be released in 2022. The plan will calculate a total maximum daily load (TMDL) for the Mohawk River watershed in the Town of Colonie. We understand that the Town's Pure Waters Department is already aware of this ongoing initiative. Have there been any communications between the Albany County Stormwater Coalition and the Town's Stormwater office to NYSDEC regarding the anticipated TMDL for the Mohawk river and watershed? **A: NYSDEC has yet to contact the Town of Colonie Stormwater Management Office about any change to the TMDL for the Mohawk River Watershed. Once contacted, the Stormwater Office will review and will determine if any changes to our standards are necessary.** What steps are being taken to review current municipal stormwater plans in anticipation of the establishment of a TMDL for the Mohawk River watershed? **A: All projects that are submitted to the Town of Colonie must comply with the Town of Colonie stormwater regulations and NYSDEC requirements if a SWPPP is required.**

3. Lack of a Dedicated Stormwater Program Webpage

There is still no dedicated stormwater program management webpage, or any public notice that the draft report is available for public review and comment. We disagree with the Town's 2021 response that this is acceptable, and that a link on the Public Works Department webpage to the Albany County Stormwater Coalition website is sufficient. A comparison of Colonie's and other Coalition members' websites shows that the Town of Colonie could certainly do better. **A: This is a goal of the Town of Colonie Stormwater Management Office for this upcoming year.**

4. Town of Colonie's administration of the MS-4 program as it pertains to the timing of SWPPP and SWPPP conformance approvals continue to fall short.

The Town's response indicated that conditional final approvals do not preclude the public's right to comment on the SWPPP plans because the SWPPPs are available on the Town's planning website. However, project-specific preliminary and final Stormwater Pollution Prevention Plans still are not regularly uploaded onto this planning project webpage or elsewhere on the Town's website. This precludes public review and comment. What steps can Town officials take to ensure that the public has access to review preliminary and final SWPPPS for projects and provide their comments and concerns to Town staff? **A: All projects and SWPPP's are submitted to the Planning & Economic Development Department and this information is shared on their website. The Stormwater Office will review with the Planning Department to make sure the final SWPPP is uploaded to their website. In regards to preliminary review of SWPPP's the Stormwater Management Office recommends to submit a Freedom of Information Law (FOIL) Request to the Town of Colonie's Attorney Office for access to these files.**

5. Equivalency with NYS SPDES General Permit for Stormwater Discharges from Construction Activities. SAVE sought the opinion of the Stormwater Coalition and NYSDEC as to whether the Town's practices in implementing the Town's stormwater regulations do in fact conform to the Town's land use laws and therefore are in compliance with the MS-4 permit. Does the Town land use law authorize the Town to implement the current DEC MS-4 permitting guidance? **A: Please refer to Chapter 190 Article XIV Stormwater Management and Erosion and Sediment Control of the Town of Colonie Land Use Law. Under section 190-74 "Purpose" Notes A and B. These notes show that the Town of Colonie Land Use Law allows our office to comply with the most up to date SPEDS General Permits in regards to Municipal Separate Storm Sewer Systems (GP-0-15-003) & Construction Activity (GP-0-20-001).**

6. Minimum Control Measures for Construction Site Control

We were seeking confirmation that the Town's land use law precludes the alteration of a site while a project review is pending. The Town's response indicated that "projects that fall below the one-acre threshold do not require grading permits regardless of any potential planning or zoning initiatives." This does not respond to the issue of site alteration during project review.

A: The Stormwater Management Office recommends contacting the Planning & Economic Development Department in regards to alterations of a site while a project review is pending.

Town officials have made inconsistent public statements regarding when the Town's stormwater review is required. As a recent example, at a Town Zoning Board of Appeals hearing, neighbors stated that a proposed single family residence (with less than 1 acres disturbance) would exacerbate existing off-site drainage issues. The applicant's representative advised that Town staff reviews the stormwater impacts so the adjacent neighbors should have no concerns. Town building department staff and the ZBA members did not contradict this statement. Is there a new policy to conduct stormwater reviews for projects with less than 1 acres disturbance? **A: All projects that are reviewed by the Town**

of Colonie Stormwater Management office do not always need a SWPPP. Please refer to the NYSDEC General Construction Activity Permit (GP-0-20-001) Appendix B in regards to when a SWPPP is required. The Town of Colonie Stormwater Office reviews all projects regardless the size of land disturbance to verify that they meet the Town of Colonie stormwater regulations.

SAVE also seeks an explanation of whether a site can be disturbed while a SWPPP is being reviewed. A: A site cannot be disturbed over an acre without a grading permit or without permit coverage from NYSDEC.

7. MCM 5 Post-Construction Stormwater Management Green Infrastructure Practices

It is apparent from the Town's responses to prior years' comments that Town officials and MS4 staff have not attended Low Impact Development (LID), Better Site Design (BSD) or other green infrastructure training during the 2021/2022 reporting period. This is especially concerning with several large development projects on heavily forested hilly parcels currently under review. Implementation of these concepts is required and critical as the Town reviews these projects. A: Town of Colonie Stormwater Management staff attend as many trainings as possible. The Albany Stormwater Coalition notifies our staff on any trainings that come forward.

Colonie does not have a tree preservation plan or uniform standards for tree inventories on a project sites. Although the Town indicates that it has a Conservation Overlay District Law to underscore its stormwater program's compliance with green infrastructure practices, in its review of a large subdivision project at 34 Denison Road, the Town has *not required* compliance with the Conservation Overlay District law regulations. Furthermore, the Town has accepted non-conforming SWPPPs with no supporting analysis or documentation that the use of green infrastructure practices are not practicable. A: There has not been an approved SWPPP for the above referenced project. The Town of Colonie Stormwater Management Office along with the Town Designated Engineer review all aspects of a proposed project's SWPPP to verify the compliance with NYSDEC regulations.

Excessive use of traditional catch-basins, rather than modern methods. A: Comment Noted.

The Town should demand more from project applicants. The Town reported to USEPA that it has a total of 11,279 catch basins and 646 inventoried MS-4 outfalls, with only a 20% inspection rate due to staffing issues. A: The 20% inspection rate is verifying all outfalls are inspected at the required 5-year intervals (refer to Part VII.A.3.d of NYSDEC GP-0-15-003). All Town of Colonie outfalls that been inspected within the requirements of GP-0-15-0003 as of this annual report. These approved catch basins and outfalls become the maintenance responsibility of the Town's taxpayers. It would benefit the environment and Colonie taxpayers if the Town would require developers to employ other on-site watermanagement methods to protect taxpayers from oversight costs and the environment from the Town's inability to perform the necessary inspections. A: Comment Noted. The Town of Colonie Stormwater Management Office reviews all proposed projects verifying the design follows all

applicable regulations from the Town and NYSDEC.

8. Third Party SWPPP Certification

We requested that the NYSDEC review the two Town Designated Engineers' consulting agreements to confirm whether these firms are properly certified to conduct stormwater management reviews, but have had no response from Colonie. A: The question states that you have requested NYSDEC to review the two Town Designated Engineers' consulting agreements and verify that they are properly certified to conduct stormwater management reviews but have not received a response from Colonie. I would recommend contacting NYSDEC for their response.

9. Open Space Preservation Program

In the May 2021 response, Town officials confirmed that there is currently NO Open Space preservation program. What is the status of the Town's current open space preservation effort? What progress has the Town made to create an open space inventory and an open space preservation plan, and develop a dedicated funding source for the preservation of open space in the Town? A: The Stormwater Management Office recommends contacting the Planning & Economic Development Department in regards to any Open Space preservation programs.

10. SWPPP Enforcement/Compliance

In 2021, the Town provided an incomplete response to SAVE's concerns regarding the effectiveness of the Town's stormwater enforcement program. SAVE's comments sought project-specific enforcement information. It should be noted that many of the projects that SAVE cited were eventually the subject of the USEPA's 2021 audit and inspection and resulting Compliance Order. What is the Town's plan to improve stormwater management enforcement? A: The Stormwater Management Office has updated the Town of Colonie protocols for construction site inspections, and stormwater enforcement procedures in response to the USEPA compliance order.

Thank you for your consideration of all our comments. We look forward to the Town of Colonie and the Stormwater Coalition's detailed responses to all of our questions and comments.

Please send written responses and any correspondence via savecolonietrees@gmail.com.

Sincerely,

SAVE Colonie: A Partnership for Planning

cc: Peter Crummey, Supervisor Town of Colonie

Justine Modigliani, USEPA Enforcement and Compliance Assurance Division

Tony Lisi, Acting Director, Region 4 NYSDEC

Ethan Sullivan, NYSDEC MS-4 Permit Coordinator

Derek Thursland, Region 4 Water Engineer

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue to post the DRAFT/FINAL Annual Report on the Coalition website for public comment and post the location of the SWMP. Check that the Town website links to the Coalition website Annual Report and SWMP Update postings.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Report was published on the Coalition website for public comment. The website link was confirmed to be accurate on the Town's Highway Department webpage.

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 post the DRAFT/FINAL Annual Report on the Coalition website for public comment and post the location of the SWMP. Check that the Town website links to the Coalition website Annual Report and SWMP Update postings.

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	TOWN OF COLONIE
-----------------------	-----------------

SPDES ID								
N	Y	R	2	0	A	1	9	0

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:	6	4	9	#	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?

- | | |
|---|--|
| <input 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 checked="" type="radio"/> Outdoor Fluid Storage |
| <input type="radio"/> Commercial Laundry/Dry Cleaners | <input checked="" type="radio"/> Parking Lot Maintenance |
| <input type="radio"/> Construction Vehicle Washouts | <input type="radio"/> Printing |
| <input checked="" type="radio"/> Cross-Connections | <input checked="" 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 type="radio"/> Vehicle Fueling |
| <input type="radio"/> Industrial Process Water | <input type="radio"/> Vehicle Maint./Repair Shops |
| <input type="radio"/> Other: | <input type="radio"/> None |

[illegible]

- Sewersheds:

[illegible]

2	0	2	2
---	---	---	---

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

[illegible][illegible][illegible][illegible][illegible]

- | | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|
- %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Distribute illegal discharge and water impact info to participants on Household Hazardous Waste Collection Day.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Posted the stormwater information on the Household Hazardous Waste Collection webpage in lieu of flyers.

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).

Post stormwater information on the Household Hazardous Waste Collection webpage.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

"Hotline" complaints from whatever source are tracked. Tracking notes the complaint and follow-up activity (email and photos).

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town tracked complaints submitted to the Hotline and followed-up.

C. How many times was this observation measured or evaluated in this reporting period?

		1	0
--	--	---	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

"Hotline" complaints from whatever source are tracked. Tracking notes the complaint and follow-up activity (email and photos). Include tracking as part of Cityworks update.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Complete ORIs for 20% of outfalls (approximately 129 outfalls).

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town completed ORIs for 270 outfalls.

C. How many times was this observation measured or evaluated in this reporting period?

	2	7	0
--	---	---	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Complete ORIs for 20% of outfalls (approximately 129 outfalls).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Coalition coordinates with the Town all aspects of ORI tablet use includes transfer from Coalition to Town (data plan, AGOL accounts; group invites, webpmap, and inspection data).

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Coordination continued for the reporting period.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Review status of ORI inspection data storage (Town or Coalitions ArcGIS Online Cloud). Coalition to transfer data to Town if necessary.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

GIS Coordinator and Coalition Director researches with individual MS4s/member use post-DEC grant (since June 2019) of tablets/ORI Svy123 forms, data access and management. Future needs and arrangements clarified, implementation plan developed with and for all parties.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Not completed.

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).

GIS Coordinator and Coalition Director researches with individual MS4s/member use post-DEC grant (since June 2019) of tablets/ORI Svy123 forms, data access and management. Future needs and arrangements clarified, implementation plan developed with and for all parties.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?** ☒ Yes ☐ No
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?** ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

- 2. Does your MS4/Coalition have a SWPPP review procedure in place?** ☒ Yes ☐ No
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

	2	1
--	---	---
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?** ☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

		0
--	--	---

- 5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?** ☒ Yes ☐ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

<input checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>4</td></tr></table>					4	<input type="radio"/> No Authority
				4				
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ 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?

		6
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

	3	0
--	---	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?

☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?

☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?

☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9,**

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	O	W	N	O	F	C	O	L	O	N	I	E
---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

S	T	O	R	M	W	A	T	E	R		M	A	N	A	G	E	M	E	N	T		O	F	F	I	C	E		
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--

Address

3	4	7		O	L	D		N	I	S	K	A	Y	U	N	A		R	O	A	D								
---	---	---	--	---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--

City

L	A	T	H	A	M											
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

N	Y
---	---

Zip

1	2	1	1	0	-				
---	---	---	---	---	---	--	--	--	--

Phone

(5	1	8)	7	8	3	-	2	7	5	8
---	---	---	---	---	---	---	---	---	---	---	---	---

○ Library

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Zip

					-				
--	--	--	--	--	---	--	--	--	--

Phone

()				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

○ Other

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Zip

					-				
--	--	--	--	--	---	--	--	--	--

Phone

()				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue to maintain inventory of active construction sites, protect inventory files against hacking.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Maintained inventory.

C. How many times was this observation measured or evaluated in this reporting period?

		2	7
--	--	---	---

(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 maintain inventory of active construction sites.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Town Stormwater staff review SWPPPs and prepare comments. (Goal: all SWPPPs and SWPPP modifications, if possible).

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town reviewed all SWPPPs and SWPPP modifications and provided comments where necessary. Requested SWPPP resubmittals where initial plans were inadequate.

C. How many times was this observation measured or evaluated in this reporting period?

		2	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 Stormwater staff review SWPPPs and prepare comments. (Goal: all SWPPPs and SWPPP modifications, if possible).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Conduct pre-construction meetings, before grading and clearing and before issuing a building permit. Meetings organized by Town Stormwater staff and sometimes others depending on size and type of project. Presence/absence and expiration date of site contractor 4-hour E/SC cards is noted and status documented during meeting.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Town held pre-construction meetings and reviewed E/SC cards.

C. How many times was this observation measured or evaluated in this reporting period?

		3	0
--	--	---	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Conduct pre-construction meetings, before grading and clearing and before issuing a building permit. Meetings organized by Town Stormwater staff and sometimes others depending on size and type of project. Presence/absence and expiration date of site contractor 4-hour E/SC cards is noted and status documented during meeting.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Research status of all open SWPPPs; locate owner-operator; have O-O execute NOT; and review NYSDEC database to confirm status of NOT; follow-up as needed. Secure NOTs from remaining open SWPPPs.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Researched and reviewed all open SWPPPs. Worked with O-O to have NOTs executed where appropriate.

C. How many times was this observation measured or evaluated in this reporting period?

		1	2
--	--	---	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

(empty)

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue to inspect construction projects ongoing and at project closeout. This includes Town-owned projects.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Inspected all ongoing construction projects, including Town-owned.

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).

(empty)

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

Minimum Control Measure 5. Post-Construction Stormwater Management

How many MS4s contributed to this report?		
---	--	--

	# Inventoried			# Inspections			# Times Maintained		
● Alternative Practices			2			5			1
● Filter Systems			1			4			1
● Infiltration Basins		1	5		3	0			3
● Open Channels			4		1	0			2
○ Ponds									
○ Wetlands									
● Other			6		1	5	1	2	0

☐ Yes ☐ No

● Other:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

	2	8
--	---	---

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
--	--	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue to update the post-construction SW practices inventory spreadsheet (track status of NOTs). Review hacking vulnerabilities and protect database from future hacking.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Updated the SW practices inventory spreadsheet.

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 update the post-construction SW practices inventory spreadsheet (track status of NOTs).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue to develop spreadsheet database of post-construction SW practices; send out letters requesting annual inspection reports; follow-up as needed.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Not completed.

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 develop spreadsheet database of post-construction SW practices; send out letters requesting annual inspection reports; follow-up as needed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue to monitor the location of development or redevelopment projects within Ann Lee (Shakers) Pond and Stump Pond watershed; request enhanced phosphorous design standards and inspections 2x week, as per NYSDEC Stormwater Design Manual.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Projects located within the watershed were required to utilize enhanced phosphorous design standards. Inspections were performed twice per week.

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 monitor the location of development or redevelopment projects within Ann Lee (Shakers) Pond and Stump Pond watershed; request enhanced phosphorous design standards and inspections 2x week, as per NYSDEC Stormwater Design Manual.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

- 1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes <input 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 type="radio"/> Yes <input checked="" type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" 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 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	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

				4
--	--	--	--	---
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles

		3	2	0
--	--	---	---	---
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

		3	7	0
--	--	---	---	---
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

		1	2	0
--	--	---	---	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

		1	6	0
--	--	---	---	---
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

	9	6	8	4
--	---	---	---	---
- ☐ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

	5	4	6	.	4
--	---	---	---	---	---

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				2
--	--	--	--	---

4. What was the date of the last training?

0	3	/	0	8	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	1	8
--	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0	%
---	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Monitor maintenance of Town-owned PC SMPs; reach out to Highway staff if issues, follow-up as needed.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Town-owned PC SMPs were maintained by Highway Department.

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).

Monitor maintenance of Town-owned PC SMPs; reach out to Highway staff if issues, follow-up as needed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Inform all relevant Town staff of need for Construction Permit coverage, where relevant >1 acre. Continue to inspect construction projects ongoing and at project closeout. This includes Town-owned projects.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Staff responsible for Town-owned projects were notified of the Construction Permit coverage requirement. All projects were inspected during construction and closeout.

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).

Inform all relevant Town staff of need for Construction Permit coverage, where relevant >1 acre. Continue to inspect construction projects ongoing and at project closeout. This includes Town-owned projects.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Complete 50% of total number of municipal facilities self-audits (approximately 39 total municipal facilities).

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Audits were completed for three (3) facilities.

C. How many times was this observation measured or evaluated in this reporting period?

			3
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☐ Yes ☒ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Complete 100% of total number of municipal facilities self-audits (approximately 39 total municipal facilities).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Consult with Coalition about Coalition-led training for various target audiences (Field workers and Electeds-administrators), similar to January 2020 Training Blitz Content: "Rain Check" and "Spills and Skills" DVD. Organize as needed, if possible with Coalition or independently.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Not completed.

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).

Consult with Coalition about Coalition-led training for various target audiences (Field workers and Electeds-administrators), similar to January 2020 Training Blitz Content: "Rain Check" and "Spills and Skills" DVD. Organize as needed, if possible with Coalition or independently.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Monitor catch basin inspections and clean out throughout Town, retain catch basin data for MS4 Permit annual report.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Catch basin cleaning was performed and tracked.

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).

Implement catch basin cleaning and inspection program, focus on high-traffic areas susceptible to flooding and Ann Lee Pond (lower West Albany and Ann Lee Pond).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF COLONIE

SPDES ID

N	Y	R	2	0	A	1	9	0
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Monitor street and parking lot sweeping throughout Town, retain sweeping data for MS4 Permit annual report.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Streets and parking lots were swept and tracked.

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).

Monitor street and parking lot sweeping throughout Town, retain sweeping data for MS4 Permit annual report.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

- ☐ On behalf of an individual MS4
☒ On behalf of a coalition

How many MS4s contributed to this report?

	1	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	-	P	o	l	l	u	t	i	o	n		P	r	e	v	e	n
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---

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 |

G	e	n	l	P	u	b	l	i	c																							
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				6
--	--	--	--	---

☒ List-Serves

In List

			3	6
--	--	--	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

			2	7
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

Locations (e.g. libraries, town offices, kiosks)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Other:

H	R	W	A		A	w	a	r	d	-	J	u	n	e	2	0	2	1	
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

w	w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Support/update Coalition website; 2. Sponsor a viewing event of archived webcasts where the stormwater topic is of interest to a target audience defined by Coalition members (ex. road salt program for highway departments; Homeowner Association maintenance of stormwater practices); 3. If requested, print/distribute existing stormwater publications (brochure racks, clean up events, etc.). NOTE: In person public education limited, due to Covid unknowns.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Coalition website updated-links from MS4s evaluated, some corrected; 2. Training event (webcast) not sponsored or organized by Coalition- info shared with members about available webcasts; 3. No brochures requested, none distributed.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition website updates, review content & correct layout, remove content (outdated); 2. Track status of draft MS4 Permit and MCM1 requirements - integrate updated MS4 Permit w/Coalition-led mapping initiatives as needed; 3. Purchase curb markers for Coalition members

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 | 0 | 2 | 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	Stormwater Coalition of Albany County	SPDES ID							
		N	Y	R	2	0			

3. Where can the public access copies of this annual report, Stormwater Management Program (SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

[● MS4/Coalition Office](#)
[● Annual Report](#)
[● SWMP Plan](#)
[● Comments](#)

Department																															
	S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n	-	A	l	b	a	n	y	C	n	t	y

Address																														
1	7	5		G	r	e	e	n		S	t	r	e	e	t	-	C	n	t	y	H	e	a	l	t	h	B	l	d	g

City										Zip											
A	l	b	a	n	y					N	Y	1	2	2	0	2	-				

Phone (5 1 8) 4 4 7 - 5 6 4 5

☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

[illegible]

City Zip -

Phone (0) 0 -

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address	

City Zip -

Phone (0) 0 -

☐ Web Page URL:
 ☐ Annual Report
 ☐ SWMP Plan
 ☐ Comments

[illegible]

(J	o	i	n	t		S	w	m	p		A	n	n	u	a	l		E	v	a	l	u	a	t	i	o	n)
---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---

Please provide specific address of page where report can be accessed - not home page.

● eMail ● Comments

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	5
---	---

 /

0	3
---	---

 /

2	0	2	2
---	---	---	---

4.b. For how many days was/will this report be posted?

	1	5
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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.

Name of "MS4": NA Stormwater Coalition

"MS4" SPDES ID No. NONE - Stormwater Coalition

**SPDES General Permit for Stormwater Discharges from
Municipal Separated Storm Sewer Systems (MS4s)
Permit No. GP-0-15-003
JOINT ANNUAL REPORT**

**Reporting Period
March 10, 2021 to March 9, 2022**

**Minimum Control Measure 2
Public Involvement/Participation**

Public Comment Information

From Annual Report Form MCM 2 Page 5 of 6

Question 6. Were comments received during this reporting period? Yes/No

If yes, attach comments, responses and changes made to SWMP in response to comments to this report.

.....

List of Attachments:

NONE

Comments (if no Attachments):

On May 11, 2022 the citizen's group Save Colonie submitted comments by email via the Stormwater Coalition Public Comment portal. Their comments pertained to the DRAFT Joint Stormwater Coalition Annual Report posted on the Coalition website May 3, 2022, in particular the Colonie 2022 Stormwater Report. These Save Colonie comments were forwarded to the Town of Colonie, Stormwater Program Coordinator. Related documentation provided by the Town is included in the FINAL Town of Colonie 2022 Annual Report (MS4 Permit No. NYR20A190).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Organize or support one public participation activity, possibly Coalition-wide WAVE Volunteer stream monitoring event (July 1 to Sept 30) or other activity; 2. Prep and post Joint SWMP Plan (Annual Evaluation April, 2021)

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Researched multiple WAVE sites; conducted 1 WAVE monitor'g event (9/24/2021) on Normanskill trib in City/Albany (Outdoor Afro supported volunteer recruitment, 7 volunteers); 2. Joint SWMP Plan update (Annual Evaluation April, 2021) completed and posted on Coalition website; 3. Co-sponsored w/Coalition member community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/1/2021, 19 volunteers).

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).

2022/2023 Coalition Goals: 1. Prep and post Joint SWMP Annual Evaluation (April, 2022); 2. Director queries Coalition members regarding Coalition-wide WAVE volunteer stream monitoring events (July 1 to Sept 30), organizes one or more if interest; 2. Director queries Coalition members about Coalition sponsorship or coordination of one public participation event (not WAVE). If interest, provide Coalition staff support and coordinate Coalition-wide support.

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

[illegible]

L

2	0	2	2
---	---	---	---

Stormwater Coalition of Albany County

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

--	--	--

--	--	--

--	--	--

☐ Yes ☐ No

			%
--	--	--	---

☒ Yes ☐ No

☒ 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,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Orient/train as needed GIS Coordinator in Coalition map'g effort to date (storm system map'g, outfalls, ArcGIS Online inspection forms, data storage and mgmt, SwIM mapper); 2. Identify map'g/inspection form needs, prioritize tasks w/Coalition members; 3. Implement priority items (storm system map'g updates; manage ArcGIS Online acct transfer/groups; other); 4. Review status of SwIM, develop plan w/VHB; 5. Set up ORI kits storage-175Grn; labwk \$

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. GIS Coordinator oriented/trained; 2. Inspection forms evaluated by Coalition staff, process not coordinated w/ all members, small edits to forms used by Coalition SW Prog Tech; 3. Some storm system mapping updates completed; AGOL accounts analyzed, purchased as needed; 4. VHB contract extended, but services not used; 5. ORI kits reorg and stocked, lab contract w/ADK Environmental set up

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).

2022/2023 Coalition Goals: 1. Updated IMA-MOU adopted by Board clarifies GIS Services provided by Coalition for members; dues structure clarified. Members track progress of updated MS4 Pmt release/related map'g/inspection requirements. Depend'g on member commitments/needs, Coalition staff provide MS4 Pmt GIS/map'g support. 2. Coalition SwIM mapper decommissioned. 3. GIS Coor launches stormwater AGOLwebapps for interested mbrs. 4. Manage ORI kits-\$ water tests

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goal: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

--

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Coalition Director consults with ACSWCD about future of 4 hr E/SC training given videoconference E/SC offerings by SWCD state-wide. If relevant and possible, one training co-sponsored with ACSWCD (not a videoconference).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			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).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

--	--	--	--	--
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles

--	--	--	--	--
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied (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?

				9
--	--	--	--	---

4. What was the date of the last training?

0	3	/	0	9	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	7
--	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

			%
--	--	--	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition Director and Working Group representatives identify Coalition-wide training needs. Director organizes with Working Group support minimally one Coalition-wide training activity; 2. Coalition Director identifies training (staff development) opportunities for members & Coalition staff, allocates training dollars for interested Coalition members, purchases training seats, as needed and funds are available

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	2
---	---	---	---

Name of MS4

Village of Green Island

SPDES ID

N	Y	R	2	0	A	3	7	7
---	---	---	---	---	---	---	---	---

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ☐ An Annual Report for a single MS4
- ☐ A Single Entity (Per Part II.E of GP-0-10-002)
- ☒ A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f		A	l	b	a	n	y
C	o	u	n	t	y																								

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2022

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

E l l e n

MI

M

Last Name

M c N u l t y - R y a n

Title

M a y o r

Address

2 0 C l i n t o n S t r e e t

City

G r e e n I s l a n d

State

N Y

Zip

1 2 1 8 3 -

eMail

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

(5 1 8) 2 7 3 - 2 2 0 1

County

A l b a n y

MCC form for period ending March 9,

2	0	2	2
---	---	---	---

Village of Green Island

N	Y	R	2	0	A	3	7	7
---	---	---	---	---	---	---	---	---

M	a	g	g	i	e									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

A

[illegible]

E	x	e	c	u	t	i	v	e		A	s	s	i	s	t	a	n	t		t	o		M	a	y	o	r						
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	--	--	--	--	--	--

[illegible]

G	r	e	e	n		I	s	l	a	n	d								
---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--

N	Y
---	---

1	2	1	8	3	-				
---	---	---	---	---	---	--	--	--	--

m	a	g	g	i	e	a	@	v	i	l	l	a	g	e	o	f	g	r	e	e	n	i	s	l	a	n	d	.	c	o	m
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

$$\left(\begin{array}{|c|c|c|} \hline 5 & 1 & 8 \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline 2 & 7 & 3 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 2 & 2 & 0 & 1 \\ \hline \end{array}$$

A	l	b	a	n	y									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

2 0 2 2

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

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 C o a l i t i o n W e b s i t e - P o s t i n g s

● MM2 S W M P E v a l A R R e p o r t - W A V E - C l e a n U p

● MM3 O R I K i t C l e a n U p - S 1 2 3 O R I - A G O L M g m t

● MM4 T u i t i o n 4 H r E S C - S 1 2 3 I n s p A G O L M g m t

● MM5 S w I M M a p p e r O v e r h a u l - P r o g r a m L y r s

● MM6 M u n i F a c - S 1 2 3 U p d a t e - A G O L M g 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, 2 0 2 2

Name of MS4 Village of Green Island

SPDES ID

N Y R 2 0 A 3 7 7

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name

E l l e n

MI

M

Last Name

M c N u l t y - R y a n

Title (Clearly print title of individual signing report)

M a y o r

Signature

Ellen M. McNulty-Ryan

Date

0 5 / 1 9 / 2 0 2 2

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

2	0	2	2
---	---	---	---

SPDES ID _____

Name of MS4/Coalition

N	Y	R	2	0	A	3	7	7
---	---	---	---	---	---	---	---	---

Water Quality Trends

The information in this section is being reported (check one):

- On behalf of a coalition

How many MS4s are contributed to this report?

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. ☐ Yes ☒ No

☐ 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.

[illegible][illegible][illegible][illegible]

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Village of Green Island

N	Y	R	2	0	A	3	7	7
---	---	---	---	---	---	---	---	---

How many MS4s contributed to this report?

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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

--	--	--	--	--

☐ List-Serves

In List

--	--	--	--	--

☒ Mailing List

In List

	1	4	0	0
--	---	---	---	---

☐ 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)

F	a	c	e	b	o	o	k		-		G	r	e	e	n		I	s	l
a	n	d		R	e	c	r	e	a	t	i	o	n		D	e	p	a	r
t	m	e	n	t															

☒ Other:

O	f	f	i	c	e	s		c	l	o	s	e	d		-	C	o	v	
---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	--

☒ 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	/		
v	i	l	l	a	g	e	/	w	a	t	e	r	-	s	e	w	e	r	/											

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			

2	0	2	2
---	---	---	---

Name of MS4/Coalition

Village of Green Island

N	Y	R	2	0	A	3	7	7
---	---	---	---	---	---	---	---	---

URL

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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 Village newsletter; continue to maintain website links to Coalition website; continue to share and participate in Coalition wide education efforts.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All goals were completed. The village newsletter is our main source of contact with the public and business owners. Everyone signed up for electric service with the Green Island Power Authority receives a newsletter. The information is also posted on the village website and the Green Island Recreation Department Facebook page when targeting a specific audience.

C. How many times was this observation measured or evaluated in this reporting period?

			2
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

We will continue to evaluate our program and implement MCM 1 goals in 2022-23.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

Minimum Control Measure 2. Public Involvement/Participation

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

<input checked="" type="radio"/> Cleanup Events	# Events	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>2</td></tr></table>					2																				
				2																							
<input checked="" type="radio"/> Comments on SWMP Received	# Comments	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table>					0																				
				0																							
<input type="radio"/> Community Hotlines	Phone #	(<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																									
Phone #	(<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>													Phone #	(<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>												
Phone #	(<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>													Phone #	(<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>												
Phone #	(<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>													Phone #	(<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>												
Phone #	(<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>													Phone #	(<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>												
Phone #	(<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>													Phone #	(<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>												
<input checked="" type="radio"/> Community Meetings	# Attendees	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td><td>2</td></tr></table>					1	2																			
				1	2																						
<input type="radio"/> Plantings	Sq. Ft.	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																									
<input type="radio"/> Storm Drain Markings	# Drains	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table>					0																				
				0																							
<input type="radio"/> Stakeholder Meetings	# Attendees	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																									
<input type="radio"/> Volunteer Monitoring	# Events	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																									
<input checked="" type="radio"/> Other:	m e e t i n g s w e r e h e l d v i r t u a l l y																										

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?

☒ Yes ☐ No

<input type="radio"/> List-Serve	# In List	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
<input type="radio"/> Newspaper Advertising	# Days Run	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
<input type="radio"/> TV/Radio Notices	# Days Run	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
<input type="radio"/> Other:	p u b l i c m e e t i n g						

☒ Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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

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	/			
v	i	l	l	a	g	e	/	w	a	t	e	r	-	s	e	w	e	r	/												

URL

URL

URL

URL

URL

URL

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N	Y	R	2	0	A	3	7	7
---	---	---	---	---	---	---	---	---

Please provide specific address(es) where notices can be accessed - not home page.

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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	2	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

4.b. For how many days was/will this report be posted?

	1	5
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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	5	/	1	7	/	2	0	2	1
---	---	---	---	---	---	---	---	---	---

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	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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 be held on Monday, May 16, 2022.

The Village hosted the 10th Annual Riverkeeper Sweep at Hudson River Park on 5/1/2021, 19 volunteers. The Coalition was a co-sponsor. The Village typically participates in the Coalition's

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.

The Riverkeeper Sweep event removed 100s of pounds of debris from the Hudson River shoreline. It was well received, and the Village will continue hosting.

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).

2-2 Public comments will be collected and added to the Coalition's report comments.

2	0	2	2
---	---	---	---

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	3	7	7
---	---	---	---	---	---	---	---	---

--	--	--

			2	1	#
--	--	--	---	---	---

	9	5	%
--	---	---	---

		4
--	--	---

☐ None

[illegible][illegible]

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N	Y	R	2	0	A	3	7	7
---	---	---	---	---	---	---	---	---

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

- | | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|
- %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Department of Public Works (DPW) will continue to document any illicit discharges.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

DPW and Code Enforcement (CE) 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 CE will continue to check and document illicit discharges.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?** ☒ Yes ☐ No
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?** ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

- 2. Does your MS4/Coalition have a SWPPP review procedure in place?** ☒ Yes ☐ No
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		2
--	--	---
- 4. 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 type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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?

		2
--	--	---

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	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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 constructions meeting forms & procedures 4-7 Village will continue to forward availability of E-SC required training to employees and local contractors/developers. All Code Enforcement/Building Department personnel are currently certified. Staff will review existing SWPPP record keeping.

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?

			4
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

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 Village's review and inspection process. We have also hired an additional 2 PT CEO's in 2018-19 and 2019-2020 to provide more inspection coverage of projects. The Village also hired a full time CEO in 8/2020.

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Village of Green Island

N	Y	R	2	0	A	3	7	7
---	---	---	---	---	---	---	---	---

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

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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?

0	0	0
---	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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.

If/when the opportunity arises the Village may consider planning concepts included in this BMP 5-5 post construction SWPPP review procedures forms, 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.

Will include in inventory records completed DC SMPS both private and public and will monitor O

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

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
--	--	--	---

(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).

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. The Village also hired a full time CEO in 8/2020.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

- 1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

Self-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,

2	0	2	2
---	---	---	---

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. 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 #

			3	5
--	--	--	---	---
- ☒ 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 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

				.	
--	--	--	--	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				2
--	--	--	--	---

4. What was the date of the last training?

0	9	/	0	1	/	2	0	2	1
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		5
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	7	5	%
--	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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 annually or as needed.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

6-4 very difficult to collect this data as the Village relies on the use of an 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.

DPW cleaned 35 MS4 catch basins throughout the Village during the reporting period

C. How many times was this observation measured or evaluated in this reporting period?

			2
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

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. Maintenance is scheduled with ACWPD.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

- ☐ On behalf of an individual MS4
☒ On behalf of a coalition

How many MS4s contributed to this report?

	1	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	-	P	o	l	l	u	t	i	o	n		P	r	e	v	e	n
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---

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 |

G	e	n	l	P	u	b	l	i	c																						
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				6
--	--	--	--	---

☒ List-Serves

In List

			3	6
--	--	--	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

			2	7
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

Locations (e.g. libraries, town offices, kiosks)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Other:

H	R	W	A		A	w	a	r	d	-	J	u	n	e	2	0	2	1	
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

w	w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Support/update Coalition website; 2. Sponsor a viewing event of archived webcasts where the stormwater topic is of interest to a target audience defined by Coalition members (ex. road salt program for highway departments; Homeowner Association maintenance of stormwater practices); 3. If requested, print/distribute existing stormwater publications (brochure racks, clean up events, etc.). NOTE: In person public education limited, due to Covid unknowns.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Coalition website updated-links from MS4s evaluated, some corrected; 2. Training event (webcast) not sponsored or organized by Coalition- info shared with members about available webcasts; 3. No brochures requested, none distributed.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition website updates, review content & correct layout, remove content (outdated); 2. Track status of draft MS4 Permit and MCM1 requirements - integrate updated MS4 Permit w/Coalition-led mapping initiatives as needed; 3. Purchase curb markers for Coalition members

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	5
---	---

 /

0	3
---	---

 /

2	0	2	2
---	---	---	---

4.b. For how many days was/will this report be posted?

	1	5
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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.

Name of "MS4": NA Stormwater Coalition

"MS4" SPDES ID No. NONE - Stormwater Coalition

**SPDES General Permit for Stormwater Discharges from
Municipal Separated Storm Sewer Systems (MS4s)
Permit No. GP-0-15-003
JOINT ANNUAL REPORT**

**Reporting Period
March 10, 2021 to March 9, 2022**

**Minimum Control Measure 2
Public Involvement/Participation**

Public Comment Information

From Annual Report Form MCM 2 Page 5 of 6

Question 6. Were comments received during this reporting period? Yes/No

If yes, attach comments, responses and changes made to SWMP in response to comments to this report.

.....
List of Attachments:

NONE

Comments (if no Attachments):

On May 11, 2022 the citizen's group Save Colonie submitted comments by email via the Stormwater Coalition Public Comment portal. Their comments pertained to the DRAFT Joint Stormwater Coalition Annual Report posted on the Coalition website May 3, 2022, in particular the Colonie 2022 Stormwater Report. These Save Colonie comments were forwarded to the Town of Colonie, Stormwater Program Coordinator. Related documentation provided by the Town is included in the FINAL Town of Colonie 2022 Annual Report (MS4 Permit No. NYR20A190).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Organize or support one public participation activity, possibly Coalition-wide WAVE Volunteer stream monitoring event (July 1 to Sept 30) or other activity; 2. Prep and post Joint SWMP Plan (Annual Evaluation April, 2021)

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Researched multiple WAVE sites; conducted 1 WAVE monitor'g event (9/24/2021) on Normanskill trib in City/Albany (Outdoor Afro supported volunteer recruitment, 7 volunteers); 2. Joint SWMP Plan update (Annual Evaluation April, 2021) completed and posted on Coalition website; 3. Co-sponsored w/Coalition member community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/1/2021, 19 volunteers).

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).

2022/2023 Coalition Goals: 1. Prep and post Joint SWMP Annual Evaluation (April, 2022); 2. Director queries Coalition members regarding Coalition-wide WAVE volunteer stream monitoring events (July 1 to Sept 30), organizes one or more if interest; 2. Director queries Coalition members about Coalition sponsorship or coordination of one public participation event (not WAVE). If interest, provide Coalition staff support and coordinate Coalition-wide support.

L

2 0 2 2

Stormwater Coalition of Albany County

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

	1	2
--	---	---

--	--	--	--	--

#

			%
--	--	--	---

--	--	--

[illegible][illegible]

L

2	0	2	2
---	---	---	---



Stormwater Coalition of Albany County

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

--	--	--

--	--	--

--	--	--

☐ Yes ☐ No

			%
--	--	--	---

☒ Yes ☐ No

☒ 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,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Orient/train as needed GIS Coordinator in Coalition map'g effort to date (storm system map'g, outfalls, ArcGIS Online inspection forms, data storage and mgmt, SwIM mapper); 2. Identify map'g/inspection form needs, prioritize tasks w/Coalition members; 3. Implement priority items (storm system map'g updates; manage ArcGIS Online acct transfer/groups; other); 4. Review status of SwIM, develop plan w/VHB; 5. Set up ORI kits storage-175Grn; labwk \$

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. GIS Coordinator oriented/trained; 2. Inspection forms evaluated by Coalition staff, process not coordinated w/ all members, small edits to forms used by Coalition SW Prog Tech; 3. Some storm system mapping updates completed; AGOL accounts analyzed, purchased as needed; 4. VHB contract extended, but services not used; 5. ORI kits reorg and stocked, lab contract w/ADK Environmental set up

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).

2022/2023 Coalition Goals: 1. Updated IMA-MOU adopted by Board clarifies GIS Services provided by Coalition for members; dues structure clarified. Members track progress of updated MS4 Pmt release/related map'g/inspection requirements. Depend'g on member commitments/needs, Coalition staff provide MS4 Pmt GIS/map'g support. 2. Coalition SwIM mapper decommissioned. 3. GIS Coor launches stormwater AGOLwebapps for interested mbrs. 4. Manage ORI kits-\$ water tests

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goal: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Coalition Director consults with ACSWCD about future of 4 hr E/SC training given videoconference E/SC offerings by SWCD state-wide. If relevant and possible, one training co-sponsored with ACSWCD (not a videoconference).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			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).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

--	--	--	--	--
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles

--	--	--	--	--
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied (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?

				9
--	--	--	--	---

4. What was the date of the last training?

0	3	/	0	9	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	7
--	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

			%
--	--	--	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition Director and Working Group representatives identify Coalition-wide training needs. Director organizes with Working Group support minimally one Coalition-wide training activity; 2. Coalition Director identifies training (staff development) opportunities for members & Coalition staff, allocates training dollars for interested Coalition members, purchases training seats, as needed and funds are available

MCC form for period ending March 9,	2	0	2	2
-------------------------------------	---	---	---	---

Name of MS4

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- 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:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 2

Name of MS4 Town of Guilderland

SPDES ID

N Y R 2 0 A 2 1 1

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☒ Principal Executive Officer/Chief Elected Official
- ☐ Duly Authorized Representative
- ☐ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

First Name

P e t e r

MI

Last Name

B a r b e r

Title

T o w n S u p e r v i s o r

Address

5 2 0 9 W e s t e r n T u r n p i k e

City

G u i l d e r l a n d

State

N Y

Zip

1 2 0 8 4 -

eMail

b a r b e r p @ t o g n y . o r g

Phone

(5 1 8) 3 5 6 - 1 9 8 0

County

A l b a n y

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	2	2
---	---	---	---

Name of MS4

T	O	W	N	O	F	G	U	I	L	D	E	R	L	A	N	D
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for **each** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☐ Principal Executive Officer/Chief Elected Official
- ☒ Duly Authorized Representative
- ☒ Local Stormwater Public Contact
- ☒ Stormwater Management Program (SWMP) Coordinator
- ☒ Report Preparer

First Name

K	E	N	N	E	T	H										
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

MI

A

Last Name

D	A	R	P	I	N	O										
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Title

S	T	O	R	M	W	A	T	E	R		M	A	N	A	G	E	M	E	N	T		O	F	F	I	C	A	L				
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--

Address

5	2	0	9		W	E	S	T	E	R	N		T	U	R	N	P	I	K	E												
---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

City

G	U	I	L	D	E	R	L	A	N	D										
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	2	0	8	4	-				
---	---	---	---	---	---	--	--	--	--

eMail

D	A	R	P	I	N	I	O	K	@	T	O	G	N	Y	.	O	R	G													
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

(5	1	8)	3	5	6	-	1	9	8	0
---	---	---	---	---	---	---	---	---	---	---	---	---

County

A	L	B	A	N	Y											
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

MCC form for period ending March 9,

2	0	2	2
---	---	---	---

Town of Guilderland

SPDES ID

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

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

[illegible]

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

[illegible]

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

$$(\begin{array}{|c|c|c|} \hline 5 & 1 & 8 \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline 4 & 4 & 7 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 5 & 6 & 4 & 5 \\ \hline \end{array}$$

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	C o a l i t i o n W e b s i t e - P o s t i n g s
-------	---

● MM2	S	W	M	P	E	v	a	l	A	R	R	e	p	o	r	t	-	W	A	V	E	-	C	l	e	a	n	U	p	
-------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

● MM3 O R I K i t C l e a n U p - S 1 2 3 O R I - A G O L M g m t

● MM4 Titton4HrESC-S123InspAGOLMgmt

● MM5 S w I M M a p p e r O v e r h a u l - P r o g r a m L y r s

● MM6	M	u	n	i	F	a	c	-	S	1	2	3	U	p	d	a	t	e	-	A	G	O	L	M	g	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	1	9
---	---	---	---

Name of MS4

T	O	W	N	O	F	G	U	I	L	D	E	R	L	A	N	D
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name

P	E	T	E	R												
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

MI

G

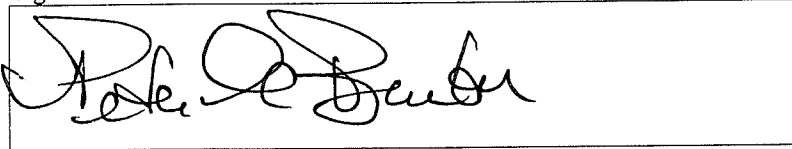
Last Name

B	A	R	B	E	R											
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

Title (Clearly print title of individual signing report)

S	U	P	E	R	V	I	S	O	R		T	O	W	N		O	F		G	U	I	L	D	E	R	L	A	N	D			
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	--	--

Signature



Date

0	5
---	---

 /

1	8
---	---

 /

2	0	2	2
---	---	---	---

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

2	0	2	2
---	---	---	---

SPDES ID _____

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

L

		1
--	--	---

☐ Yes ☒ No

[illegible][illegible][illegible][illegible]

2	0	2	2
---	---	---	---

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

		1
--	--	---

[illegible][illegible]

L

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	O	W	N	O	F	G	U	I	L	D	E	R	L	A	N	D
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				1
--	--	--	--	---

☒ List-Serves

In List

		1	1	0
--	--	---	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☐ School Program

Attendees

--	--	--	--	--

☒ TV Spot/Program

Days Run

			2	5
--	--	--	---	---

☒ Printed Materials:

Total # Distributed

			6	0
--	--	--	---	---

Locations (e.g. libraries, town offices, kiosks)

H	A	N	D	E	D		O	U	T		F	L	I	E	R	S			
K	I	O	S	K			F	L	I	E	R	S		B	U	S	Y		
S	T	O	R	M			D	R	A	I	N	S		M	A	R	K		

☐ Other:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

W	W	W	.		T	O	W	N		O	F		G	U	I	L	D	E	R	L	A	N	D	.	O	R	G			
S	T	O	R	M	W	A	T	E	R																					

URL

W	W	W	.	S	T	O	R	M	W	A	T	E	R	A	L	B	A	N	Y	C	O	U	N	T	Y	.	O	R	G		

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

URL

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

MAINTAIN TOWN WEB SITE WITH UPDATES AND LINK TO COALITION WEB SITE.
STORM DRAIN MARKING IN SELECTIVE AREAS. KIOSH SIGHT UPDATED WITH
MATERIAL AS TOWN HALL RE-OPENS.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. TOWN WEB SITE WAS MAINTAIN
2. KIOSK ACTIVITIE WAS MONITORED AND KIOSK KEPT FULL.
- 3.PUT DOWN MARKERS BY CATCH BASINS (WELL REVIEWED)
4. FLIERS HANDED OUT IN VARIOUS PUBLIC LOCATIONS.

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).

DOING A GOOD JOB OVERALL IN MCM 1. STORMWATER PROGRAM IS VISABLE AND MUCH MORE KNOWN BY CITIZENS. LINES OF COMMUNICATION OPEN TO ALL HAS HELPED WITH THIS. WEB SITE UPDATED ON LINE.KIOSH IN VISABLE LOCATION AT TOWN HALL. MARKERS BY CATCH BASINS (HAD CALLS FROM RESIDENTS LIKING IDEA)

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	O	W	N	O	F	G	U	I	L	D	E	R	L	A	N	D
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

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="radio"/> Cleanup Events	# Events	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td>2</td></tr></table>					2					
				2								
<input checked="" type="radio"/> Comments on SWMP Received	# Comments	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0					
				0								
<input checked="" type="radio"/> Community Hotlines	Phone #	(<table border="1" style="display: inline-table;"><tr><td>5</td><td>1</td><td>8</td></tr></table>) <table border="1" style="display: inline-table;"><tr><td>4</td><td>4</td><td>7</td></tr></table> - <table border="1" style="display: inline-table;"><tr><td>5</td><td>6</td><td>4</td><td>5</td></tr></table>	5	1	8	4	4	7	5	6	4	5
5	1	8										
4	4	7										
5	6	4	5									
	Phone #	(<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>) <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table> - <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>										
	Phone #	(<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>) <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table> - <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>										
	Phone #	(<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>) <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table> - <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>										
	Phone #	(<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>) <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table> - <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>										
	Phone #	(<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>) <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table> - <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>										
<input type="radio"/> Community Meetings	# Attendees	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>										
<input type="radio"/> Plantings	Sq. Ft.	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>										
<input checked="" type="radio"/> Storm Drain Markings	# Drains	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td>5</td><td>0</td></tr></table>				5	0					
			5	0								
<input type="radio"/> Stakeholder Meetings	# Attendees	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>										
<input type="radio"/> Volunteer Monitoring	# Events	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>										
<input checked="" type="radio"/> Other:	P U B L I C C O M M E N T S O N P E R M I T <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>											

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?

☒ Yes ☐ No

<input checked="" type="radio"/> List-Serve	# In List	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td>2</td><td>2</td></tr></table>			2	2	
		2	2				
<input type="radio"/> Newspaper Advertising	# Days Run	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td></tr></table>					
<input type="radio"/> TV/Radio Notices	# Days Run	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td></tr></table>					
<input checked="" type="radio"/> Other:	T O W N O F G U I L D E R L A N D W E B S I T E <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						

☒ Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

H	T	T	P	:	/	/	W	W	W	.	T	O	W	N	O	F	G	U	I	L	D	E	R	L	A	N	D	.				
O	R	G	/	P	A	G	E	S	/	G	U	I	L	D	E	R	L	A	N	D	-	S	T	O	R	M	W	A	T	E	R	
/	I	N	D	E	X																											

URL

W	W	W	.	S	T	O	R	M	W	A	T	E	R	A	L	B	A	N	Y	.	C	O	U	N	T	Y	.	O	R	G		

URL

URL

URL

URL

URL

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	O	W	N		O	F		G	U	I	L	D	E	R	L	A	N	D
---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

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

T	O	W	N		O	F		G	U	I	L	D	E	R	L	A	N	D		S	T	O	R	M	W	A	T	E	R
---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---

Address

5	2	0	9		W	E	S	T	E	R	N		T	U	R	N	P	I	K	E									
---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

City

G	U	I	L	D	E	R	L	A	N	D							
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

N	Y
---	---

Zip

1	2	0	8	4	-				
---	---	---	---	---	---	--	--	--	--

Phone

(5	1	8)	3	5	6	-	1	9	8	0
---	---	---	---	---	---	---	---	---	---	---	---	---

☐ 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

W	W	W	.	T	O	W	N	O	F	G	U	I	L	D	E	R	L	A	N	D	.	O	R	G					
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--

S	T	O	R	M	W	A	T	E	R																				
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please provide specific address of page where report can be accessed - not home page.

☒ eMail

☐ Comments

D	A	R	P	I	N	O	K	@	T	O	G	N	Y	.	O	R	G												
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

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	6	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

4.b. For how many days was/will this report be posted?

	1	4
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

		/			/				
--	--	---	--	--	---	--	--	--	--

If No, is one planned?

☐ Yes ☒ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

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 UPDATED INFORMATION ON WEB SITE AND FLOW CHART. ALSO HAVE MAINTAIN A LIST OF COMPLAINTS AND RESPONSES.ALONG WITH LISTING ACTIVITIES COMPLETED 3/10/2021THROUGH 3/9/2022.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

PUBLIC HAS KNOWLEDGE TO CALL STORM WATER OFFICER ABOUT ISSUES AND HOW THEY CAN BE MORE PROACTIVE. CITIZENS IN TOWN ARE AWARE OF STORMWATER PROGRAM AS CALLS HAVE INCREASED EACH YEAR. WE HAVE PUT IN A SWMP PLAN FOR THE YEAR AHEAD TO BE FOLLOWED.

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 WILL PUT TOGETHER A SWMP PLAN FOR UPCOMING YEAR. WE WILL ALSO WORK WITH COALITION ON GOALS TO BE MET.

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

TOWN OF GUILDERLAND

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

		1
--	--	---

		3	1	7	#			1	0	0	%
--	--	---	---	---	---	--	--	---	---	---	---

	6	0
--	---	---

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- | | |
|--|--|
| <input type="radio"/> Auto Recyclers | <input checked="" 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 checked="" type="radio"/> Commercial Carwashes | <input type="radio"/> Outdoor Fluid Storage |
| <input checked="" type="radio"/> Commercial Laundry/Dry Cleaners | <input checked="" type="radio"/> Parking Lot Maintenance |
| <input checked="" type="radio"/> Construction Vehicle Washouts | <input type="radio"/> Printing |
| <input type="radio"/> Cross-Connections | <input checked="" 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 checked="" 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 type="radio"/> Other: | <input type="radio"/> None |

[illegible]

- Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,	0	2	2
---	---	---	---

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

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

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?

		1
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		1
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		1
--	--	---

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	%
---	---	---	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

h	t	t	p	s	:	/	/	t	o	g	n	y	.	m	a	p	s	.	a	r	c	g	i	s	.	c	o	m	/	a	p
p	s	/	m	a	p	v	i	e	w	e	r	/	i	n	d	e	x	.	h	t	m	l	?	w	e	b	m	a	p	=	c
2	e	4	7	e	8	9	6	1	5	c	4	4	8	d	8	a	8	7	d	4	8	2	4	d	b	6	3	4	8	0	

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?

	3	0
--	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward 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 BEEN DOUBLE CHECKING ITS OUTFALLS AND HAS BEEN RE-MAPPING. WHEN OUT, THIS GIVES TOWN ACCURATE WAY TO CHECK ON PROBLEM AREAS OF CONCERN.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

WE ARE TRYING TO UPDATE A ACCURATE NUMBER OF OUTFALLS FOR THE FIRST TIME IN A WHILE. BECAUSE THE DEFINATION OF WHAT IS A OUTFALL IS HAS CHANGE AND MAPPING EVERYTHING THIS PAST YEAR. WE WILL WORK NOW TO GET MORE ACCURATE OUTFALL INFORMATION.

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 WAS A COMPLEX AND TIME CONSUMING JOB DONE BY THE COALITION GRANT ALONG WITH SOME HIGHWAY HELP AND OUT TOWN GIS DEPARTMENT. NOW WE CAN START TO CONCENTRATE ON OUR OUTFALL INSPECTIONS AND POST PRACTICES.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

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?**

		7
--	--	---
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?** ☒ Yes ☐ No ☐ NT
- If Yes, how many public comments were received during this reporting period?

		0
--	--	---
- 5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?** ☐ Yes ☒ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

<input checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>4</td></tr></table>					4	<input type="radio"/> No Authority
				4				
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

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?

		7
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

	2	3
--	---	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?

☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?

☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?

☒ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9,**

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	O	W	N		O	F		G	U	I	L	D	E	R	L	A	N	D		T	O	W	N		H	A	L	L		
---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	--	--

SPDES ID

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

T	O	W	N		O	F		G	U	I	L	D	E	R	L	A	N	D		T	O	W	N		H	A	L	L		
---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	--	--

Address

5	2	0	9		W	E	S	T	E	R	N		T	U	R	N	P	I	K	E										
---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

City

G	U	I	L	D	E	R	L	A	N	D																				
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

N	Y
---	---

Zip

1	2	0	8	4	-																								
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

(5	1	8)	3	5	6	-	1	9	8	0
---	---	---	---	---	---	---	---	---	---	---	---	---

○ Library

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Zip

					-																								
--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

()				-																						
---	--	--	--	---	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

● Other

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	
---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--

City

A	L	B	A	N	Y																									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

N	Y
---	---

Zip

1	2	0	2	2	-																								
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

(5	1	8)	4	4	7	-	5	6	4	5
---	---	---	---	---	---	---	---	---	---	---	---	---

● Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

W	W	W	.		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	M																					
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

ALL THE TOWN CONSTRUCTION SITES ARE MONITOR AND RECORDS KEPT ON FILE. THEY ARE THERE TO REVIEW IF NEEDED. WE WILL BE TRANSFERING INFORMATION ONTO LAPTOP FOR MORE ACCURATED MONITORING.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

WE HAVE WRITTEN PROCEDURES IN PLACE TO MONITOR ALL CONSTRUCTION SITES. OFTEN TOWN REVIEWS DEC ACTIVE CONSTRUCTION SITES TO MAKE SURE ALL ARE ON FILE. STORM WATER OFFICER CHECKS SITES REGULARY FOR COMPLIANCE. ALONG WITH NEW LAPTOP FOR FASTER MORE ACCURATE MONITORING.

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 AND RULES ARE FOLLOWED TO DEC BLUE BOOK . MAKE SURE CONTRACTORS FOLLOW RULES OF THE BLUE BOOK. NOTIFICATIONS TO CONTRACTORS IMMEDIATLY IF ANY VIOLATION IS OCCURING. THIS HAS ALWAYS BEEN OUR GOAL.

2	0	2	2
---	---	---	---

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

How many MS4s contributed to this report?	1
---	---

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
--	--	---

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

	6	0
--	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

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 IS CONSTANTLY PUSHING GREEN INFRASTRUCTURE THROUGH IT'S PLANNING BOARD. ALL NEW SITES ARE LOOK AT TO SEE WHAT THEY PROVIDE IN GREEN INFRASTRUCTURE.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

WE ARE DOING A BETTER JOB OVER ALL, BUT THERE IS ALWAYS MORE TO ADCHIEVE. TOWN IS ON THE RIGHT TRACK , BUT TIME AND STAFFING ARE ALWAYS A FACTOR.WE DO THE BEST JOB WE CAN ON THIS ISSUE.

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 PLANNING BOARD WILL CONSTANTLY PUSHING FOR GREEN INFRASTRUCTURE.WE WILL LOOK AT ALL NEW PROJECTS TO SEE WHAT CAN BE DONE BY ADDING GREEN INFRASTRUCTURE.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

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</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 checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other.....	<input type="radio"/> Yes	<input 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	2
---	---	---	---

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

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- ☒ Parking Lots Swept (Number of acres X Number of times swept) # Acres

				2
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

		2	1	0
--	--	---	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

		1	2	3
--	--	---	---	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			1	5
--	--	--	---	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- ☒ Nitrogen Applied In Chemical Fertilizer # Lbs.

	2	5	0	0
--	---	---	---	---
- ☒ Pesticide/Herbicide Applied # Acres

		1	4	.	
--	--	---	---	---	--

 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				1
--	--	--	--	---

4. What was the date of the last training?

0	4
---	---

 /

2	0
---	---

 /

2	0	2	1
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	1	4
--	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	4	0
--	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

TOWN SWEEPS ROADS EVERY SPRING AND COMPLETED ABOUT 3/4 OF ENTIRE TOWN. WE HAVE ALSO CLEAN OUT 15 PONDS AND HAVE MAPPED ALL OUR PONDS THIS YEAR.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

TOWN YEARLY CLEANS RETENTION PONDS, SWEEPS ROADS AND CLEANS OUT DITCHES AND CATCH BASINS. WE CLEAN OUT AS MANY BASINS AS WE CAN WITH THE EQUIPMENT WE HAVE. THE HIGHWAY ALSO SUPPORTS ROAD PICK UP DAYS THROUGH OUT THE 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 HAS COMPLETED ALL FACILITY AUDITS IN 3 YEAR PERIOD. OUR INVOLVEMENT TO THE MEASUREABLE GOAL IS VERY GOOD AND WILL CONTINUE TO BE IN THE FUTURE, AS A SCHEDULE IS IN PLACE FOR YEARLY ACTIVITY. WE ALSO HAVE A NEW LAPTOP FOR RECORD KEEPING THAT WILL HELP MONITORING ALL INSPECTIONS.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

- ☐ On behalf of an individual MS4
☒ On behalf of a coalition

How many MS4s contributed to this report?

	1	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"/> General Stormwater Management Information
<input checked="" type="radio"/> Household Hazardous Waste Disposal
<input checked="" type="radio"/> Illicit Discharge Detection and Elimination
<input checked="" type="radio"/> Infrastructure Maintenance
<input type="radio"/> Smart Growth
<input type="radio"/> Storm Drain Marking
<input type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development | <input checked="" type="radio"/> Pesticide and Fertilizer Application
<input checked="" type="radio"/> Pet Waste Management
<input checked="" type="radio"/> Recycling
<input type="radio"/> Riparian Corridor Protection/Restoration
<input checked="" type="radio"/> Trash Management
<input checked="" type="radio"/> Vehicle Washing
<input type="radio"/> Water Conservation
<input type="radio"/> Wetland Protection |
|--|---|
- ☒ Other: ☐ None

C	o	a	l	i	t	i	o	n	W	e	b	s	i	t	e	-	P	o	l	l	u	t	i	o	n		P	r	e	v	e	n
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---

Other

2. Specific audiences targeted during this reporting period:

- | | |
|--|--|
| <input checked="" type="radio"/> Public Employees
<input type="radio"/> Residential
<input type="radio"/> Businesses
<input type="radio"/> Restaurants
<input checked="" type="radio"/> Other: | <input type="radio"/> Contractors
<input type="radio"/> Developers
<input checked="" type="radio"/> General Public
<input type="radio"/> Industries
<input type="radio"/> Agricultural |
|--|--|

G	e	n	l	P	u	b	l	i	c																						
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				6
--	--	--	--	---

☒ List-Serves

In List

			3	6
--	--	--	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

			2	7
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

Locations (e.g. libraries, town offices, kiosks)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Other:

H	R	W	A		A	w	a	r	d	-	J	u	n	e	2	0	2	1	
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

w	w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Support/update Coalition website; 2. Sponsor a viewing event of archived webcasts where the stormwater topic is of interest to a target audience defined by Coalition members (ex. road salt program for highway departments; Homeowner Association maintenance of stormwater practices); 3. If requested, print/distribute existing stormwater publications (brochure racks, clean up events, etc.). NOTE: In person public education limited, due to Covid unknowns.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Coalition website updated-links from MS4s evaluated, some corrected; 2. Training event (webcast) not sponsored or organized by Coalition- info shared with members about available webcasts; 3. No brochures requested, none distributed.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition website updates, review content & correct layout, remove content (outdated); 2. Track status of draft MS4 Permit and MCM1 requirements - integrate updated MS4 Permit w/Coalition-led mapping initiatives as needed; 3. Purchase curb markers for Coalition members

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 | 0 | 2 | 2

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																															
	S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n	-	A	l	b	a	n	y	C	n	t	y

Address																														
1	7	5		G	r	e	e	n		S	t	r	e	e	t	-	C	n	t	y	H	e	a	l	t	h	B	l	d	g

City										Zip											
A	l	b	a	n	y					N	Y	1	2	2	0	2	-				

Phone (5 1 8) 4 4 7 - 5 6 4 5

☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address										<input type="radio"/> Annual Report	<input type="radio"/> SWM Plan	<input type="radio"/> Comments

City Zip

Phone (0) 0 -

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address	

City										Zip									
										0					-				

Phone (0) 0 -

☐ Web Page URL:
 ☐ Annual Report
 ☐ SWMP Plan
 ☐ Comments

[illegible]

(J	o	i	n	t		S	W	M	P		A	n	n	u	a	l		E	v	a	l	u	a	t	i	o	n)
---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---

Please provide specific address of page where report can be accessed - not home page.

● eMail ● Comments

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	5
---	---

 /

0	3
---	---

 /

2	0	2	2
---	---	---	---

4.b. For how many days was/will this report be posted?

	1	5
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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.

Name of "MS4": NA Stormwater Coalition

"MS4" SPDES ID No. NONE - Stormwater Coalition

**SPDES General Permit for Stormwater Discharges from
Municipal Separated Storm Sewer Systems (MS4s)
Permit No. GP-0-15-003
JOINT ANNUAL REPORT**

**Reporting Period
March 10, 2021 to March 9, 2022**

**Minimum Control Measure 2
Public Involvement/Participation**

Public Comment Information

From Annual Report Form MCM 2 Page 5 of 6

Question 6. Were comments received during this reporting period? Yes/No

If yes, attach comments, responses and changes made to SWMP in response to comments to this report.

.....
List of Attachments:

NONE

Comments (if no Attachments):

~~On May 11, 2022 the citizen's group Save Colonie submitted comments by email via the Stormwater Coalition Public Comment portal. Their comments pertained to the DRAFT Joint Stormwater Coalition Annual Report posted on the Coalition website May 3, 2022, in particular the Colonie 2022 Stormwater Report. These Save Colonie comments were forwarded to the Town of Colonie, Stormwater Program Coordinator. Related documentation provided by the Town is included in the FINAL Town of Colonie 2022 Annual Report (MS4 Permit No. NYR20A190).~~

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Organize or support one public participation activity, possibly Coalition-wide WAVE Volunteer stream monitoring event (July 1 to Sept 30) or other activity; 2. Prep and post Joint SWMP Plan (Annual Evaluation April, 2021)

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Researched multiple WAVE sites; conducted 1 WAVE monitor'g event (9/24/2021) on Normanskill trib in City/Albany (Outdoor Afro supported volunteer recruitment, 7 volunteers); 2. Joint SWMP Plan update (Annual Evaluation April, 2021) completed and posted on Coalition website; 3. Co-sponsored w/Coalition member community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/1/2021, 19 volunteers).

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).

2022/2023 Coalition Goals: 1. Prep and post Joint SWMP Annual Evaluation (April, 2022); 2. Director queries Coalition members regarding Coalition-wide WAVE volunteer stream monitoring events (July 1 to Sept 30), organizes one or more if interest; 2. Director queries Coalition members about Coalition sponsorship or coordination of one public participation event (not WAVE). If interest, provide Coalition staff support and coordinate Coalition-wide support.

L

2	0	2	2
---	---	---	---



Stormwater Coalition of Albany County

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

	1	2
--	---	---

--	--	--	--	--

#

			%
--	--	--	---

--	--	--

[illegible][illegible]

L

2	0	2	2
---	---	---	---



Stormwater Coalition of Albany County

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

--	--	--

--	--	--

--	--	--

☐ Yes ☐ No

			%
--	--	--	---

☒ Yes ☐ No

☒ 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,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Orient/train as needed GIS Coordinator in Coalition map'g effort to date (storm system map'g, outfalls, ArcGIS Online inspection forms, data storage and mgmt, SwIM mapper); 2. Identify map'g/inspection form needs, prioritize tasks w/Coalition members; 3. Implement priority items (storm system map'g updates; manage ArcGIS Online acct transfer/groups; other); 4. Review status of SwIM, develop plan w/VHB; 5. Set up ORI kits storage-175Grn; labwk \$

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. GIS Coordinator oriented/trained; 2. Inspection forms evaluated by Coalition staff, process not coordinated w/ all members, small edits to forms used by Coalition SW Prog Tech; 3. Some storm system mapping updates completed; AGOL accounts analyzed, purchased as needed; 4. VHB contract extended, but services not used; 5. ORI kits reorg and stocked, lab contract w/ADK Environmental set up

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).

2022/2023 Coalition Goals: 1. Updated IMA-MOU adopted by Board clarifies GIS Services provided by Coalition for members; dues structure clarified. Members track progress of updated MS4 Pmt release/related map'g/inspection requirements. Depend'g on member commitments/needs, Coalition staff provide MS4 Pmt GIS/map'g support. 2. Coalition SwIM mapper decommissioned. 3. GIS Coor launches stormwater AGOLwebapps for interested mbrs. 4. Manage ORI kits-\$ water tests

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goal: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

--

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Coalition Director consults with ACSWCD about future of 4 hr E/SC training given videoconference E/SC offerings by SWCD state-wide. If relevant and possible, one training co-sponsored with ACSWCD (not a videoconference).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			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).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

--	--	--	--	--
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles

--	--	--	--	--
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied (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?

				9
--	--	--	--	---

4. What was the date of the last training?

0	3	/	0	9	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	7
--	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

			%
--	--	--	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition Director and Working Group representatives identify Coalition-wide training needs. Director organizes with Working Group support minimally one Coalition-wide training activity; 2. Coalition Director identifies training (staff development) opportunities for members & Coalition staff, allocates training dollars for interested Coalition members, purchases training seats, as needed and funds are available

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	2
---	---	---	---

Name of MS4

Village of Menands

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ☐ An Annual Report for a single MS4
- ☐ A Single Entity (Per Part II.E of GP-0-10-002)
- ☒ A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f		A	l	b	a	n	y
C	o	u	n	t	y																								

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	2	2
---	---	---	---

Name of MS4

V	i	l	l	a	g	e	o	f	M	e	n	a	n	d	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for **each** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☐ Principal Executive Officer/Chief Elected Official
- ☐ Duly Authorized Representative
- ☒ Local Stormwater Public Contact
- ☒ Stormwater Management Program (SWMP) Coordinator
- ☒ Report Preparer

First Name

P	a	u	l												
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

MI

C

Last Name

R	e	u	s	s											
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

Title

E	x	e	c	u	t	i	v	e		A	s	s	i	s	t	a	n	t		t	o		t	h	e		M	a	y	o	r
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	---	--	---	---	---	--	---	---	---	---	---

Address

2	8	0		B	r	o	a	d	w	a	y																				
---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

M	e	n	a	n	d	s												
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	2	2	0	4	-				
---	---	---	---	---	---	--	--	--	--

eMail

v	i	l	l	a	g	e	o	f	m	e	n	a	n	d	s	p	a	u	l	@	h	o	t	m	a	i	l	.	c	o	m
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Phone

(5	1	8)	4	3	4	-	2	9	2	2
---	---	---	---	---	---	---	---	---	---	---	---	---

County

A	l	b	a	n	y										
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

MCC form for period ending March 9,

2	0	2	2
---	---	---	---

Village of Menands

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

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

[illegible]

Partner/Coalition Name (con't.)

A	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

[illegible]

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

$$(\begin{array}{|c|c|c|} \hline 5 & 1 & 8 \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline 4 & 4 & 7 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 5 & 6 & 4 & 5 \\ \hline \end{array}$$

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	C o a l i t i o n W e b s i t e - P o s t i n g s				
-------	---	--	--	--	--

● MM2	S	W	M	P	E	v	a	l	A	R	R	e	p	o	r	t	-	W	A	V	E	-	C	l	e	a	n	U	p	
-------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

● MM3 O R I K i t C l e a n U p - S 1 2 3 O R I - A G O L M g m t

● MM4 Titton4HrESC-S123InspAGOLMgmt

● MM5 S w I M M a p p e r O v e r h a u l - P r o g r a m L y r s

● MM6	M	u	n	i	F	a	c	-	S	1	2	3	U	p	d	a	t	e	-	A	G	O	L	M	g	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	2
---	---	---	---

Name of MS4

Village of Menands

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name

M	e	g	a	n															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

--

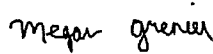
Last Name

G	r	e	n	i	e	r													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Title (Clearly print title of individual signing report)

M	a	y	o	r															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature



Date

0	5	/	2	6	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance
 Division of Water
 4th Floor
 625 Broadway
 Albany, New York 12233-3505

2	0	2	2
---	---	---	---

SPDES ID _____

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

L

		1
--	--	---

☐ Yes ☒ No

[illegible][illegible][illegible][illegible]

2	0	2	2
---	---	---	---

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

		1
--	--	---

[illegible][illegible]

MCM 1 Page 1 of 4

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9,**

2	0	2	2
---	---	---	---

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 Menands

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				2
--	--	--	--	---

☐ List-Serves

In List

--	--	--	--	--

☒ Mailing List

In List

	1	4	0	0
--	---	---	---	---

☐ 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)

2	5	0		B	r	o	a	d	w	a	y	-	P	u	b	l	i	c	
---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

S	a	f	e	t	y														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2	8	0		B	r	o	a	d	w	a	y	-	V	i	l	l	a	g	e	
---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

H	a	l	l																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Other:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

h	t	t	p	:	/	/	v	i	l	l	a	g	e	o	f	m	e	n	a	n	d	s	.	c	o	m	/	d	e	p	a
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

r	m	e	n	t	s	/	s	t	o	r	m	w	a	t	e	r															
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

h	t	t	p	:	/	/	v	i	l	l	a	g	e	o	f	m	e	n	a	n	d	s	.	c	o	m	/				
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

m	e	n	a	n	d	s	a	c	t	i	v	i	t	i	e	s															
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2	0	2	2
---	---	---	---

Name of MS4/Coalition

Village of Menands

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

URL

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Menands

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. Continue to maintain brochure racks at 250 and 280 Broadway; 2. Include 3 mentions of stormwater program activities in the Menands Activities newsletter (hard copy). Topics: residential lawn care; promote Hudson River clean up - May 1, 2021; water quality message in Household Haz Waste Collection Days; general stormwater info

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. Brochure racks continue to be utilize (pet waste and lawn care brochures).
2. One mention of Stormwater topics in Menands Activities (hard copy distribution to 1400 addresses) promoting Riverkeeper Cleanup in Green Island ((river access).

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Continue to maintain brochure racks at 250 and 280 Broadway; 2. Include 3 mentions of stormwater program activities in the Menands Activities newsletter (hard copy). Topics: water quality message in Household Haz Waste Collection Days; general stormwater information, litter along Broadway Corridor.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Menands

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

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:

☐ Cleanup Events

Events

--	--	--	--	--

☐ Comments on SWMP Received

Comments

--	--	--	--	--

☐ Community Hotlines

Phone #

(

--	--	--

)

--	--	--

 -

--	--	--	--

Phone # (

--	--	--

)

--	--	--

 -

--	--	--	--

Phone # (

--	--	--

)

--	--	--

 -

--	--	--	--

Phone # (

--	--	--

)

--	--	--

 -

--	--	--	--

Phone # (

--	--	--

)

--	--	--

 -

--	--	--	--

Phone # (

--	--	--

)

--	--	--

 -

--	--	--	--

Phone # (

--	--	--

)

--	--	--

 -

--	--	--	--

Phone # (

--	--	--

)

--	--	--

 -

--	--	--	--

Phone # (

--	--	--

)

--	--	--

 -

--	--	--	--

Phone # (

--	--	--

)

--	--	--

 -

--	--	--	--

Phone # (

--	--	--

)

--	--	--

 -

--	--	--	--

☒ Community Meetings

Attendees

				8
--	--	--	--	---

☐ Plantings

Sq. Ft.

--	--	--	--	--

☐ Storm Drain Markings

Drains

--	--	--	--	--

☐ Stakeholder Meetings

Attendees

--	--	--	--	--

☐ Volunteer Monitoring

Events

--	--	--	--	--

☒ Other:

V	i	l	l	a	g	e	P	r	e	s	e	n	t	a	t	i	o	n	-	A	n	n	u	R	e	p	o	r	t
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?

☒ Yes ☐ No

☐ List-Serve

In List

--	--	--	--	--

☐ Newspaper Advertising

Days Run

--	--	--	--	--

☐ TV/Radio Notices

Days Run

--	--	--	--	--

☒ Other:

M	e	n	a	n	d	s	A	c	t	i	v	i	t	i	e	s	F	i	n	a	l	A	R
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☐ Web Page URL: Enter URL(s) on the following two pages.

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

Please provide specific address(es) where notice(s) can be accessed - not home page.

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

Please provide specific address(es) where notices can be accessed - not home page.

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Menands																			
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	6
---	---

 /

0	6
---	---

 /

2	0	2	2
---	---	---	---

4.b. For how many days was/will this report be posted?

		0
--	--	---

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	9
---	---

 /

2	0
---	---

 /

2	0	2	1
---	---	---	---

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	2
---	---	---	---

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 Menands

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue to participate in Coalition led public participation activities (WAVE stream monitoring, if organized and 1 other non-WAVE public participation event)

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. WAVE Event on 9/26/2021.
2. Riverkeeper Cleanup 5/1/2021.

C. How many times was this observation measured or evaluated in this reporting period?

			2
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to participate in Coalition led public participation activities (WAVE stream monitoring, if organized and 1 other non-WAVE public participation event)

L

2	0	2	2
---	---	---	---



Village of Menands

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

How many MS4s contributed to this report?	1
---	---

			3	1	#
--	--	--	---	---	---

1	0	0	%
---	---	---	---

	3	1
--	---	---

[illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Menands

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

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

O	F	d	i	s	c	h	a	r	g	e		c	o	n	c	e	r	n	s	-	n	o	t		i	l	l	i	c	i	t
---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---

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?

--	--	--

 %

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

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			
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																							

URL

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

[illegible]

- | | | | |
|--|--|---|---|
| | | 0 | % |
|--|--|---|---|

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Menands

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. Pending hiring of Coalition Stormwater Program Technician, complete ORI (20%) in Village.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. Coalition Technician hired. inspected 31 outfalls (accessible inspected, 100%).

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).

Provide training for Village staff in outfall inspections.(purpose, use of ArcGIS Online ORI inspection forms. tablet, and follow up), pending IMA-MOU decision.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Menands

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

		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
--	--	---
- 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 type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><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><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><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><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><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><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><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><td></td></tr></table>							
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Menands

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

		1
--	--	---

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		0
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		0
--	--	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

		0
--	--	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

		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	2
---	---	---	---

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 Menands

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. Address need for Notice of Termination (NOT) on Dutch Village site; arrange with interested parties necessary inspections and outstanding issues; provide NOT paperwork; monitor close out of Construction Activity permit coverage;

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. NOT for Dutch Village submitted February, 2022.

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).

No projects pending--proof of financing required before project review.

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Village of Menands

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

Minimum Control Measure 5. Post-Construction Stormwater Management

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report?	1
---	---

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="radio"/> Filter Systems	<input type="text"/> 1	<input type="text"/> 0	<input type="text"/> 0
<input checked="" type="radio"/> Infiltration Basins	<input type="text"/> 1	<input type="text"/> 0	<input type="text"/> 0
<input type="radio"/> Open Channels	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="radio"/> Ponds	<input type="text"/> 1	<input type="text"/> 0	<input type="text"/> 0
<input type="radio"/> Wetlands	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Menands

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
--	--	---

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
--	--	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Menands

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. The Village will monitor O&M requirements for all private PCSMPs. 2. We will be sending letters to owners asking them to advise the Village of proper documentation of maintenance as detailed in O&M requirements. 3. Record keeping will be retained by the SW Program Coordinator.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Not completed.

C. How many times was this observation measured or evaluated in this reporting period?

--	--	--	--

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Review PCMP inventory, contact owners for inspection reports. If unsuccessful, Village to arrange for inspections and reports.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 mMnands

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

		1
--	--	---

- 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 type="radio"/> No	<input 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 type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Parks and Open Space.....	<input 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	2
---	---	---	---

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 Menands

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- ☒ Parking Lots Swept (Number of acres X Number of times swept) # Acres

				0
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

			4	8
--	--	--	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

			4	0
--	--	--	---	---
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				0
--	--	--	--	---
- ☒ Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- ☒ Nitrogen Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- ☐ 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?

				0
--	--	--	--	---

4. What was the date of the last training?

		/			/				
--	--	---	--	--	---	--	--	--	--

5. How many municipal employees have been trained in this reporting period?

		0
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

		0
--	--	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 mMnands

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1. Continue to train existing and new DPW staff as guided by foreman. Find who, if anyone. Stormwater Program Tech assists, if needed. 2. Continue to document # of catch basins inspected and cleaned. 3. Continue to document amount of street sweeping (private vendor) and parking lot sweeping (in house). 4. Stormwater Program Coordinator reviews Facility Audit BMP sheet goals; updates information; reviews goals as needed; documents results. Stormwater Program Tech assists.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1. No training needs.
2. Catch basins inspections/clean out documentation
3. Street sweeping documentation.
4. BMPs for DPW salt shed reviewed and information provided to Village Board.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Monitor status of DPW salt shed location, financing and construction. Provide follow up as needed.
2. Provide training for DPW staff as needed; may include use of ArcGIS Online inspection technology, pending IMA-MOU decision.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

- ☐ On behalf of an individual MS4
☒ On behalf of a coalition

How many MS4s contributed to this report?

1	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"/> General Stormwater Management Information
<input checked="" type="radio"/> Household Hazardous Waste Disposal
<input checked="" type="radio"/> Illicit Discharge Detection and Elimination
<input checked="" type="radio"/> Infrastructure Maintenance
<input type="radio"/> Smart Growth
<input type="radio"/> Storm Drain Marking
<input type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development | <input checked="" type="radio"/> Pesticide and Fertilizer Application
<input checked="" type="radio"/> Pet Waste Management
<input checked="" type="radio"/> Recycling
<input type="radio"/> Riparian Corridor Protection/Restoration
<input checked="" type="radio"/> Trash Management
<input checked="" type="radio"/> Vehicle Washing
<input type="radio"/> Water Conservation
<input type="radio"/> Wetland Protection |
|--|---|
- ☒ Other: ☐ None

C	o	a	l	i	t	i	o	n	W	e	b	s	i	t	e	-	P	o	l	l	u	t	i	o	n		P	r	e	v	e	n
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---

Other

2. Specific audiences targeted during this reporting period:

- | | |
|--|--|
| <input checked="" type="radio"/> Public Employees
<input type="radio"/> Residential
<input type="radio"/> Businesses
<input type="radio"/> Restaurants
<input checked="" type="radio"/> Other: | <input type="radio"/> Contractors
<input type="radio"/> Developers
<input checked="" type="radio"/> General Public
<input type="radio"/> Industries
<input type="radio"/> Agricultural |
|--|--|

G	e	n	l	P	u	b	l	i	c																						
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				6
--	--	--	--	---

☒ List-Serves

In List

			3	6
--	--	--	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

			2	7
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

Locations (e.g. libraries, town offices, kiosks)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Other:

H	R	W	A		A	w	a	r	d	-	J	u	n	e	2	0	2	1	
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

w	w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Support/update Coalition website; 2. Sponsor a viewing event of archived webcasts where the stormwater topic is of interest to a target audience defined by Coalition members (ex. road salt program for highway departments; Homeowner Association maintenance of stormwater practices); 3. If requested, print/distribute existing stormwater publications (brochure racks, clean up events, etc.). NOTE: In person public education limited, due to Covid unknowns.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Coalition website updated-links from MS4s evaluated, some corrected; 2. Training event (webcast) not sponsored or organized by Coalition- info shared with members about available webcasts; 3. No brochures requested, none distributed.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition website updates, review content & correct layout, remove content (outdated); 2. Track status of draft MS4 Permit and MCM1 requirements - integrate updated MS4 Permit w/Coalition-led mapping initiatives as needed; 3. Purchase curb markers for Coalition members

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 | 0 | 2 | 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	Stormwater Coalition of Albany County	SPDES ID							
		N	Y	R	2	0			

3. Where can the public access copies of this annual report, Stormwater Management Program (SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

[● MS4/Coalition Office](#)
[● Annual Report](#)
[● SWMP Plan](#)
[● Comments](#)

Department	S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n	-	A	l	b	a	n	y	C	n	t	y
------------	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Address																														
1	7	5		G	r	e	e	n		S	t	r	e	e	t	-	C	n	t	y	H	e	a	l	t	h	B	l	d	g

City										Zip											
A	l	b	a	n	y					N	Y	1	2	2	0	2	-				

Phone (5 1 8) 4 4 7 - 5 6 4 5

☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

[illegible]

City Zip -

Phone (0) 0 -

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address	

City Zip 0 -

Phone (0) 0 -

☐ Web Page URL:
 ☐ Annual Report
 ☐ SWMP Plan
 ☐ Comments

[illegible][illegible]

Please provide specific address of page where report can be accessed - not home page.

● eMail ● Comments

s	w	c	o	a	i	t	i	o	n	@	a	l	b	a	n	y	c	o	u	n	t	y	.	c	o	m		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	5
---	---

 /

0	3
---	---

 /

2	0	2	2
---	---	---	---

4.b. For how many days was/will this report be posted?

	1	5
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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.

Name of "MS4": NA Stormwater Coalition

"MS4" SPDES ID No. NONE - Stormwater Coalition

**SPDES General Permit for Stormwater Discharges from
Municipal Separated Storm Sewer Systems (MS4s)
Permit No. GP-0-15-003
JOINT ANNUAL REPORT**

**Reporting Period
March 10, 2021 to March 9, 2022**

**Minimum Control Measure 2
Public Involvement/Participation**

Public Comment Information

From Annual Report Form MCM 2 Page 5 of 6

Question 6. Were comments received during this reporting period? Yes/No

If yes, attach comments, responses and changes made to SWMP in response to comments to this report.

.....
List of Attachments:

NONE

Comments (if no Attachments):

On May 11, 2022 the citizen's group Save Colonie submitted comments by email via the Stormwater Coalition Public Comment portal. Their comments pertained to the DRAFT Joint Stormwater Coalition Annual Report posted on the Coalition website May 3, 2022, in particular the Colonie 2022 Stormwater Report. These Save Colonie comments were forwarded to the Town of Colonie, Stormwater Program Coordinator. Related documentation provided by the Town is included in the FINAL Town of Colonie 2022 Annual Report (MS4 Permit No. NYR20A190).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Organize or support one public participation activity, possibly Coalition-wide WAVE Volunteer stream monitoring event (July 1 to Sept 30) or other activity; 2. Prep and post Joint SWMP Plan (Annual Evaluation April, 2021)

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Researched multiple WAVE sites; conducted 1 WAVE monitor'g event (9/24/2021) on Normanskill trib in City/Albany (Outdoor Afro supported volunteer recruitment, 7 volunteers); 2. Joint SWMP Plan update (Annual Evaluation April, 2021) completed and posted on Coalition website; 3. Co-sponsored w/Coalition member community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/1/2021, 19 volunteers).

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).

2022/2023 Coalition Goals: 1. Prep and post Joint SWMP Annual Evaluation (April, 2022); 2. Director queries Coalition members regarding Coalition-wide WAVE volunteer stream monitoring events (July 1 to Sept 30), organizes one or more if interest; 2. Director queries Coalition members about Coalition sponsorship or coordination of one public participation event (not WAVE). If interest, provide Coalition staff support and coordinate Coalition-wide support.

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

[illegible]

L

2	0	2	2
---	---	---	---



Stormwater Coalition of Albany County

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

--	--	--

--	--	--

--	--	--

☐ Yes ☐ No

			%
--	--	--	---

☒ Yes ☐ No

☒ 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,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Orient/train as needed GIS Coordinator in Coalition map'g effort to date (storm system map'g, outfalls, ArcGIS Online inspection forms, data storage and mgmt, SwIM mapper); 2. Identify map'g/inspection form needs, prioritize tasks w/Coalition members; 3. Implement priority items (storm system map'g updates; manage ArcGIS Online acct transfer/groups; other); 4. Review status of SwIM, develop plan w/VHB; 5. Set up ORI kits storage-175Grn; labwk \$

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. GIS Coordinator oriented/trained; 2. Inspection forms evaluated by Coalition staff, process not coordinated w/ all members, small edits to forms used by Coalition SW Prog Tech; 3. Some storm system mapping updates completed; AGOL accounts analyzed, purchased as needed; 4. VHB contract extended, but services not used; 5. ORI kits reorg and stocked, lab contract w/ADK Environmental set up

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).

2022/2023 Coalition Goals: 1. Updated IMA-MOU adopted by Board clarifies GIS Services provided by Coalition for members; dues structure clarified. Members track progress of updated MS4 Pmt release/related map'g/inspection requirements. Depend'g on member commitments/needs, Coalition staff provide MS4 Pmt GIS/map'g support. 2. Coalition SwIM mapper decommissioned. 3. GIS Coor launches stormwater AGOLwebapps for interested mbrs. 4. Manage ORI kits-\$ water tests

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goal: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

--

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Coalition Director consults with ACSWCD about future of 4 hr E/SC training given videoconference E/SC offerings by SWCD state-wide. If relevant and possible, one training co-sponsored with ACSWCD (not a videoconference).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			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).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

--	--	--	--	--
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles

--	--	--	--	--
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied # Acres

0					.	
---	--	--	--	--	---	--

(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?

				9
--	--	--	--	---

4. What was the date of the last training?

0	3
---	---

/

0	9
---	---

/

2	0	2	2
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	7
--	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

--	--	--

%

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition Director and Working Group representatives identify Coalition-wide training needs. Director organizes with Working Group support minimally one Coalition-wide training activity; 2. Coalition Director identifies training (staff development) opportunities for members & Coalition staff, allocates training dollars for interested Coalition members, purchases training seats, as needed and funds are available

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	2	2
---	---	---	---

Name of MS4

Town of New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ☐ An Annual Report for a single MS4
- ☐ A Single Entity (Per Part II.E of GP-0-10-002)
- ☒ A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f		A	l	b	a	n	y
C	o	u	n	t	y																								

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	2	0	2	2
-------------------------------------	---	---	---	---

Name of MS4 | Town of New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name

D	o	u	g	l	a	s
---	---	---	---	---	---	---

MI

--	--

Last Name

L	a	G	r	a	n	g	e							
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

Title

[illegible]

Address

[illegible]

City

s	l	i	n	g	e	r	l	a	n	d	s								
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	2	1	5	9	-				
---	---	---	---	---	---	--	--	--	--

eMail

d	l	a	g	r	a	n	g	e	@	t	o	w	n	o	f	n	e	w	s	c	o	t	l	a	n	d	.	c	o	m
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Phone

$$(\begin{array}{|c|c|c|} \hline 5 & 1 & 8 \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline 4 & 3 & 9 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 4 & 8 & 8 & 9 \\ \hline \end{array}$$

County

A	l	b	a	n	y									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	2	2
---	---	---	---

Name of MS4

Town of New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☐ Principal Executive Officer/Chief Elected Official
☐ Duly Authorized Representative
☒ Local Stormwater Public Contact
☐ Stormwater Management Program (SWMP) Coordinator
☒ Report Preparer

First Name

J	e	r	e	m	y										
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

MI

--

Last Name

C	r	a	m	e	r										
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Title

B	u	i	l	d	i	n	g		I	n	s	p	e	c	t	o	r												
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

Address

2	0	2	9		N	e	w		S	c	o	t	l	a	n	d		R	o	a	d								
---	---	---	---	--	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--

City

S	l	i	n	g	e	r	l	a	n	d	s																		
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	2	1	5	9	-						
---	---	---	---	---	---	--	--	--	--	--	--

eMail

J	c	r	a	m	e	r	@	t	o	w	n	o	f	n	e	w	s	c	o	t	l	a	n	d	.	c	o	m					
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--

Phone

(5	1	8)	4	3	9	-	4	8	8	9
---	---	---	---	---	---	---	---	---	---	---	---	---

County

A	l	b	a	n	y											
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 2 2

Name of MS4 Town of New Scotland

SPDES ID

N Y R 2 0 A 4 6 3

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 C o a l i t i o n W e b s i t e - P o s t i n g s

☒ MM2 S W M P E v a l A R R e p o r t - W a v e - C l e a n U p

☒ MM3 O R I K i t C l e a n U p - S 1 2 3 O R I - A G O L M g m t

☒ MM4 T u i t i o n 4 H r E S C - S 1 2 3 I n s p A G O L M g m t

☒ MM5 S W I M M a p p e r O v e r h a u l - P r o g r a m L y r s

☒ MM6 M u n i F a c - S 1 2 3 U p d a t e - A G O L M g 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, 2022

Name of MS4

SPDES ID

N Y R 2 0 A 4 6 3

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name

D o u g l a s

MI


Last Name

L a G r a n g e

Title (Clearly print title of individual signing report)

T o w n S u p e r v i s o r

Signature



Date

05 / 26 / 2022

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance
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, 2022

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition	Town of New Scotland
-----------------------	----------------------

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

Water Quality Trends

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s are contributed to this report?	1
---	---

- 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 ☒ No

☐ 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

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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 New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ 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

Coalition Website - Pollution Prevention

Other

2. Specific audiences targeted during this reporting period:

- ☒ Public Employees ☒ Contractors
☒ Residential ☒ Developers
☒ Businesses ☒ General Public
☐ Restaurants ☐ Industries
☐ Other: ☐ Agricultural

[illegible]

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

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

				2
--	--	--	--	---

☒ List-Serves

In List

			3	6
--	--	--	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

			1	6
--	--	--	---	---

Locations (e.g. libraries, town offices, kiosks)

K	i	o	s	k		T	o	w	n		H	a	l	l					
B	u	l	l	e	t	i	n		B	o	a	r	d						

☒ Other:

H	R	W	A		A	w	a	r	d	-	J	u	n	e		2	0	2	1
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

h	t	t	p	:	/	/	w	w	w	.	t	o	w	n	o	f	n	e	w	s	c	o	t	l	a	n	d	.	c	o	m
/	1	6	2	/	s	t	o	r	m	w	a	t	e	r	-	m	a	n	a	g	e	m	e	n	t						

URL

w	w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

3. Web Page cont.: Provide specific web addresses - not home page.

URL

h	t	t	p	:	/	/	w	w	w	.	f	a	c	e	b	o	o	k	.	c	o	m	/	t	o	w	n	-	o	f	-
N	e	w	-	S	c	o	t	l	a	n	d	-	n	y	-	4	1	7	7	5	9	9	3	5	0	6	5	4	2	6	

URL

h	t	t	p	:	/	/	w	w	w	.	t	o	w	n	o	f	n	e	w	s	c	o	t	l	a	n	d	.	c	o	m
/	2	5	0	/	H	o	u	s	e	h	o	l	d	-	H	a	z	a	r	d	o	u	s	-	W	a	s	t	e		

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1) Continue to maintain & update SW web page as needed. 2) Cont to enforce PCP signage prior to N.O.T. 3) Continue to use Town Website and FB page to promote SW related info. 4) Continue to maintain brochure rack with SW literature, record # distributed. 5) HHWD flyer with WQ notice will be posted on bulletin board, website, and facebook page as it is scheduled for 7/17/2021.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1) Town SW page is ongoing and updated when annual report is updated. 2) 1 New PCP signs has been installed during this reporting cycle. 3) All SWPPP documents related to P&Z board applications are uploaded in agenda center section of town website for public viewing. 0 Facebook posts related to SW. 4) Brochure Rack maintained to end of permit cycle with SW related literature. #26 distributed. 5) HHWD Flyer with WQ notice posted to website and posted on bulletin board.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1) Continue to maintain & update SW web page. 2) Continue to require PCP signage installation prior to issuing N.O.T. 3) Continue to utilize Town Website and FB page to promote SW related info. 4) Replace brochure rack to display and distribute SW literature. Record # distributed. 5) HHWD Flyer posted to Town website, Bulletin board, website, and add to facebook page for this years event.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 2

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 New Scotland

SPDES ID

N Y R 2 0 A 4 6 3

Minimum Control Measure 2. Public Involvement/Participation

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report? 1

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

<input type="radio"/> Cleanup Events	# Events				
<input type="radio"/> Comments on SWMP Received	# Comments				0
<input type="radio"/> Community Hotlines	Phone #	()			
	Phone #	()			
	Phone #	()			
	Phone #	()			
	Phone #	()			
	Phone #	()			
<input type="radio"/> Community Meetings	# Attendees				
<input type="radio"/> Plantings	Sq. Ft.				
<input type="radio"/> Storm Drain Markings	# Drains				
<input type="radio"/> Stakeholder Meetings	# Attendees				
<input type="radio"/> Volunteer Monitoring	# Events				
<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 ☐ No

<input checked="" type="radio"/> List-Serve	# In List			3	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, 2022

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 New Scotland

SPDES ID

N Y R 2 0 A 4 6 3

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

w w w . s t o r m w a t e r a l b a n y c o u n t y . o r g

URL

h t t p : / / w w w . t o w n o f n e w s c o t l a n d . c o m
/ 1 6 2 / s t o r m w a t e r - m a n a g e m e n t

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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 New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

2. URL(s) con't.:

Please provide specific address(es) where notices can be accessed - not home page.

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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 New scotland

SPDES ID

NYR20A463

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 New Scotland - Bldg Dept

Address

2029 New Scotland Road

City

Slingerlands

Zip

NY

12159 -

Phone

(518) 439 - 9153

☐ 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

http://www.townofnewscootland.co

m/162/stormwater-management

Please provide specific address of page where report can be accessed - not home page.

☒ eMail

☒ Comments

jcramer@townofnewscootland.com

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	5	/	0	3	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

4.b. For how many days was/will this report be posted?

	1	5
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

		/			/				
--	--	---	--	--	---	--	--	--	--

If No, is one planned?

☐ Yes ☒ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1) Town SWMO/Public Contact will update info as needed in '21 A.R. 2) Post Joint Annual report on coalition and town website, provide town board with electronic copy of TONS draft report, solicit comment, post final A.R. on Coalition and town websites. 3) If allowed, promote and support one public participation activity. Possible Coalition Wave monitoring by posting volunteer recruitment info/flyer on Town bulletin board and website. Goal may change due to Covid 19 restrictions.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1) TONS SWMO/Public contact updated info for 2021 A.R. 2) Draft joint annual report (including TONS) was posted for public comment on Coalition website. TONS draft annual report and SWMP was sent electronically to members of T.B. Final joint annual report was posted to Coalition and TONS websites. 3) Wave recruitment info/flyer posted on town bulletin board for 9/24/2021 event. on Normanskill trib in City of Albany. 4) Riverkeeper clean up event 5/1/21 info posted on bulletin

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1) Town SWMO will update public contact info in 22 A.R. 2) Provide Town Board with Electronic Copy of TONS draft SW annual report and updated TONS SWMP. Post Joint annual report on Coalition and Town website, solicit comment, post final joint annual report on Coalition and Town Website. 3) Promote and support volunteer public participation events on TONS bulletin board.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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 New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

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	#
--	--	--	---	---	---

1	0	0	%
---	---	---	---

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

		5
--	--	---

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- | | |
|--|---|
| <input type="radio"/> Auto Recyclers | <input type="radio"/> Landscaping (Irrigation) |
| <input 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 checked="" 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 type="radio"/> Restaurants |
| <input type="radio"/> Food Processing Facilities | <input type="radio"/> Schools and Universities |
| <input type="radio"/> Garbage Truck Washouts | <input checked="" type="radio"/> Septic Maintenance |
| <input type="radio"/> Hospitals | <input type="radio"/> Swimming Pools |
| <input type="radio"/> Improper RV Waste Disposal | <input type="radio"/> Vehicle Fueling |
| <input type="radio"/> Industrial Process Water | <input type="radio"/> Vehicle Maint./Repair Shops |
| <input type="radio"/> Other: | <input type="radio"/> None |

[illegible]

○ Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 2

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 New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

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?

		0	%
--	--	---	---

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, 2022

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 New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

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?**

	9	0	%
--	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

- 1) Continue to monitor for failed septic systems and cross connections utilizing ACDOH as needed.
- 2) Evaluate outfall count and complete all ORI inspection reports utilizing SW tablet and ARCGIS online survey123 form developed by coalition with help from Coalition tech.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- 1) No failed septic system complaints reported. 2) No new outfalls reported. 5 ORI inspections conducted utilizing Coalition Tech.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

- 1) Continue to monitor for failed septic systems and cross connections. Utilize ACDOH as needed.
- 2) Evaluate outfall count and complete ORI's on new outfalls and outfalls not done in 2021 utilizing SW tablet and ARCGIS online survey forms developed by coalition with help from Coalition Tech.
- 3) Update TONS mapper to include any new storm sewershed infrastructure when dedicated to the town with help from Coalition.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 New Scotland									
----------------------	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

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?

		7
--	--	---

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
--	--	---

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 checked="" type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>4</td></tr></table>					4	<input type="radio"/> No Authority
				4				

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

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?

		4
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

	1	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

	8	5	%
--	---	---	---

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, 2022

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 New Scotland

SPDES ID

N Y R 2 0 A 4 6 3

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

B u i l d i n g & Z o n i n g D e p t .

Address

2 0 2 9 N e w S c o t l a n d R o a d

City

S l i n g e r l a n d s

Zip

N Y

1 2 1 5 9 -

Phone

(5 1 8) 4 3 9 - 9 1 5 3

○ Library

Address

City

Zip

-

Phone

() -

○ Other

Address

City

Zip

-

Phone

() -

● Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

h t t p : / / w w w . t o w n o f n e w s c o t l a n d . c o

m / A g e n d a C e n t e r

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1) Promote 4hr E&SC trainings utilizing bulliten board and website. 2) Continue town oversight of construction site inspections and SWPPP review. 3) Continue to monitor PCP signage, particularly as active sites move towards termination of construction activity permit. 4) Document public complaints regarding construction sites.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1) 1-4 Hr E&SC training posted on town Bulliten board. 2) Oversight of Construction site activity and SWPPP review ongoing. 3) 1- new PCP sign added during permit cycle. 4) 2- construction site complaints received during permit cycle. 1 for disturbance area and pond construction and 1 for E&SC swale breach during heavy rain event.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☐ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1) Continue to promote 4Hr E&SC trainings on town bulliten board. 2) Update inventory of active construction site permit inventory. 3) Continue to monitor status of PCP signage as projects near completion. 4) Continue to document public complaints of construction sites.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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 New Scotland
-----------------------	----------------------

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

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
---	---

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	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="radio"/> Filter Systems	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
<input checked="" type="radio"/> Infiltration Basins	<input type="text"/> 9	<input type="text"/> 9	<input type="text"/> 9
<input checked="" type="radio"/> Open Channels	<input type="text"/> 1 <input type="text"/> 0	<input type="text"/> 1 <input type="text"/> 0	<input type="text"/> 1 <input type="text"/> 0
<input checked="" type="radio"/> Ponds	<input type="text"/> 6	<input type="text"/> 6	<input type="text"/> 6
<input type="radio"/> Wetlands	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes ☐ No

☐ Yes ☒ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☐ Building Codes ☒ Municipal Comprehensive Plans
☐ Overlay Districts ☐ Open Space Preservation Program
☒ Zoning ☒ Local Law or Ordinance
☐ None ☒ Land Use Regulation/Zoning
☐ Watershed Plans ☐ Other Comprehensive Plan
☐ Other:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

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?

		4
--	--	---

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
--	--	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1) Update O&M process to require signage and deed restrictions prior to N.O.T. to make sure practices are maintained and inspected annually. 2) Update inventory of newly constructed PCP on GIS system, post to coalition mapper. 3) Review inventory of private owned PCP's. Update contact info, review status of O&M and file inspection reports.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1) O&M process not updated during permit cycle. Signage and deed restrictions prior to N.O.T. ongoing. 2) Newly constructed public and private PCP's not updated on Coalition Mapper during permit cycle. 3) Inventory of private PCP's partially completed. approx. 25% 4) Updated subdivision law drafted and reviewed by SWPC. Law included green infrastructure concepts including conservation subdivision, natural resource protection, and open space management.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1) Update Public and private PCP inventory. Add to Coalition mapper if missing. 2) Finish review of privately owned PCP's Secure and file inspection reports. 3) Finalize and adopt draft subdivision update with Green Infrastructure concepts.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ 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 type="radio"/> Yes <input checked="" 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 type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Solid Waste Management.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input 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 type="radio"/> Yes <input checked="" type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" 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	2
---	---	---	---

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 New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

				2
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		1	4	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

			2	4
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			2	6
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Pesticide/Herbicide Applied # Acres

			0	.	
--	--	--	---	---	--

(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?

				0
--	--	--	--	---

4. What was the date of the last training?

0	2	/	1	9	/	2	0	2	0
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		0
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	9	0	%
--	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 New Scotland

SPDES ID

N	Y	R	2	0	A	4	6	3
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

1) Continue all annual report documentation.(Sweeping, catch basin inspection and cleaning,etc.)2) HHWD with WQ message on flyer will be held 7/17/2021. 3)Town will continue to conduct flow monitoring and submit quarterly reports to NYDEC for Oil/Water Separator Spedes Permit. 4) Conduct work associated with Oil/Water Separator at highway garage as per NYDEC Spedes permit approvals. 5) Work with Coalition staff to implement use of tablet to complete public and private

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Data collected for road and parking lot sweeping, HHWD, and catch basin insp and clean out. 2) TONS Highway Dept. continues to sweep parking lot at highway garage after salt loading as per BMP. 3) Flow monitoring of stream by Highway Garage completed and documentation for zinc dilution submitted to NYDEC along with Spedes annual report for modified permit approval. 4) Due to staff shortage during permit cycle, trainings and work with Coal. staff for PCP inv. not done.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1) Continue all A.R. related documentation. 2) Post HHWD flyer with W.Q. message on bulletin board and website. Collect data from event. 3) Continue to work to finalize NYDEC modified Spedes permit and install Oil/water project at highway garage. 4) Work with Coalition staff to conduct facility self audits and municipal employee trainings.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

- ☐ On behalf of an individual MS4
☒ On behalf of a coalition

How many MS4s contributed to this report?

	1	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	-	P	o	l	l	u	t	i	o	n		P	r	e	v	e	n
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---

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 |

G	e	n	l	P	u	b	l	i	c																							
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				6
--	--	--	--	---

☒ List-Serves

In List

			3	6
--	--	--	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

			2	7
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

Locations (e.g. libraries, town offices, kiosks)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Other:

H	R	W	A		A	w	a	r	d	-	J	u	n	e	2	0	2	1	
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

w	w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Support/update Coalition website; 2. Sponsor a viewing event of archived webcasts where the stormwater topic is of interest to a target audience defined by Coalition members (ex. road salt program for highway departments; Homeowner Association maintenance of stormwater practices); 3. If requested, print/distribute existing stormwater publications (brochure racks, clean up events, etc.). NOTE: In person public education limited, due to Covid unknowns.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Coalition website updated-links from MS4s evaluated, some corrected; 2. Training event (webcast) not sponsored or organized by Coalition- info shared with members about available webcasts; 3. No brochures requested, none distributed.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition website updates, review content & correct layout, remove content (outdated); 2. Track status of draft MS4 Permit and MCM1 requirements - integrate updated MS4 Permit w/Coalition-led mapping initiatives as needed; 3. Purchase curb markers for Coalition members

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 | 0 | 2 | 2

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																															
	S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n	-	A	l	b	a	n	y	C	n	t	y

Address																																
1	7	5			G	r	e	e	n			S	t	r	e	e	t	-	C	n	t	y	H	e	a	l	t	h	B	l	d	g

City										Zip											
A	l	b	a	n	y					N	Y	1	2	2	0	2	-				

Phone (5 1 8) 4 4 7 - 5 6 4 5

☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

[illegible]

City Zip -

Phone (0) 0 -

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address	

City										Zip									
										0					-				

Phone (0) 0 -

☐ Web Page URL:
 ☐ Annual Report
 ☐ SWMP Plan
 ☐ Comments

[illegible]

(J	o	i	n	t		S	W	M	P		A	n	n	u	a	l		E	v	a	l	u	a	t	i	o	n)
---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---

Please provide specific address of page where report can be accessed - not home page.

● eMail ● Comments

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	5
---	---

 /

0	3
---	---

 /

2	0	2	2
---	---	---	---

4.b. For how many days was/will this report be posted?

	1	5
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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.

Name of "MS4": NA Stormwater Coalition

"MS4" SPDES ID No. NONE - Stormwater Coalition

**SPDES General Permit for Stormwater Discharges from
Municipal Separated Storm Sewer Systems (MS4s)
Permit No. GP-0-15-003
JOINT ANNUAL REPORT**

**Reporting Period
March 10, 2021 to March 9, 2022**

**Minimum Control Measure 2
Public Involvement/Participation**

Public Comment Information

From Annual Report Form MCM 2 Page 5 of 6

Question 6. Were comments received during this reporting period? Yes/No

If yes, attach comments, responses and changes made to SWMP in response to comments to this report.

.....
List of Attachments:

NONE

Comments (if no Attachments):

On May 11, 2022 the citizen's group Save Colonie submitted comments by email via the Stormwater Coalition Public Comment portal. Their comments pertained to the DRAFT Joint Stormwater Coalition Annual Report posted on the Coalition website May 3, 2022, in particular the Colonie 2022 Stormwater Report. These Save Colonie comments were forwarded to the Town of Colonie, Stormwater Program Coordinator. Related documentation provided by the Town is included in the FINAL Town of Colonie 2022 Annual Report (MS4 Permit No. NYR20A190).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Organize or support one public participation activity, possibly Coalition-wide WAVE Volunteer stream monitoring event (July 1 to Sept 30) or other activity; 2. Prep and post Joint SWMP Plan (Annual Evaluation April, 2021)

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Researched multiple WAVE sites; conducted 1 WAVE monitor'g event (9/24/2021) on Normanskill trib in City/Albany (Outdoor Afro supported volunteer recruitment, 7 volunteers); 2. Joint SWMP Plan update (Annual Evaluation April, 2021) completed and posted on Coalition website; 3. Co-sponsored w/Coalition member community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/1/2021, 19 volunteers).

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).

2022/2023 Coalition Goals: 1. Prep and post Joint SWMP Annual Evaluation (April, 2022); 2. Director queries Coalition members regarding Coalition-wide WAVE volunteer stream monitoring events (July 1 to Sept 30), organizes one or more if interest; 2. Director queries Coalition members about Coalition sponsorship or coordination of one public participation event (not WAVE). If interest, provide Coalition staff support and coordinate Coalition-wide support.

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

[illegible]

L

2	0	2	2
---	---	---	---



Stormwater Coalition of Albany County

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

--	--	--

--	--	--

--	--	--

☐ Yes ☐ No

			%
--	--	--	---

☒ Yes ☐ No

☒ 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,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Orient/train as needed GIS Coordinator in Coalition map'g effort to date (storm system map'g, outfalls, ArcGIS Online inspection forms, data storage and mgmt, SwIM mapper); 2. Identify map'g/inspection form needs, prioritize tasks w/Coalition members; 3. Implement priority items (storm system map'g updates; manage ArcGIS Online acct transfer/groups; other); 4. Review status of SwIM, develop plan w/VHB; 5. Set up ORI kits storage-175Grn; labwk \$

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. GIS Coordinator oriented/trained; 2. Inspection forms evaluated by Coalition staff, process not coordinated w/ all members, small edits to forms used by Coalition SW Prog Tech; 3. Some storm system mapping updates completed; AGOL accounts analyzed, purchased as needed; 4. VHB contract extended, but services not used; 5. ORI kits reorg and stocked, lab contract w/ADK Environmental set up

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).

2022/2023 Coalition Goals: 1. Updated IMA-MOU adopted by Board clarifies GIS Services provided by Coalition for members; dues structure clarified. Members track progress of updated MS4 Pmt release/related map'g/inspection requirements. Depend'g on member commitments/needs, Coalition staff provide MS4 Pmt GIS/map'g support. 2. Coalition SwIM mapper decommissioned. 3. GIS Coor launches stormwater AGOLwebapps for interested mbrs. 4. Manage ORI kits-\$ water tests

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goal: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Coalition Director consults with ACSWCD about future of 4 hr E/SC training given videoconference E/SC offerings by SWCD state-wide. If relevant and possible, one training co-sponsored with ACSWCD (not a videoconference).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			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).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

--	--	--	--	--
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles

--	--	--	--	--
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied (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?

				9
--	--	--	--	---

4. What was the date of the last training?

0	3
---	---

 /

0	9
---	---

 /

2	0	2	2
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	7
--	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

--	--	--

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition Director and Working Group representatives identify Coalition-wide training needs. Director organizes with Working Group support minimally one Coalition-wide training activity; 2. Coalition Director identifies training (staff development) opportunities for members & Coalition staff, allocates training dollars for interested Coalition members, purchases training seats, as needed and funds are available

MS4 Municipal Compliance Certification(MCC) Form**MCC form for period ending March 9,**

2	0	2	2
---	---	---	---

Name of MS4

Village of Voorheesville

SPDES ID

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ☐ An Annual Report for a single MS4
- ☐ A Single Entity (Per Part II.E of GP-0-10-002)
- ☒ A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f		A	l	b	a	n	y
C	o	u	n	t	y																								

MCC form for period ending March 9,

2	0	2	2
---	---	---	---

Name of MS4	Village of Voorheesville
-------------	--------------------------

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

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										
R	i	c	h	a	r	d				

MI

Last Name												
S	t	r	a	u	t							

[illegible][illegible]

City												
V	o	o	r	h	e	e	s	v	i	l	l	e

State	
N	Y

Zip

1	2	1	8	6
---	---	---	---	---

 -

--	--	--	--

eMail

m	a	y	o	r	@	v	i	l	l	a	g	e	o	f	v	o	o	r	h	e	e	s	v	i	l	l	e	.	c	o	m
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Phone
(5 1 8) 7 6 5 - 2 6 9 2

County												
A	l	b	a	n	y							

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 2

Name of MS4 Village of Voorheesville

SPDES ID

N Y R 2 0 A 2 1 0

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

F r a n k

MI

S

Last Name

F a z i o

Title

S t o r m w a t e r O f f i c e r

Address

2 9 V o o r h e e s v i l l e A v e .

City

V o o r h e e s v i l l e

State

N Y

Zip

1 2 1 8 6 -

eMail

s t o r m w a t e r @ v i l l a g e o f v o o r h e e s v i l l e

Phone

(5 1 8) 7 6 5 - 2 6 9 2

County

A l b a n y

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2022

Name of MS4 Village of Voorheesville

SPDES ID

N Y R 2 0 A 2 1 0

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 C o a l i t i o n W e n s i t e - P o s t i n g s

● MM2 S W M P E v a l A R R e p o r t - W a v e - C l e a n U p

● MM3 O R I K i t C l e a n U p - S 1 2 3 O R I - A G O L M g m t

● MM4 T u i t i o n 4 H r E S C - S 1 2 3 I n s p A G O L M g m t

● MM5 S w I M M a p p e r O v e r h a u l - P r o g r a m L y r s

● MM6 M u n i F a c - S 1 2 3 U p d a t e - A G O L M g 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.

2	0	2	2
---	---	---	---

Village of Voorheesville

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

L

2	0	2	2
---	---	---	---

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

--	--	--

☐ Yes ☒ No

[illegible]

2	0	2	2
---	---	---	---

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

--	--	--

[illegible][illegible]

MCM 1 Page 1 of 4

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9,**

2	0	2	2
---	---	---	---

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 Voorheesville

SPDES ID

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☒ Direct Mailings

Mailings

	1	8	9	0
--	---	---	---	---

☐ Kiosks or Other Displays

Locations

--	--	--	--	--

☒ List-Serves

In List

		1	9	8
--	--	---	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

--	--	--	--	--

Locations (e.g. libraries, town offices, kiosks)

V	i	l	l	a	g	e		H	a	l	l								
2	9		V	o	o	r	h	e	e	s	v	i	l	l	e		A	v	e
V	o	o	r	h	e	e	s	v	i	l	l	e	,		N	Y			
1	2	1	8	6															

☒ Other:

F	a	c	e	b	o	o	k		1	1	0	7		c	l	i	c	k	
---	---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	--

☒ 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	v	o	o	r	h	e	e	s	v	i	l	l	e	.	c	o	m		

URL

2	0	2	2
---	---	---	---

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Voorheesville

SPDES ID

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

- 1) The Village will continue with notifications of cleanup benefits
- 2) Continue to mail out and put on the web- site our newsletters.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- 1) Cleanup was not held due to the Corona virus restrictions and therefore no notifications.
- 2) There were some mailings and a newsletter was posted on the website. A spring and fall newsletter was distributed which contained an article on outfalls, mapping and rainfall impact.

C. How many times was this observation measured or evaluated in this reporting period?

			4
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

- 1) The Village will attempt to resume with cleanup benefits
- 2) Continue to mail out and put on the web- site our newsletters, which contains an article on stormwater.
- 3) Finalize stormwater website

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Voorheesville

SPDES ID

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

w	w	w	.	v	i	l	l	a	g	e	o	f	v	o	r	h	e	e	s	v	i	l	l	e	/	2	1	8	1	/
s	t	o	r	m	w	a	t	e	r	-	m	a	n	a	g	e	m	e	n	t										

URL

URL

URL

URL

URL

URL

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

Please provide specific address(es) where notices can be accessed - not home page.

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Voorheesville

SPDES ID

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	8
---	---

 /

2	0
---	---

 /

2	0	1	9
---	---	---	---

4.b. For how many days was/will this report be posted?

		8
--	--	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

--	--

 /

--	--

 /

--	--	--	--

If No, is one planned?

☐ Yes ☒ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Voorheesville

SPDES ID

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

- 1) The Village will continue with its Village Green Clean Day and Hazardous Household Waste Day.
- 2) Continue to participate in the Clean the Stream Day.
- 3) Continue the adopt a highway day.
- 4) Notify community in newsletter of posting of Annual Report.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Goals 1,2 and 3 due were not attained due o the Corona virus restrictions.
Goal 4 was achieved with the information notice of the annual report in the spring newsletter.

C. How many times was this observation measured or evaluated in this reporting period?

			3
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

- 1) The Village will continue with Hazardous Household Waste Day.
- 2) Continue with roadway litter cleanup.
- 3) Notify community in newsletter of posting of Annual Report.

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

		0
--	--	---

[illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 2

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 Voorheesville

SPDES ID

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☒ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		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?

			%
--	--	--	---

8. Is the above information available in GIS?

☐ Yes ☒ No

Is this information available on the web?

☐ Yes ☒ No

If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Voorheesville

SPDES ID

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

- 1) Monitor for illicit discharges and take action when necessary.
- 2) Update GIS map.
- 3) Develop contact procedures for reporting of illicit discharge.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- 1) No illicit discharges were reported during this reporting period.
- 2) The GIS mapping is being updated and is approximately 80% completed
- 3) The website is currently developed to include illicit discharge reporting.

C. How many times was this observation measured or evaluated in this reporting period?

			2
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

- 1) Establish a program and schedule for ORI screening for dry weather discharges.
- 2) Monitor for illicit discharges and take action when necessary.
- 3) Review existing IDDE procedures and update as needed.
- 4) Review public complaint procedures and update as needed

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Voorheesville

SPDES ID

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?

☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?

☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place?

☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

		0
--	--	---

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?

☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

--	--	--

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?

☒ Yes ☐ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

<input type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><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><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><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><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><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><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><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><td></td></tr></table>							
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Voorheesville

SPDES ID

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ 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?

		0
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		0
--	--	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

		0
--	--	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

		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	2
---	---	---	---

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 Voorheesville

SPDES ID

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

- 1) Stormwater Management Officer to review stormwater related construction activity projects for conformance with General Permit requirements
- 2) Visit and review conditions for construction sites as needed.
- 3) Place SWPPP procedures on Village stormwater website
- 4) Review and update complaint procedures.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- 1) There were no projects that required a SWPPP
- 2) There was no construction activity that required SWPPP inspections.
- 3) SWPPP procedure for posting on website completed in draft form.
- 4) Complaint procedure reviewed.

C. How many times was this observation measured or evaluated in this reporting period?

			4
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

- 1) Stormwater Management Officer to review stormwater related construction activity projects for conformance with General Permit requirements
- 2) Visit and review conditions for construction sites as needed.

2	0	2	2
---	---	---	---

Name of MS4/Coalition

Village of Voorheesville

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

How many MS4s contributed to this report?		
---	--	--

	# 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 type="radio"/> Filter Systems	<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"/> Infiltration Basins	<div><div></div><div></div><div>1</div></div>	<div><div></div><div></div><div>0</div></div>	<div><div></div><div></div><div>0</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 checked="" type="radio"/> Ponds	<div><div></div><div></div><div>1</div></div>	<div><div></div><div></div><div>1</div></div>	<div><div></div><div></div><div>0</div></div>
<input checked="" 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>

☒ Yes ☐ No

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Voorheesville

SPDES ID

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
--	--	---

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
--	--	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Voorheesville

SPDES ID

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

- 1) Place post construction practices on GIS when available.
- 2) Inspect post construction practices after maintenance performed.
- 3) Complete staff training on maintenance of post construction practices.
- 4) Provide recommendations and requirements for maintenance of post construction practices.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- 1) Post construction practices have been placed on GIS mapping
- 2) Post construction practices have been inspected.
- 3) Staff training was conducted for post construction practices maintenance.
- 4) Maintenance recommendations made for post construction practices.

C. How many times was this observation measured or evaluated in this reporting period?

			4
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☐ Yes ☒ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☐ Yes ☒ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

- 1) Update post construction practice inventory map as needed.
- 2) Perform inspection of post construction practices and provide necessary maintenance requirements.
- 3) Monitor and enforce local laws, update as needed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Voorheesville

SPDES ID

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

- 1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

Self-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 type="radio"/> Yes	<input checked="" 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 type="radio"/> Yes	<input checked="" type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input 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 type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Other.....	<input type="radio"/> Yes	<input 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	2
---	---	---	---

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 Voorheesville

SPDES ID

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

				2
--	--	--	--	---
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles

			1	1
--	--	--	---	---
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

			3	0
--	--	--	---	---
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				0
--	--	--	--	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- ☐ Pesticide/Herbicide Applied # Acres

			0	.	
--	--	--	---	---	--

(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?

				0
--	--	--	--	---

4. What was the date of the last training?

0	2	/	2	8	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		5
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0	%
---	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Voorheesville

SPDES ID

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

- 1) Perform self assessment at municipal facilities.
- 2) Review BMP's with Public Works Department.
- 3) Establish procedure and program for CB inspection, maintenance and record keeping.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- 1) Self assessments were completed.
- 2) BMP's were utilized for municipal operations.
- 3) Discussion on establishing procedures for CB inspections and maintenance were started.

C. How many times was this observation measured or evaluated in this reporting period?

			3
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

- 1) Perform self assessment at municipal facilities.
- 2) Complete CB inspection procedures and maintenance in conjunction with GIS mapping when completed.
- 3) Perform inspections of post-construction practices.
- 4) Review and monitor BMP's at Village facilities.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

- ☐ On behalf of an individual MS4
☒ On behalf of a coalition

How many MS4s contributed to this report?

	1	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"/> General Stormwater Management Information
<input checked="" type="radio"/> Household Hazardous Waste Disposal
<input checked="" type="radio"/> Illicit Discharge Detection and Elimination
<input checked="" type="radio"/> Infrastructure Maintenance
<input type="radio"/> Smart Growth
<input type="radio"/> Storm Drain Marking
<input type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development | <input checked="" type="radio"/> Pesticide and Fertilizer Application
<input checked="" type="radio"/> Pet Waste Management
<input checked="" type="radio"/> Recycling
<input type="radio"/> Riparian Corridor Protection/Restoration
<input checked="" type="radio"/> Trash Management
<input checked="" type="radio"/> Vehicle Washing
<input type="radio"/> Water Conservation
<input type="radio"/> Wetland Protection |
|--|---|
- ☒ Other: ☐ None

C	o	a	l	i	t	i	o	n	W	e	b	s	i	t	e	-	P	o	l	l	u	t	i	o	n		P	r	e	v	e	n
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---

Other

2. Specific audiences targeted during this reporting period:

- | | |
|--|--|
| <input checked="" type="radio"/> Public Employees
<input type="radio"/> Residential
<input type="radio"/> Businesses
<input type="radio"/> Restaurants
<input checked="" type="radio"/> Other: | <input type="radio"/> Contractors
<input type="radio"/> Developers
<input checked="" type="radio"/> General Public
<input type="radio"/> Industries
<input type="radio"/> Agricultural |
|--|--|

G	e	n	l	P	u	b	l	i	c																						
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				6
--	--	--	--	---

☒ List-Serves

In List

			3	6
--	--	--	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

			2	7
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

Locations (e.g. libraries, town offices, kiosks)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Other:

H	R	W	A		A	w	a	r	d	-	J	u	n	e	2	0	2	1	
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

w	w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Support/update Coalition website; 2. Sponsor a viewing event of archived webcasts where the stormwater topic is of interest to a target audience defined by Coalition members (ex. road salt program for highway departments; Homeowner Association maintenance of stormwater practices); 3. If requested, print/distribute existing stormwater publications (brochure racks, clean up events, etc.). NOTE: In person public education limited, due to Covid unknowns.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Coalition website updated-links from MS4s evaluated, some corrected; 2. Training event (webcast) not sponsored or organized by Coalition- info shared with members about available webcasts; 3. No brochures requested, none distributed.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition website updates, review content & correct layout, remove content (outdated); 2. Track status of draft MS4 Permit and MCM1 requirements - integrate updated MS4 Permit w/Coalition-led mapping initiatives as needed; 3. Purchase curb markers for Coalition members

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 | 0 | 2 | 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	Stormwater Coalition of Albany County	SPDES ID							
		N	Y	R	2	0			

3. Where can the public access copies of this annual report, Stormwater Management Program (SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ MS4/Coalition Office
 ☐ Annual Report
 ☐ SWMP Plan
 ☐ Comments

Department																															
	S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n	-	A	l	b	a	n	y	C	n	t	y

Address																														
1	7	5		G	r	e	e	n		S	t	r	e	e	t	-	C	n	t	y	H	e	a	l	t	h	B	l	d	g

City										Zip											
A	l	b	a	n	y					N	Y	1	2	2	0	2	-				

Phone (5 1 8) 4 4 7 - 5 6 4 5

☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address		Annual Report		SWIM Plan		Comments	

City Zip 0 -

Phone (0) 0 -

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address	

City										Zip									
														-					

Phone (0) 0 -

☐ Web Page URL:
 ☐ Annual Report
 ☐ SWMP Plan
 ☐ Comments

[illegible]

(J	o	i	n	t		S	W	M	P		A	n	n	u	a	l		E	v	a	l	u	a	t	i	o	n)
---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---

Please provide specific address of page where report can be accessed - not home page.

● eMail ● Comments

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	5
---	---

 /

0	3
---	---

 /

2	0	2	2
---	---	---	---

4.b. For how many days was/will this report be posted?

	1	5
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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.

Name of "MS4": NA Stormwater Coalition

"MS4" SPDES ID No. NONE - Stormwater Coalition

**SPDES General Permit for Stormwater Discharges from
Municipal Separated Storm Sewer Systems (MS4s)
Permit No. GP-0-15-003
JOINT ANNUAL REPORT**

**Reporting Period
March 10, 2021 to March 9, 2022**

**Minimum Control Measure 2
Public Involvement/Participation**

Public Comment Information

From Annual Report Form MCM 2 Page 5 of 6

Question 6. Were comments received during this reporting period? Yes/No

If yes, attach comments, responses and changes made to SWMP in response to comments to this report.

.....

List of Attachments:

NONE

Comments (if no Attachments):

On May 11, 2022 the citizen's group Save Colonie submitted comments by email via the Stormwater Coalition Public Comment portal. Their comments pertained to the DRAFT Joint Stormwater Coalition Annual Report posted on the Coalition website May 3, 2022, in particular the Colonie 2022 Stormwater Report. These Save Colonie comments were forwarded to the Town of Colonie, Stormwater Program Coordinator. Related documentation provided by the Town is included in the FINAL Town of Colonie 2022 Annual Report (MS4 Permit No. NYR20A190).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Organize or support one public participation activity, possibly Coalition-wide WAVE Volunteer stream monitoring event (July 1 to Sept 30) or other activity; 2. Prep and post Joint SWMP Plan (Annual Evaluation April, 2021)

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Researched multiple WAVE sites; conducted 1 WAVE monitor'g event (9/24/2021) on Normanskill trib in City/Albany (Outdoor Afro supported volunteer recruitment, 7 volunteers); 2. Joint SWMP Plan update (Annual Evaluation April, 2021) completed and posted on Coalition website; 3. Co-sponsored w/Coalition member community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/1/2021, 19 volunteers).

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).

2022/2023 Coalition Goals: 1. Prep and post Joint SWMP Annual Evaluation (April, 2022); 2. Director queries Coalition members regarding Coalition-wide WAVE volunteer stream monitoring events (July 1 to Sept 30), organizes one or more if interest; 2. Director queries Coalition members about Coalition sponsorship or coordination of one public participation event (not WAVE). If interest, provide Coalition staff support and coordinate Coalition-wide support.

L

2 0 2 2

Stormwater Coalition of Albany County

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

How many MS4s contributed to this report?	1	2
---	---	---

				#			%
--	--	--	--	---	--	--	---

--	--	--

[illegible][illegible]

L

2	0	2	2
---	---	---	---



Stormwater Coalition of Albany County

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

--	--	--

--	--	--

--	--	--

☐ Yes ☐ No

			%
--	--	--	---

☒ Yes ☐ No

☒ 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,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Orient/train as needed GIS Coordinator in Coalition map'g effort to date (storm system map'g, outfalls, ArcGIS Online inspection forms, data storage and mgmt, SwIM mapper); 2. Identify map'g/inspection form needs, prioritize tasks w/Coalition members; 3. Implement priority items (storm system map'g updates; manage ArcGIS Online acct transfer/groups; other); 4. Review status of SwIM, develop plan w/VHB; 5. Set up ORI kits storage-175Grn; labwk \$

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. GIS Coordinator oriented/trained; 2. Inspection forms evaluated by Coalition staff, process not coordinated w/ all members, small edits to forms used by Coalition SW Prog Tech; 3. Some storm system mapping updates completed; AGOL accounts analyzed, purchased as needed; 4. VHB contract extended, but services not used; 5. ORI kits reorg and stocked, lab contract w/ADK Environmental set up

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).

2022/2023 Coalition Goals: 1. Updated IMA-MOU adopted by Board clarifies GIS Services provided by Coalition for members; dues structure clarified. Members track progress of updated MS4 Pmt release/related map'g/inspection requirements. Depend'g on member commitments/needs, Coalition staff provide MS4 Pmt GIS/map'g support. 2. Coalition SwIM mapper decommissioned. 3. GIS Coor launches stormwater AGOLwebapps for interested mbrs. 4. Manage ORI kits-\$ water tests

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goal: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

--

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Coalition Director consults with ACSWCD about future of 4 hr E/SC training given videoconference E/SC offerings by SWCD state-wide. If relevant and possible, one training co-sponsored with ACSWCD (not a videoconference).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			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).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

--	--	--	--	--
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles

--	--	--	--	--
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied # Acres

0					.	
---	--	--	--	--	---	--

(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?

				9
--	--	--	--	---

4. What was the date of the last training?

0	3
---	---

 /

0	9
---	---

 /

2	0	2	2
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	7
--	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

--	--	--	--

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition Director and Working Group representatives identify Coalition-wide training needs. Director organizes with Working Group support minimally one Coalition-wide training activity; 2. Coalition Director identifies training (staff development) opportunities for members & Coalition staff, allocates training dollars for interested Coalition members, purchases training seats, as needed and funds are available

MS4 Municipal Compliance Certification(MCC) Form**MCC form for period ending March 9,**

2	0	2	2
---	---	---	---

Name of MS4

City of Watervliet

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ☐ An Annual Report for a single MS4
- ☐ A Single Entity (Per Part II.E of GP-0-10-002)
- ☒ A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f		A	l	b	a	n	y
C	o	u	n	t	y																								

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 2

Name of MS4 City of Watervliet

SPDES ID

N Y R 2 0 A 0 8 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

C h a r l e s

MI

V

Last Name

P a t r i c e l l i

Title

M a y o r

Address

2 1 5 t h S t

City

W a t e r v l i e t

State

N Y

Zip

1 2 1 8 9 -

eMail

C P a t r i c e l l i @ w a t e r v l i e t . c o m

Phone

(5 1 8) 2 7 0 - 3 8 0 0

County

A l b a n y

MCC form for period ending March 9,

2	0	2	2
---	---	---	---

City of Watervliet

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

Important Instructions - Please Read

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

- Principal Executive Officer/Chief Elected Official
- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name	MI	Last Name
D a v i d		D r e s s e l

Title																													
W	a	t	e	r	S	y	s	t	e	m	s	S	u	p	e	r	v	i	s	o	r								

[illegible]

City	State	Zip
W a t e r v l i e t	N Y	1 2 1 8 9 -

[illegible]

Phone (5 1 8) 7 8 5 - 7 0 8 2 County A l b a n y

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2022

Name of MS4 City of Watervliet

SPDES ID

N Y R 2 0 A 0 8 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 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 C o a l i t i o n W e b s i t e - P o s t i n g s

● MM2 S W M P E v a l A R R e p o r t - W A V E - C l e a n u p

● MM3 O R I K i t C l e a n u p - S 1 2 3 O R I - A G O L M g m t

● MM4 T u i t i o n 4 H R E S C - S 1 2 3 I n s p A G O L M g m t

● MM5 S w I M M a p p e r O v e r h a u l - P r o g r a m L y r s

● MM6 M u n i F a c - S 1 2 3 U p d a t e - A G O L M g 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	2
---	---	---	---

Name of MS4

City of Watervliet																			
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name

C	h	a	r	l	e	s													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

V


Last Name

P	a	t	r	i	c	e	l	l	i										
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Title (Clearly print title of individual signing report)

M	a	y	o	r															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature



Date

0	5	/	2	3	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
 Division of Water
 4th Floor
 625 Broadway
 Albany, New York 12233-3505

2	0	2	2
---	---	---	---

Name of MS4/Coalition

City of Watervliet

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

How many MS4s are contributed to this report?

		1
--	--	---

☐ Yes ☒ No

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

2	0	2	2
---	---	---	---

Name of MS4/Coalition

City of Watervliet

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

		1
--	--	---

[illegible][illegible]

L

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Watervliet

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

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

	2	6	0	0
--	---	---	---	---

☒ Kiosks or Other Displays

Locations

				1
--	--	--	--	---

☐ List-Serves

In List

--	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☐ School Program

Attendees

--	--	--	--	--

☒ TV Spot/Program

Days Run

		3	6	5
--	--	---	---	---

☒ Printed Materials:

Total # Distributed

		1	3	4
--	--	---	---	---

Locations (e.g. libraries, town offices, kiosks)

C	i	t	y		H	a	l	l											
---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

K	e	e	p		V	l	i	e	t		N	e	a	t		D	a	y	
---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	--	---	---	---	--

E	l	e	c	t	r	o	n	i	c		R	e	c	y	l		D	a	y	
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Other:

E	P	A		T	V		S	p	o	t		C	h		1	3	0	3		
---	---	---	--	---	---	--	---	---	---	---	--	---	---	--	---	---	---	---	--	--

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

W	W	W	.	S	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Watervliet

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The City Educated Public through direct handouts at Electronic recycling and the "Keep Vliet Neat Day" events, the brochure rack at city hall, and through the city wide mailed newsletter. City also has a dedicated channel for it's residents in which stormwater messages are posted on.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Due to COVID the city did a limited "Keep Vliet Neat Day". City did an electronic recycling drop off day. These 2 events 134 materials were handed out. 2600 newsletters were mailed out to all residents.

C. How many times was this observation measured or evaluated in this reporting period?

			2
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City will continue with electronic recycling days, "Keep Vliet Neat Day", mailed newsletter and maintain the brochure rack at city hall.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Watervliet

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

h	t	t	p	s	:	/	/	W	a	t	e	r	v	l	i	e	t	.	c	o	m	/	W	a	t	e	r	-	a	n	d
-	S	e	w	e	r	/																									

URL

URL

URL

URL

URL

URL

--	--	--	--

Name of MS4/Coalition

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

Please provide specific address(es) where notices can be accessed - not home page.

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

C	i	t	y	o	f	W	a	t	e	r	v	l	i	e	t
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

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

W	a	t	e	r	v	l	i	e	t		F	i	l	t	e	r		P	l	a	n	t								
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--

Address

3	3	4		W	a	t	e	r	v	l	i	e	t	-	S	h	a	k	e	r		R	d								
---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	--	--	--	--	--	--	--	--

City

W	a	t	e	r	v	l	i	e	t								
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

N	Y
---	---

Zip

1	2	1	8	9	-				
---	---	---	---	---	---	--	--	--	--

Phone

(5	1	8)	7	8	5	-	7	0	8	2
---	---	---	---	---	---	---	---	---	---	---	---	---

☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Zip

--	--	--	--	--	--	--	--	--	--

Phone

()				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

☒ Other

☒ Annual Report ☐ SWMP Plan ☒ Comments

Address

C	i	t	y		H	a	l	l		2		1	5	t	h		S	t												
---	---	---	---	--	---	---	---	---	--	---	--	---	---	---	---	--	---	---	--	--	--	--	--	--	--	--	--	--	--	--

City

W	a	t	e	r	v	l	i	e	t								
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

N	Y
---	---

Zip

1	2	1	8	9	-				
---	---	---	---	---	---	--	--	--	--

Phone

(5	1	8)	2	7	0	-	3	8	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---

☒ Web Page URL:

☒ Annual Report ☐ SWMP Plan ☐ Comments

h	t	t	p	s	:	/	/	W	a	t	e	r	v	l	i	e	t	.	c	o	m	/	W	a	t	e	r	-	a	n
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

d	-	S	e	w	e	r	/																							
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please provide specific address of page where report can be accessed - not home page.

☐ eMail

☐ Comments

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Watervliet																			
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

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	5
---	---

 /

2	0	2	2
---	---	---	---

4.b. For how many days was/will this report be posted?

0	1	5
---	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

--	--

 /

--	--

 /

--	--	--	--

If No, is one planned?

☐ Yes ☒ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Watervliet

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The City held a limited "Keep Vliet Neat Day" and also had volunteers plant trees throughout the city

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

City had 12 volunteers for "Keep Vliet Neat Day" and planted 26 trees for about 234 sq ft of plantings

C. How many times was this observation measured or evaluated in this reporting period?

			2
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

City will look to hold a "Keep Vliet Neat" day and tree plantings day COVID19 Dependant. City will post draft and final Annual reports on the website and support any coalition WAVE programs should they come about.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 | 0 | 2 | 2

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 Watervliet

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

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:			7	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
- ☐ 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

● Other:

☐ None

[illegible]

- Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 2

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 Watervliet

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

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?

		1
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		1
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		1
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

--	--	--	--

8. Is the above information available in GIS?

☐ Yes ☐ No

Is this information available on the web?

☐ Yes ☐ No

If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Watervliet

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

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	%
---	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Watervliet

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

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.

City Completed ORIs during this reporting period. City had 1 sanitary sewer overflow that created an illicit discharge.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

City Did 63 ORIs and eliminated 1 sewer overflow that caused an illicit discharge.

C. How many times was this observation measured or evaluated in this reporting period?

			2
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

City will look to complete the rest of the ORIs. And train any new employees that are hired.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Watervliet

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

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
--	--	---
- 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 type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Watervliet

SPDES ID

N	Y	R	2	0	A	A	8	7
---	---	---	---	---	---	---	---	---

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?

		0
--	--	---
 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		0
--	--	---
 3. What percent of active construction sites were inspected during this reporting period? ☒ NT

		0
--	--	---

 %
 4. What percent of active construction sites were inspected more than once? ☒ NT

		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	2
---	---	---	---

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 Watervliet

SPDES ID

N	Y	R	2	0	A	A	8	7
---	---	---	---	---	---	---	---	---

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.

Currently there is no new construction going on in the city

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

he City has no new construction therefore nothing can be measured from this reporting 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).

f the city has any new projects requiring SWPPPs then it will continue to use its resources to maintain the SWPPP. The city will look to keep the SWPPP review procedures up to date.

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

City of Watervliet

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

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
---	---

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 type="radio"/> Filter Systems	<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"/> Infiltration Basins	<div><div></div><div>4</div><div>6</div></div>	<div><div></div><div>3</div><div>9</div></div>	<div><div></div><div>3</div><div>9</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 checked="" type="radio"/> Other	<div><div></div><div></div><div>3</div></div>	<div><div></div><div></div><div>3</div></div>	<div><div></div><div></div><div>3</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

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Watervliet

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☒ Yes ☐ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
--	--	---

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
--	--	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Watervliet

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

City inspected 42 PCMP. City received PCMPs inspections for the private facilities.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

City Maintained 42 PCMPs. The Private facilities maintained the practices.

C. How many times was this observation measured or evaluated in this reporting period?

			2
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

City continues to maintain their own practices and document private practice maintenance records.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Watervliet									
--------------------	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

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 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 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 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 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	2
---	---	---	---

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 Watervliet

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

☒ Parking Lots Swept (Number of acres X Number of times swept)

Acres

			3	1
--	--	--	---	---

☐ Streets Swept (Number of miles X Number of times swept)

Miles

	1	3	8	4
--	---	---	---	---

☒ Catch Basins Inspected and Cleaned Where Necessary

			4	9
--	--	--	---	---

☒ Post Construction Control Stormwater Management Practices
Inspected and Cleaned Where Necessary

			4	2
--	--	--	---	---

☐ Phosphorus Applied In Chemical Fertilizer

Lbs.

				0
--	--	--	--	---

☐ Nitrogen Applied In Chemical Fertilizer

Lbs.

				0
--	--	--	--	---

☐ 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?

				0
--	--	--	--	---

4. What was the date of the last training?

0	1
---	---

 /

0	7
---	---

 /

2	0	2	1
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		0
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0
---	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

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 Watervliet

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

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.

City continued cleaning catch basins, sweep streets and parking lots. City had 1 electronic recycling day. BMPs were created from the facility audits.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

City cleaned 49 catch basins and 3 floatable control systems, 31 acres of parking lots, 1384 miles of streets and 42 PCMPs.

C. How many times was this observation measured or evaluated in this reporting period?

			4
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ 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 will look at the facility audits and develop a BMP plan for these locations. City will continue to do their catch basin cleaning program, street/parking lot sweeping, and new employees trainings when they come about.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

- ☐ On behalf of an individual MS4
☒ On behalf of a coalition

How many MS4s contributed to this report?

	1	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"/> General Stormwater Management Information
<input checked="" type="radio"/> Household Hazardous Waste Disposal
<input checked="" type="radio"/> Illicit Discharge Detection and Elimination
<input checked="" type="radio"/> Infrastructure Maintenance
<input type="radio"/> Smart Growth
<input type="radio"/> Storm Drain Marking
<input type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development | <input checked="" type="radio"/> Pesticide and Fertilizer Application
<input checked="" type="radio"/> Pet Waste Management
<input checked="" type="radio"/> Recycling
<input type="radio"/> Riparian Corridor Protection/Restoration
<input checked="" type="radio"/> Trash Management
<input checked="" type="radio"/> Vehicle Washing
<input type="radio"/> Water Conservation
<input type="radio"/> Wetland Protection |
|--|---|
- ☒ Other: ☐ None

C	o	a	l	i	t	i	o	n	W	e	b	s	i	t	e	-	P	o	l	l	u	t	i	o	n		P	r	e	v	e	n
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---

Other

2. Specific audiences targeted during this reporting period:

- | | |
|--|--|
| <input checked="" type="radio"/> Public Employees
<input type="radio"/> Residential
<input type="radio"/> Businesses
<input type="radio"/> Restaurants
<input checked="" type="radio"/> Other: | <input type="radio"/> Contractors
<input type="radio"/> Developers
<input checked="" type="radio"/> General Public
<input type="radio"/> Industries
<input type="radio"/> Agricultural |
|--|--|

G	e	n	l	P	u	b	l	i	c																						
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				6
--	--	--	--	---

☒ List-Serves

In List

			3	6
--	--	--	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

			2	7
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

Locations (e.g. libraries, town offices, kiosks)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Other:

H	R	W	A		A	w	a	r	d	-	J	u	n	e	2	0	2	1	
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

w	w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Support/update Coalition website; 2. Sponsor a viewing event of archived webcasts where the stormwater topic is of interest to a target audience defined by Coalition members (ex. road salt program for highway departments; Homeowner Association maintenance of stormwater practices); 3. If requested, print/distribute existing stormwater publications (brochure racks, clean up events, etc.). NOTE: In person public education limited, due to Covid unknowns.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Coalition website updated-links from MS4s evaluated, some corrected; 2. Training event (webcast) not sponsored or organized by Coalition- info shared with members about available webcasts; 3. No brochures requested, none distributed.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition website updates, review content & correct layout, remove content (outdated); 2. Track status of draft MS4 Permit and MCM1 requirements - integrate updated MS4 Permit w/Coalition-led mapping initiatives as needed; 3. Purchase curb markers for Coalition members

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

w	w	.	s	t	o	r	m	w	a	t	e	r	a	l	b	a	n	y	c	o	u	n	t	y	.	o	r	g		

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 | 0 | 2 | 2

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																															
	S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n	-	A	l	b	a	n	y	C	n	t	y

Address																																
1	7	5			G	r	e	e	n			S	t	r	e	e	t	-	C	n	t	y	H	e	a	l	t	h	B	l	d	g

City										Zip											
A	l	b	a	n	y					N	Y	1	2	2	0	2	-				

Phone (5 1 8) 4 4 7 - 5 6 4 5

☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address		Annual Report		SWIM Plan		Comments	

City Zip -

Phone (0) 0 -

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address	

City										Zip									
														-					

Phone (0) 0 -

☐ Web Page URL:
 ☐ Annual Report
 ☐ SWMP Plan
 ☐ Comments

[illegible]

(J	o	i	n	t		S	W	M	P		A	n	n	u	a	l		E	v	a	l	u	a	t	i	o	n)
---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---

Please provide specific address of page where report can be accessed - not home page.

● eMail ● Comments

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	5
---	---

 /

0	3
---	---

 /

2	0	2	2
---	---	---	---

4.b. For how many days was/will this report be posted?

	1	5
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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.

Name of "MS4": NA Stormwater Coalition

"MS4" SPDES ID No. NONE - Stormwater Coalition

**SPDES General Permit for Stormwater Discharges from
Municipal Separated Storm Sewer Systems (MS4s)
Permit No. GP-0-15-003
JOINT ANNUAL REPORT**

**Reporting Period
March 10, 2021 to March 9, 2022**

**Minimum Control Measure 2
Public Involvement/Participation**

Public Comment Information

From Annual Report Form MCM 2 Page 5 of 6

Question 6. Were comments received during this reporting period? Yes/No

If yes, attach comments, responses and changes made to SWMP in response to comments to this report.

.....
List of Attachments:

NONE

Comments (if no Attachments):

On May 11, 2022 the citizen's group Save Colonie submitted comments by email via the Stormwater Coalition Public Comment portal. Their comments pertained to the DRAFT Joint Stormwater Coalition Annual Report posted on the Coalition website May 3, 2022, in particular the Colonie 2022 Stormwater Report. These Save Colonie comments were forwarded to the Town of Colonie, Stormwater Program Coordinator. Related documentation provided by the Town is included in the FINAL Town of Colonie 2022 Annual Report (MS4 Permit No. NYR20A190).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Organize or support one public participation activity, possibly Coalition-wide WAVE Volunteer stream monitoring event (July 1 to Sept 30) or other activity; 2. Prep and post Joint SWMP Plan (Annual Evaluation April, 2021)

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. Researched multiple WAVE sites; conducted 1 WAVE monitor'g event (9/24/2021) on Normanskill trib in City/Albany (Outdoor Afro supported volunteer recruitment, 7 volunteers); 2. Joint SWMP Plan update (Annual Evaluation April, 2021) completed and posted on Coalition website; 3. Co-sponsored w/Coalition member community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/1/2021, 19 volunteers).

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).

2022/2023 Coalition Goals: 1. Prep and post Joint SWMP Annual Evaluation (April, 2022); 2. Director queries Coalition members regarding Coalition-wide WAVE volunteer stream monitoring events (July 1 to Sept 30), organizes one or more if interest; 2. Director queries Coalition members about Coalition sponsorship or coordination of one public participation event (not WAVE). If interest, provide Coalition staff support and coordinate Coalition-wide support.

2	0	2	2
---	---	---	---

Name of MS4/Coalition

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

	1	2
--	---	---

--	--	--	--	--

#

			%
--	--	--	---

--	--	--

[illegible][illegible]

L

2	0	2	2
---	---	---	---



Stormwater Coalition of Albany County

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

--	--	--

--	--	--

--	--	--

☐ Yes ☐ No

			%
--	--	--	---

☒ Yes ☐ No

☒ 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,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition Goals: 1. Orient/train as needed GIS Coordinator in Coalition map'g effort to date (storm system map'g, outfalls, ArcGIS Online inspection forms, data storage and mgmt, SwIM mapper); 2. Identify map'g/inspection form needs, prioritize tasks w/Coalition members; 3. Implement priority items (storm system map'g updates; manage ArcGIS Online acct transfer/groups; other); 4. Review status of SwIM, develop plan w/VHB; 5. Set up ORI kits storage-175Grn; labwk \$

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2021/2022 Coalition Goals: 1. GIS Coordinator oriented/trained; 2. Inspection forms evaluated by Coalition staff, process not coordinated w/ all members, small edits to forms used by Coalition SW Prog Tech; 3. Some storm system mapping updates completed; AGOL accounts analyzed, purchased as needed; 4. VHB contract extended, but services not used; 5. ORI kits reorg and stocked, lab contract w/ADK Environmental set up

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).

2022/2023 Coalition Goals: 1. Updated IMA-MOU adopted by Board clarifies GIS Services provided by Coalition for members; dues structure clarified. Members track progress of updated MS4 Pmt release/related map'g/inspection requirements. Depend'g on member commitments/needs, Coalition staff provide MS4 Pmt GIS/map'g support. 2. Coalition SwIM mapper decommissioned. 3. GIS Coor launches stormwater AGOLwebapps for interested mbrs. 4. Manage ORI kits-\$ water tests

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goal: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

--

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

1. Coalition Director consults with ACSWCD about future of 4 hr E/SC training given videoconference E/SC offerings by SWCD state-wide. If relevant and possible, one training co-sponsored with ACSWCD (not a videoconference).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			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).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

--	--	--	--	--
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles

--	--	--	--	--
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied (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?

				9
--	--	--	--	---

4. What was the date of the last training?

0	3	/	0	9	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	7
--	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

			%
--	--	--	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

2021/2022 Coalition goals: None

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2022/2023: 1. Coalition Director and Working Group representatives identify Coalition-wide training needs. Director organizes with Working Group support minimally one Coalition-wide training activity; 2. Coalition Director identifies training (staff development) opportunities for members & Coalition staff, allocates training dollars for interested Coalition members, purchases training seats, as needed and funds are available

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

Additional Watershed Improvement Strategy Best Management Practices

The information in this section is being reported (check one):

☐ On behalf of an individual MS4

☒ On behalf of a coalition

How many MS4s contributed to this report?

	1	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.

			%
--	--	--	---

Estimate what percentage was mapped in this reporting period.

			%
--	--	--	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

- 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?** ☐ Yes ☐ No ☒ N/A
- 4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?**

--	--	--

 %
- 5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?** ☐ Yes ☐ No ☒ N/A
- 6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?** ☐ Yes ☐ No ☒ N/A
- 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?** ☐ Yes ☐ No ☒ N/A
- 7b. How many projects have been sited in this reporting period?**

--	--	--
- 7c. What percent of the projects included in 7b have been completed in this reporting period?**

--	--	--

 %
- 7d. What percent of projects planned in previous years have been completed?**

--	--	--

 %
- ☐ No Projects Planned
- 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?** ☐ Yes ☐ No ☒ N/A
- 8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?** ☐ Yes ☐ No ☒ N/A

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	2
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

9. Has your MS4/Coalition developed and implemented a program of native planting?

☐ Yes ☐ No ☒ N/A

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?

☐ Yes ☐ No ☒ N/A

11. Does your MS4/Coalition have a pet waste bag program?

☐ Yes ☐ No ☒ N/A

12. Does your MS4/Coalition have a program to manage goose populations?

☐ Yes ☐ No ☒ N/A