

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, 2022 to March 9, 2023**

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.

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 a 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 management 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 is a compilation of individual Annual Reports organized by MS4 type, in numerical order as described below. For reference, the SPDES Permit No. of each MS4 is in parenthesis. Progress meeting goals and future goals are included in the Annual Report as well as the Joint Stormwater Management Program Annual Evaluation which is posted on the Coalition website, see Joint Program Activities 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. Village of Altamont (NYR20A550)
5. Town of Bethlehem (NYR20A208)
6. City of Cohoes (NYR20A243)
7. Town of Colonie (NYR20A190)
8. Village of Green Island (NYR20A377)
9. Town of Guilderland (NYR20A211)
10. Village of Menands (NYR20A144)
11. Town of New Scotland (NYR20A463)
12. Village of Voorheesville (NYR20A210)
13. City of Watervliet (NYR20A087)



MCC form for period ending March 9, 2023

SPDES ID

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

Name of MS4

[illegible]

Name of Single Entity

[illegible]

Name of Coalition

[illegible]

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

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

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

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,	2	0	2	3
--	---	---	---	---

ALBANY COUNTY DPW

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

Section 1 - MCC Identification Page

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

If Joint Report, enter coalition name:

STORMWATER COALITION

OF	ALBANY	COUNTY
----	--------	--------

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 3

Name of MS4

ALBANY COUNTY DPW

SPDES ID

N Y R 2 0 A 3 5 9

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

D A N I E L

MI

P

Last Name

M C C O Y

Title

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

Address

1 1 2 S T A T E S T

City

A L B A N Y

State

N Y

Zip

1 2 2 0 7 -

eMail

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

Phone

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

County

A L B A N Y

MCC form for period ending March 9,

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

ALBANY COUNTY

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

[illegible]

--	--

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

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

[illegible][illegible]

N	Y
---	---

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

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

$$\left(\begin{array}{|c|c|c|} \hline 5 & 1 & 8 \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline 4 & 4 & 7 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 5 & 6 & 7 & 0 \\ \hline \end{array}$$

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

MCC form for period ending March 9,

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

ALBANY COUNTY

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

[illegible]

1

R	A	M	U	N	D	O								
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

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

[illegible]

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

N	Y
---	---

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

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

$$\begin{pmatrix} 5 & 1 & 8 \end{pmatrix} \begin{matrix} 7 & 6 & 5 \end{matrix} - \begin{matrix} 2 & 0 & 5 & 5 \end{matrix}$$

A L B A N Y

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

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

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

B	r	e	n	t															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

--

Last Name

M	e	r	e	d	i	t	h												
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

Title

I	n	t	e	r	i	m		-		S	t	o	r	m	w	a	t	e	r		P	r	o	g	r	a	m										
---	---	---	---	---	---	---	--	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

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

B	r	e	n	t	.	M	e	r	e	d	i	t	h	@	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	3
---	---	---	---

Albany County

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]

SPDES Partner ID - If applicable

[illegible]

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

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

Zip

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

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

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

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

☒ Yes ☐ No

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

● MM1 Website - SwInfo - Public Comments

● 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 M g m t - G I S W e b A p p s M S 4 O F S y s t

● MM4	E	S	C	S	i	t	e	I	s	s	u	e	s	-	W	G	I	n	p	u	t	&	G	u	i	d	a	n	c	e
-------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

● MM5 A G O L W e b A p p s - P C S M P & S W P P P R e v L y r s

● MM6	M	S	4	S	t	a	f	f	T	r	a	i	n	g	-	T	u	i	t	i	o	n	-	I	n	h	o	u	s	e
-------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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, 2023

Name of MS4 | ALBANY COUNTY

SPDES ID

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

Section 4 - Certification Statement

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

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

First Name

D	A	N	I	E	L								
---	---	---	---	---	---	--	--	--	--	--	--	--	--

MI

P

Last Name

[illegible]

Title (Clearly print title of individual signing report)

[illegible]

Signature

Daniel P. McCoy

Date _____

0	5	1	1	9	1	2	0	2	3
---	---	---	---	---	---	---	---	---	---

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

SPDES ID _____

SPDES ID

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

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

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]

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

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

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

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

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

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

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

☒ List-Serves

In List

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

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

UNK				
-----	--	--	--	--

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

D	P	W		L	O	B	B	Y									
N	U	R	S	I	N	G		H	O	M	E						
L	A	W	S	O	N	S		L	A	K	E						
H	A	L	L		O	F		R	E	C	O	R	D	S			

☐ Other:

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

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

URL

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

URL

A	S	P	X																											

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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

SPDES ID

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

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

URL

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

URL

T	E	R	-	P	R	O	G	R	A	M																					

URL

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

URL

URL

URL

URL

MS4 Annual Report Form

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

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

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

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

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

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

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

VISITED THE 4 PET WASTE STATIONS AND 4 GARBAGE CANS PLACED ON RAIL TRAIL HELPED TO REDUCE 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 MAINTAINED DURING RAIL TRAIL MAINTENANCE EVENTS.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

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

2. URL(s) con't.:

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

URL

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

URL

URL

URL

URL

URL

URL

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

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

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

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

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

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

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

☒ MS4/Coalition Office

☒ Annual Report

☒ SWMP Plan

☒ Comments

Department

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

Address

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

City

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

N	Y
---	---

Zip

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

Phone

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

☐ Library

☐ Annual Report

☐ SWMP Plan

☐ Comments

Address

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

City

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

--	--

Zip

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

Phone

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

☒ Other

☒ Annual Report

☒ SWMP Plan

☒ Comments

Address

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

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

☐ Web Page URL:

☐ Annual Report

☐ SWMP Plan

☐ Comments

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

☒ eMail

☐ Comments

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

MS4 Annual Report Form

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

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

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	4
---	---

 /

2	8
---	---

 /

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

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

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

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

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

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

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 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.

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

L

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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

SPDES ID

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

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

- ☐ Broken Lines From Sanitary Sewer ☐ 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	T	I	V	I	T	Y		D	I	S	C	H	A	R	G	E	S
---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---

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

P	A	S	S	W	O	R	D		P	R	O	T	E	C	T	E	D														
C	O	U	N	T	Y		S	T	O	R	M	W	A	T	E	R		M	A	P	P	E	R								
S	E	E		S	T	O	R	M	W	A	T	E	R		C	O	A	L	I	T	I	O	N		P	A	G	E	S		

URL

M	C	M	3		P	G	2	O	F	4		A	N	D		P	G	3	O	F	4										
A	R	C	G	I	S	O	N	L	I	N	E		H	U	B		S	I	T	E		U	R	L							

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

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

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

- | | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|
- %

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

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

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

ORI PROGRAM CONTINUED, YR 5/5 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 2023. PURSUE COMPLAINTS FROM PUBLIC/COUNTY WORKERS ON POTENTIAL IDDE VIOLATIONS. CONTINUE TO ISSUE STOP WORK ORDERS, WARNINGS, NOV'S AS NEEDED. CONTINUE COORDINATION WITH SURROUNDING MS4S FOR ENFORCEMENT ACTION.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

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

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

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

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

How many MS4s contributed to this report?

1		
---	--	--

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

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

☐ 09/2004 ☐ 03/2006 ☐ NT

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

	3	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?

	3	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>2</td></tr></table>						2	<input type="radio"/> No Authority
					2				

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

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

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

		1
--	--	---

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

		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

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,

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

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

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

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

ALBANY COUNTY PLANNING BOARD RECEIVED SUPPORT FROM SWPT ON GML239 REVIEWS FOR SWPPP/GP-0-20-001 COMPLIANCE. DPW ENGINEERING RECEIVED AND REVIEWED SWPPP 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.

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

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

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

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

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low 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	3
---	---	---	---

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

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

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

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 MAINTENANCE ON PCSMPs. COUNTY EQUIPMENT ALLOWS ABILITY TO VACUUM VORTEX UNITS, SOFT EXCAVATE DITCHES TO REMOVE SEDIMENT BUILDUP IN AREAS

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 BASED ON INSPECTION RESULTS. 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,

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

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

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

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

		1
--	--	---

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input 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 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 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	3
---	---	---	---

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

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

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

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

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

		2	1	8
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

			8	7
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

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

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

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

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

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

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

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

4. What was the date of the last training?

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

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

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

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

Name of MS4/Coalition

ALBANY COUNTY

SPDES ID

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

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

ROAD SWEEPING/PARKING LOT SWEEPING GOAL MET. AUDITS COMPLETED.

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).

SWEEPING PROGRAM WILL CONTINUE IN NON-WINTER MONTHS. CB MAINTENANCE PROGRAM MANDATED BY EPA AUDIT, WILL CONTINUE THIS YEAR.

MS4 Annual Report Form

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

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

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	3
---	---

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"/> Other: | <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
<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"/> 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	3
---	---	---	---

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

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

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

☒ Other:

B	r	o	c	h	u	r	e	s	-	T	o	C	o	a	l	M	S	4	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☒ 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	3
---	---	---	---

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.

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

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

2022/2023: 1. Website updated, content updated (edited, removed), links checked. 2. Status of draft MS4 Permit tracked (not released), no integration with mapping initiatives. 3. Curb markers purchased, distributed to members.

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).

2023/2024: 1. Coalition website updates. 2. Prepare, distribute stormwater brochures from stockpile. 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in website mgmt; b) develop/implement plan to either terminate the website or transfer website content/mgmt to others (individual MS4s, another institution); c) explain educational material to new Director; or d) clean out/distribute edu material (Proj Wet/brochures/maps/posters).

MS4 Annual Report Form

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

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

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 | 3

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 0 -

Phone (0) 0 -

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address	

City Zip -

Phone (0 0 0) 0 0 0 - 0 0 0 0 0 0

☐ 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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

[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

s	w	c	o	a	l	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	3
---	---	---	---

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	4
---	---

 /

2	8
---	---

 /

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

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.

“Municipal/MS4” Name NA - Stormwater Coalition of Albany County, NY

“MS4” SPDES Permit ID No. NA - Stormwater Coalition of Albany County, NY

**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, 2022 to March 9, 2023**

**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 Yes

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 12, 2023, the citizen's group, SAVE Colonie - A Partnership in Planning submitted comments
pertaining to the DRAFT Joint Stormwater Coalition MS4 Permit Annual Report posted on the Coalition
website, April 28, 2023. This Annual Report covers the reporting period March 10, 2022 to March 9,
2023. These "SAVE Colonie" comments were forwarded to the Town of Colonie, Stormwater
Management Program Coordinator and both the comments and Town response are included in the
Town of Colonie portion of the FINAL Joint 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	3
---	---	---	---

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.

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.

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

2022/2023 Coalition Goals: 1. Joint SWMP Plan update (Annual Evaluation April, 2022) completed and posted on Coalition website. 2. Researched w/TCol & Alb Cnty, multiple WAVE sites; conducted 2 Shaker Crk WAVE monitor'g events on 9/10/2022 (Fox Crk Preserve, 7 participants & 59 Mill Rd, 9 participants); T/Col site support. 3. Co-sponsored w/Coalition community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/7/2022, 9 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).

2023/2024 Coalition Goals: 1. Prep/post Joint SWMP Annual Eval/Joint Annual Report (2023) for public comment. 2. Director w/member support organizes one or two WAVE volunteer stream monitor'g events (July 1 - Sept 30). 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in WAVE protocol; b) clean out WAVE eqpmt/forms, distribute to interested member community; c) organize w/MS4s & new Director, 1 non-WAVE event.

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

- On behalf of a coalition

How many MS4s contributed to this report?	1	3
---	---	---

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]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

8. URL(s) con't.:

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

URL

Albany County DPW

City of Cohoes

City of Watervliet

URL

Town of New Scotland

Village of Green Island

Village of Menands

URL

Village of Voorheesville

Coalition-wide SwIM Archive

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?

%

MS4 Annual Report Form

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

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

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.

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

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

2022/2023 Coalition Goals: 1. IMA-MOU updated, GIS services and dues clarified, some MS4 Pmt/ GIS map'g support for members (GIS Coor, consultant contract). 2. SwIM Mapper decommissioned. 3. Individual ArcGIS Online Stormwater Program Web Mappers designed/launched for seven members. 4. ORI kits restocked as needed.

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).

2023/2024 Coalition Goals: 1. Manage ORI kits-\$ water tests, restock. 2. Monitor/pay consultant svces (3 MS4s infra map'g/Sw Mappers). 3. Establish access (PW, permissions) to Tier 1 AGOL products developed/pend'g for MS4s. 4. Depend'g on status of Coalition succession plan/hiring of Director: a) Train new Director in ORI protocol; b) Clean out/distribute ORI kits to members; c) Secure GIS svces. d) Stop GIS svces; e) Transfer map data to members/others, with sharing protocol.

MS4 Annual Report Form

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

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

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.

Coalition 2022/2023 Goal: 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).

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

Coalition 2022/2023 Goal: 1. Not completed. Not pursued with ACSWCD, due to other priorities.

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).

Coalition 2023/2024 Goals: None

MS4 Annual Report Form

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

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

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?

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

4. What was the date of the last training?

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

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

	2	3
--	---	---

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

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.

Coalition Goals 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

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

Coalition Goals 2022/2023: 1. Coalition-wide training, not organized. Instead one-on-one trainings with MS4 staff new to the MS4 Permit. 2. Training dollars allocated to interested Coalition members for NYS SW Training Center programs (5 Courses, ZOOM, 12 registrations); 4 Hr E/SC Trainings (5 registrations, ZOOM); E/SC Training - RCSWCD and EJ Prescott (1 course, in person, 2 registrations).

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).

Coalition Goals 2023/2024: 1. Coalition Director and Working Group representatives identify in-house training needs for individuals, groups of MS4s, or Coalition-wide. Director organizes with Working Group support one or two events (ORI? Muni Fac Audits? Construction Inspections?). 2. Coalition Director identifies training opportunities for members, allocates train'g dollars for interested Coalition members, as needed & funds are available.

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

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

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

Name of MS4

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

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

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

MI

1

Last Name

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

Title

[illegible]

Address

[illegible]

City

[illegible]

State

N	Y
---	---

Zip

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

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

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

Name of MS4

University at Albany (SUNY Uptown Campus)																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

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

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

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

MI

--

Last Name

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

Title

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

Address

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

City

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

State

N	Y
---	---

Zip

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

eMail

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

Phone

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

County

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

MCC form for period ending March 9,

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

Name of MS4

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

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

[illegible]

F

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

[illegible]

City

[illegible]

N	Y
---	---

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

-

--	--	--	--

eMail

[illegible]

Phone

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

County

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

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

2 0 2 3

Name of MS4 University at Albany (SUNY) Uptown Campus

SPDES ID

N Y R 2 0 A 2 3 4

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

Partner/Coalition Name (con't.)

C o u n t y

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 7 5 G r e e n S t .

City

A l b a n y

State

N Y

Zip

1 2 2 0 2 -

eMail

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

Phone

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

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

☒ Yes ☐ No

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

● MM1 W e b s i t e - P o s t i n g s P r e s e n t a t i o n

● MM2 S W M P E v a l A R R e p o r t - P u b l i c C o m m n t s

● MM3 O R I K i t - L a n T e s t s - T a b l e t O R I s

● MM4 E S C S i t e I s s u e s - W G I n p u t & G u i d a n c e

● MM5 A G O L W e b A p p s - P C S M P & S W P P P R e v L y r s

● MM6 M S \$ S t a f f T r a i n g - T u i t i o n - I n h o u s e

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

Name of MS4

University at Albany (SUNY) Uptown Campus

SPDES ID

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

Section 4 - Certification Statement

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

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

First Name

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

MI

--

Last Name

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

Title (Clearly print title of individual signing report)

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

Signature



Date

0	5	/	1	5	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

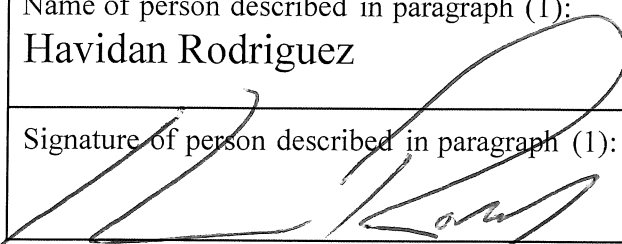
Send completed form and any attachments to the DEC Central Office at:

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

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

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

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

--	--	--

☐ Yes ☒ No

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

MS4 Annual Report Form

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

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

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 checked="" 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	3
---	---	---	---

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

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

☐ List-Serves

In List

--	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

			5	0
--	--	--	---	---

☐ 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		
---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	--	--

F	a	c	i	l	i	t	i	e	s										
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

M	a	n	a	g	e	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	.	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

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

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

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

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

SPDES ID

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

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

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 two (2) 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) Two (2) of four (4) signs were installed.
- 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.
- 4) Assist Environmental Engineering program for Capstone projects related to Green Infrastructure.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

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

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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

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

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

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

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

Department

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

Address

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

City

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

N	Y
---	---

Zip

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

Phone

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

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

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

☒ eMail ☐ Comments

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

s	w	c	o	a	l	i	t	i	o	n	@	a	l	b	a	n	y	c	o	u	n	t	y	.	c	o	m				
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

MS4 Annual Report Form

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

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

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	4
---	---

 /

2	8
---	---

 /

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

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

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 for stormwater facilities and water quality in notification of campus cleanup day activity.

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

1) Campus Cleanup & Stormwater information session help as a portion of Freshman Orientation on 8/19/23, for 42 attendees.

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.

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

Name of MS4/Coalition

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

--	--	--

			1	2	#
--	--	--	---	---	---

1	0	0	%
---	---	---	---

		0
--	--	---

[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	2	3	4
---	---	---	---	---	---	---	---	---

[illegible]

		0
--	--	---

		0
--	--	---

		0
--	--	---

			%
--	--	--	---

☒ Yes ☐ No
☐ Yes ☒ No

[illegible][illegible]

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

Name of MS4/Coalition

University at Albany (SUNY) Uptown Campus

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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

MS4 Annual Report Form

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

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

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

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

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

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 is active
- 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	3
---	---	---	---

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									
● Alternative Practices	<table><tr><td></td><td>1</td><td>6</td></tr></table>		1	6	<table><tr><td></td><td>1</td><td>1</td></tr></table>		1	1	<table><tr><td></td><td>1</td><td>1</td></tr></table>		1	1
	1	6										
	1	1										
	1	1										
○ 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>			
● Infiltration Basins	<table><tr><td></td><td>1</td><td>1</td></tr></table>		1	1	<table><tr><td></td><td></td><td>7</td></tr></table>			7	<table><tr><td></td><td></td><td>7</td></tr></table>			7
	1	1										
		7										
		7										
○ 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>			
● 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>0</td></tr></table>			0
		7										
		7										
		0										
○ 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>			
● 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>4</td></tr></table>			4
		4										
		4										
		4										

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

☒ Yes ☐ No

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

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

☒ Other:

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

MS4 Annual Report Form

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

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

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?

		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?

	5	0
--	---	---

 %

MS4 Annual Report Form

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

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

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 have been updated.
- 3.) A portion of catch basins, all isolator rows, and separators were inspected and cleaned.

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).

- 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, 2023

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

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

			7	3
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		6	0	2
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

			7	3
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			4	1
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

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

		6	6	0
--	--	---	---	---
- 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, 2023**

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 staffing issues.
- 2) Catch Basin inspection process developed, and initiated in work flow system.
- 3) Mapping was updated for facility assessments and maintenance.
- 4) Facility assessments 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

MS4 Annual Report Form

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

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

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	3
---	---

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

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

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

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

☒ Other:

B r o c h u r e s - T o C o a l M S 4 s

☒ 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	3
---	---	---	---

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.

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

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

2022/2023: 1. Website updated, content updated (edited, removed), links checked. 2. Status of draft MS4 Permit tracked (not released), no integration with mapping initiatives. 3. Curb markers purchased, distributed to members.

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).

2023/2024: 1. Coalition website updates. 2. Prepare, distribute stormwater brochures from stockpile. 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in website mgmt; b) develop/implement plan to either terminate the website or transfer website content/mgmt to others (individual MS4s, another institution); c) explain educational material to new Director; or d) clean out/distribute edu material (Proj Wet/brochures/maps/posters).

MS4 Annual Report Form

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

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

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

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

A l b a n y

N Y

Zip

1 2 2 0 2 -

Phone

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

☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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

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

J o i n t A n n u a l R e p o r t

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

s w c o a l i t i o n @ a l b a n y c o u n t y . c o m

MS4 Annual Report Form

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

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

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	4
---	---

 /

2	8
---	---

 /

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

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.

“Municipal/MS4” Name NA - Stormwater Coalition of Albany County, NY

“MS4” SPDES Permit ID No. NA - Stormwater Coalition of Albany County, NY

**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, 2022 to March 9, 2023**

**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 Yes

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 12, 2023, the citizen's group, SAVE Colonie - A Partnership in Planning submitted comments
pertaining to the DRAFT Joint Stormwater Coalition MS4 Permit Annual Report posted on the Coalition
website, April 28, 2023. This Annual Report covers the reporting period March 10, 2022 to March 9,
2023. These "SAVE Colonie" comments were forwarded to the Town of Colonie, Stormwater
Management Program Coordinator and both the comments and Town response are included in the
Town of Colonie portion of the FINAL Joint 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	3
---	---	---	---

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.

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.

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

2022/2023 Coalition Goals: 1. Joint SWMP Plan update (Annual Evaluation April, 2022) completed and posted on Coalition website. 2. Researched w/TCol & Alb Cnty, multiple WAVE sites; conducted 2 Shaker Crk WAVE monitor'g events on 9/10/2022 (Fox Crk Preserve, 7 participants & 59 Mill Rd, 9 participants); T/Col site support. 3. Co-sponsored w/Coalition community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/7/2022, 9 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).

2023/2024 Coalition Goals: 1. Prep/post Joint SWMP Annual Eval/Joint Annual Report (2023) for public comment. 2. Director w/member support organizes one or two WAVE volunteer stream monitor'g events (July 1 - Sept 30). 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in WAVE protocol; b) clean out WAVE eqpmt/forms, distribute to interested member community; c) organize w/MS4s & new Director, 1 non-WAVE event.

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

- On behalf of a coalition

How many MS4s contributed to this report?	1	3
---	---	---

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]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

8. URL(s) con't.:

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

URL

Albany County DPW

City of Cohoes

City of Watervliet

URL

Town of New Scotland

Village of Green Island

Village of Menands

URL

Village of Voorheesville

Coalition-wide SwIM Archive

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?

%

MS4 Annual Report Form

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

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

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.

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

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

2022/2023 Coalition Goals: 1. IMA-MOU updated, GIS services and dues clarified, some MS4 Pmt/ GIS map'g support for members (GIS Coor, consultant contract). 2. SwIM Mapper decommissioned. 3. Individual ArcGIS Online Stormwater Program Web Mappers designed/launched for seven members. 4. ORI kits restocked as needed.

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).

2023/2024 Coalition Goals: 1. Manage ORI kits-\$ water tests, restock. 2. Monitor/pay consultant svces (3 MS4s infra map'g/Sw Mappers). 3. Establish access (PW, permissions) to Tier 1 AGOL products developed/pend'g for MS4s. 4. Depend'g on status of Coalition succession plan/hiring of Director: a) Train new Director in ORI protocol; b) Clean out/distribute ORI kits to members; c) Secure GIS svces. d) Stop GIS svces; e) Transfer map data to members/others, with sharing protocol.

MS4 Annual Report Form

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

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

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.

Coalition 2022/2023 Goal: 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).

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

Coalition 2022/2023 Goal: 1. Not completed. Not pursued with ACSWCD, due to other priorities.

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).

Coalition 2023/2024 Goals: None

MS4 Annual Report Form

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

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

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?

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

4. What was the date of the last training?

0	2
---	---

 /

2	2
---	---

 /

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

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

	2	3
--	---	---

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

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.

Coalition Goals 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

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

Coalition Goals 2022/2023: 1. Coalition-wide training, not organized. Instead one-on-one trainings with MS4 staff new to the MS4 Permit. 2. Training dollars allocated to interested Coalition members for NYS SW Training Center programs (5 Courses, ZOOM, 12 registrations); 4 Hr E/SC Trainings (5 registrations, ZOOM); E/SC Training - RCSWCD and EJ Prescott (1 course, in person, 2 registrations).

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).

Coalition Goals 2023/2024: 1. Coalition Director and Working Group representatives identify in-house training needs for individuals, groups of MS4s, or Coalition-wide. Director organizes with Working Group support one or two events (ORI? Muni Fac Audits? Construction Inspections?). 2. Coalition Director identifies training opportunities for members, allocates train'g dollars for interested Coalition members, as needed & funds are available.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

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																								

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 3

Name of MS4 City of Albany

SPDES ID

N Y R 2 0 A 4 6 4

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

J o s e p h

MI

E

Last Name

C o f f e y , J r .

Title

C o m m i s s i o n e r

Address

1 0 N E n t e r p r i s e D r i v e

City

A l b a n y

State

N Y

Zip

1 2 2 0 4 -

eMail

j c o f f e y @ 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,

2 0 2 3

Name of MS4 City of Albany

SPDES ID

N Y R 2 0 A 4 6 4

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

P e t e r

MI

W

Last Name

B e c k

Title

S t o r m w a t e r P r o g r a m M a n a g e r

Address

1 0 N . E n t e r p r i s e D r i v e

City

A l b a n y

State

N Y

Zip

1 2 2 0 4 -

eMail

p b e c k @ a l b a n y n y . g o v

Phone

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

County

A l b a n y

Signature Authorization Form

Permittee Name: City of Albany

SPDES NO. NYR20A 464

Date: 04/19/2023

Name of person described in paragraph (1): <u>Joseph E. Coffey, Jr., P.E.</u>	Title: <u>Commissioner</u>
Signature of person described in paragraph (1): <u>Joseph E. Coffey, Jr.</u>	Date: <u>April 19, 2023</u>

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: <u>Peter W. Beck</u> <u>Stormwater Program Manager</u>	Phone: <u>518-320-4113</u>		
Signature (if individual named above): <u>Peter W. Beck</u>			
Mailing Address: <u>10 North Enterprise Drive</u>	City: <u>Albany</u>	State: <u>NY</u>	Zip: <u>12204</u>

* 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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 2 3

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 W e b s i t e - S w I n f o - P u b l i c C o m m e n t 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 M g m t - G I S W e b A p p s M S 4 O F s y s t

● MM4 E S C S i t e I s s u e s - W G I n p u t & G u i d a n c e

● MM5 A G O L W e b A p p s - P C S M P & S W P P P R e v L y r s

● MM6 M S 4 S t a f f T r a i n g - T u i t i o n - I n h o u s e

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, 2023

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. Casagrua

Date _____

0	5	/	1	2	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

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

SPDES ID _____

City of Albany

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

Water Quality Trends

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

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

☐ Yes ☒ No

If Yes, choose one of the following

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

City of Albany

SPDES ID

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

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

--	--	--

1. Targeted Public Education and Outreach Best Management Practices

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

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

P o o l s , F o u n t a i n s & S p a s

Other

2. Specific audiences targeted during this reporting period:

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

Other

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

City of Albany

SPDES ID

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

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

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

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

☒ List-Serves

In List

			4	2
--	--	--	---	---

☐ Mailing List

In List

--	--	--	--	--

☒ Newspaper Ads or Articles

Days Run

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

☒ Public Events/Presentations

Attendees

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

☒ School Program

Attendees

			4	6
--	--	--	---	---

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

		1	8	5
--	--	---	---	---

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

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

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

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

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

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 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.

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

1. SWC stenciled 76 catch basins within the local watersheds. 2. SWC/staff maintained 1 brochure rack at AWD. 3. SWC/staff participated in a tabling event at Tulip Festival and presented at events at Fall E&SC Field Day, NYWEA, Restoration Fair, All Saints Academy, Albany High School & SUNY Polytech.

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

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

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

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

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

Name of MS4/Coalition

City of Albany																			
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

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

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

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

0	4
---	---

 /

2	8
---	---

 /

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

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

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 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.

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

1. SWC has updated the public contact. 2. The 2022/2023 Final Joint Report was posted on the Albany County Stormwater Coalition & city stormwater websites. 3. AWD helped promote 2 clean-up events, NYSDEC WAVE Program led by the Stormwater Coalition of Albany County. 4. COA coordinated 11 events, Love Your Block Program with community and activist groups. 1,395 pounds of garbage was removed and 16.6 acres of lands where cleaned 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).

1. City of Albany (COA) will update the public contact annually. 2. COA will post a 2023/2024 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, 2023

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

NYR20A464

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:

264 # 100 %

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

64

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

☐ Auto Recyclers

☐ Landscaping (Irrigation)

☐ Building Maintenance

☐ Marinas

☐ Churches

☐ Metal Plateing Operations

☐ Commercial Carwashes

☐ Outdoor Fluid Storage

☐ Commercial Laundry/Dry Cleaners

☐ Parking Lot Maintenance

☐ Construction Vehicle Washouts

☐ Printing

☒ Cross-Connections

☐ Residential Carwashing

☐ Distribution Centers

☐ Restaurants

☐ Food Processing Facilities

☐ Schools and Universities

☐ Garbage Truck Washouts

☐ Septic Maintenance

☐ Hospitals

☐ Swimming Pools

☐ Improper RV Waste Disposal

☐ Vehicle Fueling

☐ Industrial Process Water

☐ Vehicle Maint./Repair Shops

☒ Other:

☐ None

O R I b a s e d o n r o t a t i n g s c h e d u l e

☐ Sewersheds:

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

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

[illegible]

		4
--	--	---

		4
--	--	---

		3
--	--	---

			%
--	--	--	---

☒ Yes ☐ No
☐ Yes ☒ No

[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
---	---	---	---	---	---	---	---	---

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

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 64 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	3
---	---	---	---

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

Name of MS4/Coalition

City of Albany

SPDES ID

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

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

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

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

How many MS4s contributed to this report?

--	--	--

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

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

☐ 09/2004 ☒ 03/2006 ☐ NT

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

		2
--	--	---
- 4. 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>1</td></tr></table>					1	<input type="radio"/> No Authority
				1				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table>					1	<input type="radio"/> No Authority
				1				
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input 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	<input type="radio"/> No Authority
				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	3
---	---	---	---

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

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

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 February 15, 2023. 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	3
---	---	---	---

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 2 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.

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]

MS4 Annual Report Form

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

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

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?

	4	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?

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

 %

MS4 Annual Report Form

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

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

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. Water Department staff inventoried 100 % of all newly discovered/built practices within our GIS.

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. Water Department 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	3
---	---	---	---

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

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	8	5
--	--	---	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

2	0	1	4	5
---	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		1	8	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			8	0
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

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

	3	2	9	0
--	---	---	---	---
- Pesticide/Herbicide Applied # Acres

	3	2	5	.	5
--	---	---	---	---	---

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

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

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

4. What was the date of the last training?

0	2
---	---

 /

0	3
---	---

 /

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

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

2	2	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	3
---	---	---	---

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

Name of MS4/Coalition

City of Albany

SPDES ID

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

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

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

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

1. SWC reassessed 12 facilities identified in Year 2 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 : 237 inspections, 181 repairs, 133 cleaned in the CSS and 104 cleaned in the MS4 areas with 428.1 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	3
---	---	---	---

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

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	3
---	---

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

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

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

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

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

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

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

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

☒ Other:

B	r	o	c	h	u	r	e	s	-	T	o	C	o	a	l	M	S	4	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☒ 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	3
---	---	---	---

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.

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

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

2022/2023: 1. Website updated, content updated (edited, removed), links checked. 2. Status of draft MS4 Permit tracked (not released), no integration with mapping initiatives. 3. Curb markers purchased, distributed to members.

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).

2023/2024: 1. Coalition website updates. 2. Prepare, distribute stormwater brochures from stockpile. 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in website mgmt; b) develop/implement plan to either terminate the website or transfer website content/mgmt to others (individual MS4s, another institution); c) explain educational material to new Director; or d) clean out/distribute edu material (Proj Wet/brochures/maps/posters).

MS4 Annual Report Form

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

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

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 | 3

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 0 -

Phone (0) 0 -

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address	

City										Zip									
														-					

Phone (0) 0 -

☐ 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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

[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

s	w	c	o	a	l	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	3
---	---	---	---

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	4
---	---

 /

2	8
---	---

 /

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

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.

“Municipal/MS4” Name NA - Stormwater Coalition of Albany County, NY

“MS4” SPDES Permit ID No. NA - Stormwater Coalition of Albany County, NY

**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, 2022 to March 9, 2023**

**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 Yes

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 12, 2023, the citizen's group, SAVE Colonie - A Partnership in Planning submitted comments
pertaining to the DRAFT Joint Stormwater Coalition MS4 Permit Annual Report posted on the Coalition
website, April 28, 2023. This Annual Report covers the reporting period March 10, 2022 to March 9,
2023. These "SAVE Colonie" comments were forwarded to the Town of Colonie, Stormwater
Management Program Coordinator and both the comments and Town response are included in the
Town of Colonie portion of the FINAL Joint 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	3
---	---	---	---

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.

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.

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

2022/2023 Coalition Goals: 1. Joint SWMP Plan update (Annual Evaluation April, 2022) completed and posted on Coalition website. 2. Researched w/TCol & Alb Cnty, multiple WAVE sites; conducted 2 Shaker Crk WAVE monitor'g events on 9/10/2022 (Fox Crk Preserve, 7 participants & 59 Mill Rd, 9 participants); T/Col site support. 3. Co-sponsored w/Coalition community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/7/2022, 9 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).

2023/2024 Coalition Goals: 1. Prep/post Joint SWMP Annual Eval/Joint Annual Report (2023) for public comment. 2. Director w/member support organizes one or two WAVE volunteer stream monitor'g events (July 1 - Sept 30). 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in WAVE protocol; b) clean out WAVE eqpmt/forms, distribute to interested member community; c) organize w/MS4s & new Director, 1 non-WAVE event.

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

- On behalf of a coalition

How many MS4s contributed to this report?	1	3
---	---	---

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]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

8. URL(s) con't.:

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

URL

Albany County DPW

City of Cohoes

City of Watervliet

URL

Town of New Scotland

Village of Green Island

Village of Menands

URL

Village of Voorheesville

Coalition-wide SwIM Archive

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?

%

MS4 Annual Report Form

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

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

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.

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

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

2022/2023 Coalition Goals: 1. IMA-MOU updated, GIS services and dues clarified, some MS4 Pmt/ GIS map'g support for members (GIS Coor, consultant contract). 2. SwIM Mapper decommissioned. 3. Individual ArcGIS Online Stormwater Program Web Mappers designed/launched for seven members. 4. ORI kits restocked as needed.

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).

2023/2024 Coalition Goals: 1. Manage ORI kits-\$ water tests, restock. 2. Monitor/pay consultant svces (3 MS4s infra map'g/Sw Mappers). 3. Establish access (PW, permissions) to Tier 1 AGOL products developed/pend'g for MS4s. 4. Depend'g on status of Coalition succession plan/hiring of Director: a) Train new Director in ORI protocol; b) Clean out/distribute ORI kits to members; c) Secure GIS svces. d) Stop GIS svces; e) Transfer map data to members/others, with sharing protocol.

MS4 Annual Report Form

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

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

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.

Coalition 2022/2023 Goal: 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).

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

Coalition 2022/2023 Goal: 1. Not completed. Not pursued with ACSWCD, due to other priorities.

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).

Coalition 2023/2024 Goals: None

MS4 Annual Report Form

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

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

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?

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

4. What was the date of the last training?

0	2
---	---

 /

2	2
---	---

 /

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

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

	2	3
--	---	---

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

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.

Coalition Goals 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

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

Coalition Goals 2022/2023: 1. Coalition-wide training, not organized. Instead one-on-one trainings with MS4 staff new to the MS4 Permit. 2. Training dollars allocated to interested Coalition members for NYS SW Training Center programs (5 Courses, ZOOM, 12 registrations); 4 Hr E/SC Trainings (5 registrations, ZOOM); E/SC Training - RCSWCD and EJ Prescott (1 course, in person, 2 registrations).

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).

Coalition Goals 2023/2024: 1. Coalition Director and Working Group representatives identify in-house training needs for individuals, groups of MS4s, or Coalition-wide. Director organizes with Working Group support one or two events (ORI? Muni Fac Audits? Construction Inspections?). 2. Coalition Director identifies training opportunities for members, allocates train'g dollars for interested Coalition members, as needed & funds are available.

MCC form for period ending March 9,	2	0	2	3
--	---	---	---	---

SPDES ID

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

Section 1 - MCC Identification Page

- ☐ 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 3

Name of MS4 Village Of Altamont

SPDES ID

N Y R 2 0 A 5 5 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 e r r y

MI

Last Name

D i n e e n

Title

M a y o r

Address

1 1 5 M a i n S t r e e t

City

A l t a m o n t

State

N Y

Zip

1 2 0 0 9 -

eMail

M a y o r d i n e e n @ g m a i l . c o m

Phone

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

County

A l b a n y

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 3

Name of MS4 Village of Altamont

SPDES ID

N Y R 2 0 A 5 5 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

N i c h o l a s

MI

Last Name

S a l a

Title

S t o r m w a t e r M a n a g e m e n t

Address

6 3 7 0 G u n C l u b R D

City

A l t a m o n t

State

N Y

Zip

1 2 0 0 9 -

eMail

A l t a m o n t s t o r m w a t e r @ g m a i l . c o m

Phone

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

County

A l b a n y

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 3

Name of MS4 Village of Altamont

SPDES ID

N Y R 2 0 A 5 5 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

J e f f r e y

MI

Last Name

M o l l e r

Title

S u p e r i n t e n d e n t o f P u b l i c W o r k s

Address

1 1 5 M a i n S t r e e t

City

A l t a m o n t

State

N Y

Zip

1 2 0 0 9 -

eMail

v i l l a g e d p w @ N Y C A P . r r . c o m

Phone

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

County

A l b a n y

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 2 3

Name of MS4 Village of Altamont

SPDES ID

N Y R 2 0 A 5 5 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 W e b s i t e - S w I n f o - P u b l i c C o m m e n t 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 M g m t - G I S W e b A p p s M S 4 O F S y s t

● MM4 E S C S i t e I s s u e s - W G I n p u t & G u i d a n c e

● MM5 A G O L W e b A p p s - P C S M P & S W P P P R e v L y r s

● MM6 M S 4 S t a f f T r a i n g - T u i t i o n - I n h o u s e

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

Name of MS4

V	i	l	l	a	g	e	o	f	A	l	t	a	m	o	n	t
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	5	5	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

K	e	r	r	y															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

--

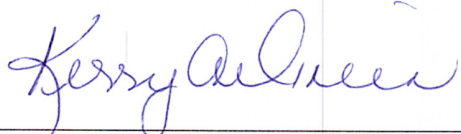
Last Name

D	i	n	e	e	n														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title (Clearly print title of individual signing report)

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

Signature



Date

0	5	/	1	5	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

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

Village Of Altamont

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

Water Quality Trends

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

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

		1
--	--	---

☐ 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]

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

Name of MS4/Coalition

SPDES ID

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

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

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 Altamont

SPDES ID

N	Y	R	2	0	A	5	5	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	5	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

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

--	--	--	--	--

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

V	i	l	l	a	g	e		O	f	f	i	c	e		L	o	b	b	y
---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---

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

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

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

☐ Other:

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

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

URL

w	w	w	.	a	l	t	a	m	o	n	t	v	i	l	l	a	g	e	.	o	r	g	/	p	a	g	e	s	/		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

A	l	t	a	m	o	n	t		s	t	o	r	m	w	a	t	e	r	/	i	n	d	e	x							
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

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

URL

F	a	c	e	b	o	o	k		P	a	g	e																		
---	---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

V	i	l	l	a	g	e		o	f		A	l	t	a	m	o	n	t		S	t	o	r	m	w	a	t	e	r		
---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	--

E	d	u	c	a	t	i	o	n																						
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Name of MS4/Coalition

Village Of Altamont

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

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 Altamont

SPDES ID

N	Y	R	2	0	A	5	5	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.

TAAC: Review and observe to ensure the accuracy of the current TAAW.
 Brochure Rack: Keep literature stocked and observe for relevant topics of interest.
 Mailings: Enter article in local newsletter on relevant topics.
 Pet Waste Station: Maintain and observe all locations for usage and effectiveness.
 Social Media: Add posts on relevant topics, education topics and create community awareness.

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

TAAC: Observations confirmed that the current TAAW is accurate and no changes are necessary.
 Brochure Rack: 14 pieces of literature have been distributed to public on various topics.
 Mailings: 2 separate articles have been entered in village newsletter (Spring / Fall).
 Pet Waste Station: Approx. 5238 bags used, removed and disposed of properly at 3 locations.
 Social Media: 17 posts made, page monitored for comments and likes.

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

		5	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).

Mailings: Submit articles in village newsletter on relevant topics 2x per year.
 Storm Drain Stencil: Re-stencil or add new stencil to areas where needed, Approx. 30% of system.
 Pet Waste Station: Keep stations stocked and observe for usage and proper disposal at least 1x/week.
 Signage: Maintain all pet waste and outfall signage, replace if necessary (2x per year/ as necessary)
 Social Media: Post relevant topics on Facebook page, monitor for comments and discussions.

MS4 Annual Report Form

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

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

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 Altamont

SPDES ID

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

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	t	a	m	o	n	t	v	i	l	l	a	g	e	.	o	r	g	/	p	a	g	e	s	/		
A	l	t	a	m	o	n	t	N	Y			s	t	o	r	m	w	a	t	e	r	/	i	n	d	e	x				

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.

SPDES ID

2. URL(s) con't.:

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 3

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 Altamont
-----------------------	---------------------

SPDES ID

N	Y	R	2	0	A	5	5	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

[illegible]

Address		

[illegible]

City

Altamont										N Y		Exp -									
----------	--	--	--	--	--	--	--	--	--	-----	--	-------	--	--	--	--	--	--	--	--	--

Phone

$$\left(\begin{array}{|c|c|c|} \hline 5 & 1 & 8 \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline 8 & 6 & 1 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 6 & 9 & 1 & 3 \\ \hline \end{array}$$

○ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

[illegible]

City

[illegible]

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

○ Annual Report ● SWMP Plan ○ Comments

Address

[illegible]

City

A	l	t	a	m	o	n	t							N	Y					-					
---	---	---	---	---	---	---	---	--	--	--	--	--	--	---	---	--	--	--	--	---	--	--	--	--	--

Phone

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

● Web Page URL:

☒ Annual Report ☐ SWMP Plan ☒ Comments

<http://www.altamontvillage.org/>

pages / Altamont NY Stormwater /

[illegible]

1	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	
---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	--

● eMail

● Comments

A	l	t	a	m	o	n	t	s	t	o	r	m	w	a	t	e	r	@	g	m	a	i	l	.	c	o	m
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

[illegible]

MS4 Annual Report Form

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

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

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 Altamont

SPDES ID

N	Y	R	2	0	A	5	5	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	4
---	---

 /

2	8
---	---

 /

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

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	5
---	---

 /

0	2
---	---

 /

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

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

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 Altamont

SPDES ID

N	Y	R	2	0	A	5	5	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.

Community leaf pick up program: Helps eliminate possible leaves from entering storm water system
 Community Bag and Brush pick up program: Helps eliminate yard debris from entering system.
 Annual report published on coalition and village website open to public comments.
 Community Volunteer "Green and clean day"
 Public Contact information posted for comments and/or inquiries.

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

Community Leaf Program: Yielded approx. 900 cubic yards removed and disposed of properly.
 Community Bag/brush program: Yielded approx 810 cubic yards removed and disposed of properly.
 Annual report comment period had no comments made about report.
 "Green and clean". Approx. 35 vol. attended. 11-42 gal. garbage bags & 4 cubic yds. of brush removed.

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

		5	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).

Bag and Brush clean up program (April-November)
 Leaf Pick up Program (October - November)
 Keep contact information updated (Ongoing).
 Community volunteer group activities information on dates and results.

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	5	5	0
---	---	---	---	---	---	---	---	---

[illegible]

L

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

Village Of Altamont

N	Y	R	2	0	A	5	5	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]

		0
--	--	---

		0
--	--	---

		0
--	--	---

☐ Yes ☐ No

			%
--	--	--	---

☐ Yes ☐ No

☐ Yes ☐ No

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

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

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

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

[illegible]

- | | | | |
|---|---|---|---|
| 1 | 0 | 0 | % |
|---|---|---|---|

MS4 Annual Report Form

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

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

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 Altamont

SPDES ID

N	Y	R	2	0	A	5	5	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.

Mapping of Outfalls
ORI's Completed for the current reporting period.
Illicit discharge record keeping and observations.

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

Currently a total of 49 (100 %) of outfalls have been mapped in the MS4 web software.
Currently a total of 49 (100%) of outfalls have ORI'S completed 10 completed this reporting period.
No illicit discharges have been found and/or observed in the reporting period.

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

		5	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 complete the ORI's based on the program schedule approx. 12 due for next reporting period.
Observe storm water structures and system for illicit discharges and/or possible problems.

MS4 Annual Report Form

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

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

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 Altamont

SPDES ID

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

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

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

☐ On behalf of an individual MS4

☒ On behalf of a coalition

How many MS4s contributed to this report?

		1
--	--	---

1a. Has each MS4 contributing to this report adopted a law, 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	3
---	---	---	---

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 Altamont

SPDES ID

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

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

--	--	--

 %

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

--	--	--

 %

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

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 Altamont

SPDES ID

N	Y	R	2	0	A	5	5	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 monitor and review local laws for updates or any necessary changes.
Inspection of any construction sites with in the village jurisdiction.

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

Local laws are all current and up to date.
In the last reporting period there have been no construction sites for inspections.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Monitor and conduct any inspections necessary if construction projects are granted with in the village jurisdiction.

Continue to review local laws for accuracy and make any necessary changes if necessary.

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

Name of MS4/Coalition

Village Of Altamont

SPDES ID

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

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

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 Altamont

SPDES ID

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

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 Altamont

SPDES ID

N	Y	R	2	0	A	5	5	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.

No projects with in the village jurisdiction demanded a SWPPP.

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

N/A

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).

Observe, inspect and monitor any future sites.

MS4 Annual Report Form

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

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

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 Altamont

SPDES ID

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

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

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 Altamont

SPDES ID

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

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

				5
--	--	--	--	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

			5	4
--	--	--	---	---
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

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

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

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

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

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

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

				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?

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

 %

MS4 Annual Report Form

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

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

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 Altamont

SPDES ID

N	Y	R	2	0	A	5	5	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.

Salt storage kept maintained and cleaned after loading and unloading of product.
 Village streets and parking lots swept for removal of sediment and debris from entering system.
 Storm water system maintenance (Creeks and catch basins).
 Road maintenance repairs.
 Vehicle maintenance and washing.

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

Salt storage: Loading pad swept after each loading of truck and receipt of salt delivery noted on log.
 Village streets & park'g lots swept, approx. 6 cubic yards of sediment and debris disposed of.
 Storm water system: approx 36 tons of blacktop removed/replaced, creek sumps cleaned 15 -cubic yds of sediment & debris, branches removed for proper flow, 3.5 cubic yds of sediment removed from catch basins. Vehicle wash station observed/maintained for proper wash'g, all repairs indoors.

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

		5	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).

Salt storage maintenance and logging of deliveries and loadings.
 Village streets and parking lots sweeping.
 Storm water system maintenance: Catch basins, creeks and culvert cleanings
 Road maintenance and repairs: clean ups and sweeping
 Facility and vehicle maintenance.

MS4 Annual Report Form

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

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

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	3
---	---

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"/> Other: | <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
<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"/> 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	3
---	---	---	---

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

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

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

☒ Other:

B	r	o	c	h	u	r	e	s	-	T	o	C	o	a	l	M	S	4	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☒ 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	3
---	---	---	---

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.

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

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

2022/2023: 1. Website updated, content updated (edited, removed), links checked. 2. Status of draft MS4 Permit tracked (not released), no integration with mapping initiatives. 3. Curb markers purchased, distributed to members.

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).

2023/2024: 1. Coalition website updates. 2. Prepare, distribute stormwater brochures from stockpile. 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in website mgmt; b) develop/implement plan to either terminate the website or transfer website content/mgmt to others (individual MS4s, another institution); c) explain educational material to new Director; or d) clean out/distribute edu material (Proj Wet/brochures/maps/posters).

MS4 Annual Report Form

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

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

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 | 3

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

[illegible]

City Zip -

Phone (0) 0 -

☐ 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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

[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

s	w	c	o	a	l	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	3
---	---	---	---

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	4
---	---

 /

2	8
---	---

 /

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

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.

“Municipal/MS4” Name NA - Stormwater Coalition of Albany County, NY

“MS4” SPDES Permit ID No. NA - Stormwater Coalition of Albany County, NY

**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, 2022 to March 9, 2023**

**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 Yes

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 12, 2023, the citizen's group, SAVE Colonie - A Partnership in Planning submitted comments
pertaining to the DRAFT Joint Stormwater Coalition MS4 Permit Annual Report posted on the Coalition
website, April 28, 2023. This Annual Report covers the reporting period March 10, 2022 to March 9,
2023. These "SAVE Colonie" comments were forwarded to the Town of Colonie, Stormwater
Management Program Coordinator and both the comments and Town response are included in the
Town of Colonie portion of the FINAL Joint 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	3
---	---	---	---

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.

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.

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

2022/2023 Coalition Goals: 1. Joint SWMP Plan update (Annual Evaluation April, 2022) completed and posted on Coalition website. 2. Researched w/TCol & Alb Cnty, multiple WAVE sites; conducted 2 Shaker Crk WAVE monitor'g events on 9/10/2022 (Fox Crk Preserve, 7 participants & 59 Mill Rd, 9 participants); T/Col site support. 3. Co-sponsored w/Coalition community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/7/2022, 9 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).

2023/2024 Coalition Goals: 1. Prep/post Joint SWMP Annual Eval/Joint Annual Report (2023) for public comment. 2. Director w/member support organizes one or two WAVE volunteer stream monitor'g events (July 1 - Sept 30). 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in WAVE protocol; b) clean out WAVE eqpmt/forms, distribute to interested member community; c) organize w/MS4s & new Director, 1 non-WAVE event.

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

Name of MS4/Coalition

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

	1	3
--	---	---

--	--	--	--	--

#

			%
--	--	--	---

--	--	--

[illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

8. URL(s) con't.:

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

URL

Albany County DPW

City of Cohoes

City of Watervliet

URL

Town of New Scotland

Village of Green Island

Village of Menands

URL

Village of Voorheesville

Coalition-wide SwIM Archive

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?

%

MS4 Annual Report Form

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

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

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.

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

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

2022/2023 Coalition Goals: 1. IMA-MOU updated, GIS services and dues clarified, some MS4 Pmt/ GIS map'g support for members (GIS Coor, consultant contract). 2. SwIM Mapper decommissioned. 3. Individual ArcGIS Online Stormwater Program Web Mappers designed/launched for seven members. 4. ORI kits restocked as needed.

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).

2023/2024 Coalition Goals: 1. Manage ORI kits-\$ water tests, restock. 2. Monitor/pay consultant svces (3 MS4s infra map'g/Sw Mappers). 3. Establish access (PW, permissions) to Tier 1 AGOL products developed/pend'g for MS4s. 4. Depend'g on status of Coalition succession plan/hiring of Director: a) Train new Director in ORI protocol; b) Clean out/distribute ORI kits to members; c) Secure GIS svces. d) Stop GIS svces; e) Transfer map data to members/others, with sharing protocol.

MS4 Annual Report Form

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

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

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.

Coalition 2022/2023 Goal: 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).

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

Coalition 2022/2023 Goal: 1. Not completed. Not pursued with ACSWCD, due to other priorities.

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).

Coalition 2023/2024 Goals: None

MS4 Annual Report Form

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

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

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?

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

4. What was the date of the last training?

0	2
---	---

 /

2	2
---	---

 /

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

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

	2	3
--	---	---

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

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.

Coalition Goals 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

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

Coalition Goals 2022/2023: 1. Coalition-wide training, not organized. Instead one-on-one trainings with MS4 staff new to the MS4 Permit. 2. Training dollars allocated to interested Coalition members for NYS SW Training Center programs (5 Courses, ZOOM, 12 registrations); 4 Hr E/SC Trainings (5 registrations, ZOOM); E/SC Training - RCSWCD and EJ Prescott (1 course, in person, 2 registrations).

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).

Coalition Goals 2023/2024: 1. Coalition Director and Working Group representatives identify in-house training needs for individuals, groups of MS4s, or Coalition-wide. Director organizes with Working Group support one or two events (ORI? Muni Fac Audits? Construction Inspections?). 2. Coalition Director identifies training opportunities for members, allocates train'g dollars for interested Coalition members, as needed & funds are available.

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

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

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 3

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 1 5 8 -

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

MCC form for period ending March 9,

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

TOWN OF BETHLEHEM

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

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

[illegible]

Title
Superintendent of Highways

[illegible]

City											State			Zip									
Selkirk											N	Y	1	2	1	5	8	-					

[illegible][illegible]

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

Joe

MI

Last Name

Cleveland

Title

Stormwater Program Coordinator

Address

445 Delaware Ave

City

Delmar

State

N Y

Zip

1 2 0 5 4 -

eMail

jcleveland@townofbethlehem.org

Phone

(5 1 8) 4 3 9 - 4 9 5 5

County

Albany

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 2 3

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 W e b s i t e - S w I n f o - P u b l i c C o m m e n t 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 M g m t - G I S W e b A p p s M S 4 O F S y s t

● MM4 E S C S i t e I s s u e s - W G I n p u t & G u i d a n c e

● MM5 A G O L W e b A p p s - P C S M P & S W P P P R e v L y r s

● MM6 M S 4 S t a f f T r a i n g - T u i t i o n - I n h o u s e

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 3

Name of MS4 Town of Bethlehem

SPDES ID

N Y R 2 0 A 2 0 8

Section 4 - Certification Statement

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

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

First Name

M a r c

MI

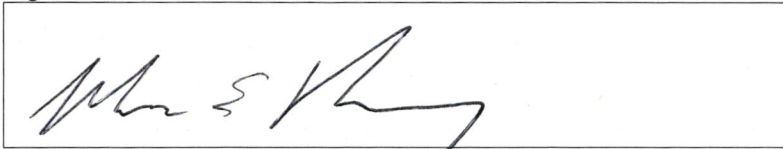
Last Name

D o r s e y

Title (Clearly print title of individual signing report)

H i g h w a y S u p e r i n t e n d e n t / D . A . R .

Signature



Date

0 5 / 1 8 / 2 0 2 3

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:

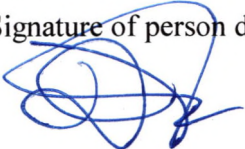
Bureau of Water Compliance
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

Signature Authorization Form

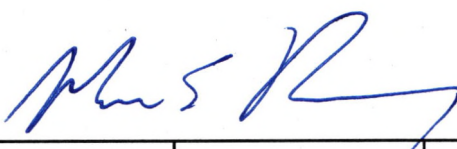
Permittee Name: *Town of Bethlehem*

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

Town of Bethlehem

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

--	--	--

☐ 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	3
---	---	---	---

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"/> Pesticide and Fertilizer Application |
| <input checked="" type="radio"/> General Stormwater Management Information | <input checked="" type="radio"/> Pet Waste Management |
| <input checked="" type="radio"/> Household Hazardous Waste Disposal | <input checked="" type="radio"/> Recycling |
| <input checked="" type="radio"/> Illicit Discharge Detection and Elimination | <input type="radio"/> Riparian Corridor Protection/Restoration |
| <input type="radio"/> Infrastructure Maintenance | <input checked="" type="radio"/> Trash Management |
| <input type="radio"/> Smart Growth | <input checked="" type="radio"/> Vehicle Washing |
| <input checked="" type="radio"/> Storm Drain Marking | <input type="radio"/> Water Conservation |
| <input checked="" type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development | <input checked="" type="radio"/> Wetland Protection |
| <input checked="" type="radio"/> Other: | <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"/> Contractors |
| <input checked="" type="radio"/> Residential | <input checked="" type="radio"/> Developers |
| <input checked="" type="radio"/> Businesses | <input checked="" type="radio"/> General Public |
| <input checked="" type="radio"/> Restaurants | <input checked="" type="radio"/> Industries |
| <input type="radio"/> Other: | <input type="radio"/> Agricultural |

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

Other

MS4 Annual Report Form

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

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

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. 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	4
--	--	--	---	---

☒ 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

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

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

--	--	--	--	--

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

T	o	w	n		H	a	l	l											
---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

B	u	i	l	d	i	n	g		D	i	v	i	s	i	o	n			
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--

H	i	g	h	w	a	y		D	e	p	t		G	a	r	a	g	e	
---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	--

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

☐ 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	3
---	---	---	---

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

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 illicit discharges (sediment) into the MS4

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

1. Goal met - Approx. 300 Lawn Care brochures were distributed at the 10/1/23 HHWCD event.
2. Goal met - 91 Construction Site BMP and 35 Pool BMP brochures were distributed.
3. Goal met - a message regarding Used/Contaminated Gasoline Disposal Tips and Info was inserted in the Winter 2022 Sewer/Water billing cycle newsletter. A link to the Tips and Info document was created on the Town's Stormwater Management web page for future 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. Maintain the Town's Pollutants of Concern map created by the SW Coalition for the Town, for reference and public consumption.
2. Continue to distribute SW literature at at least one Household Hazardous Waste Cleanup Day events.
3. Continue to distribute Construction Site and Pool BMP brochures to individuals seeking soil-disturbing building permits.
4. Insert a stormwater message in at least one bi-annual DPW newsletter sent to all Town sewer/water customers. (See extra page)

MS4 Annual Report Form

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

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

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.

See first page.

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

See first 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).

4. Insert a stormwater message in at least one bi-annual DPW newsletter sent to all Town sewer/water customers. 5. Install storm drain markers at basins in Huntersfield Rd. drainage as follow-up to IDDE track down of November 2022 illegal dumping activity. 6. Continue to track MCM1 program activities and report on each in Annual Eval. and Annual Report.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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 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 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 2 | | | |
| ● Comments on SWMP Received | # Comments | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0 | | | |
| ● Community Hotlines | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| ○ Community Meetings | # Attendees | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| ● Plantings | Sq. Ft. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| ● Storm Drain Markings | # Drains | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| ○ Stakeholder Meetings | # Attendees | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| ○ Volunteer Monitoring | # Events | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| ○ Other: | <input type="text"/> | | | | | | | | | |

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

- | | | | | | | |
|--|--|--|--|--|---|---|
| <input checked="" type="radio"/> List-Serve | # In List | | | | 2 | 6 |
| <input type="radio"/> Newspaper Advertising | # Days Run | | | | | |
| <input type="radio"/> TV/Radio Notices | # Days Run | | | | | |
| <input checked="" type="radio"/> Other: | P o s t e d i n T o w n H a l l | | | | | |
| <input checked="" type="radio"/> 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	3
---	---	---	---

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		

URL

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

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

Town of Bethlehem

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

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

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.

0	4	/	2	8	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

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

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. 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

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

1. Goal met - 2 Community Cleanup days were held with 24 total participants, over 24 bags of garbage were collected. The Town also supported the T/V of Green Island Riverkeeper cleanup event by advertising the posting to help acquire volunteers for the event. 2. Goal met - a posting was made to the Town website and flyers were posted at Town Hall and the Parks& Rec. admin office. 3. Goal met - 1 street tree (red maple) was planted. (See extra 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. Continue to support Community Cleanup 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 provide Point of Contact info on the Town's stormwater website and provide contact info in Annual Report MCC pages. 5. Provide point of contact info on the Town's stormwater website, and provide with Annual Report MCC pages.(See extra page)

MS4 Annual Report Form

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

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

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.

See first page.

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

4. Goal met - no public comments were received. See elsewhere in this SWMP/Ann. Eval. for reporting of other activities.

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).

6. Post the draft annual report for 7 days on the Town website, follow-up accordingly if comments are received.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Town of Bethlehem

SPDES ID

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

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

		1
--	--	---

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

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

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

 %

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

	7	1
--	---	---

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:

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

MS4 Annual Report Form

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

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

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

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

		8
--	--	---

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

		8
--	--	---

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

		8
--	--	---

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

Name of MS4/Coalition

Town of Bethlehem

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

- | | | | |
|---|---|---|---|
| 1 | 0 | 0 | % |
|---|---|---|---|

MS4 Annual Report Form

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

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

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 - the SSM was updated with new and corrected GIS data multiple times throughout the reporting period. 2. Goal not met - Town GIS Server and other GIS priorities made this unattainable. The will be put on hold until staff and infrastructure is available to complete this work. It should be noted that this is not a current MS4 permit requirement and the goal was set in anticipation of the incoming (still unreleased) MS4 permit requirements. (See extra 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. Continue ongoing Storm System Mapping (SSM) data collection and integration into SSM GIS datasets when possible. 2. Continue to map new outfalls as they become active or are discovered. 3. Continue to support the Track A Concern program and monitor/respond to public questions, complaints, other issues of concern. 4. 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	3
---	---	---	---

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.

See first page.

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

3. Goal met - new outfalls were added; the outfall inventory was updated multiple times throughout the reporting period. 4. Goal met - stormwater program coordinator reviewed and followed-up with one IDDE concern during the reporting period. Track a concern program was online and operational throughout the reporting period. 5. Goal met - no potential or suspicious IDDEs were identified from conducting ORIs

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).

See first page.

MS4 Annual Report Form

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

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

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	3
--	---	---

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

☒ Yes ☐ No ☐ NT

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

		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>1</td><td>3</td></tr></table>				1	3	<input type="radio"/> No Authority
			1	3				
<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>1</td><td>0</td></tr></table>				1	0	<input type="radio"/> No Authority
			1	0				
<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	3
---	---	---	---

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
--	--	---

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

		9
--	--	---

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

	5	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	3
---	---	---	---

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. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

D	P	W		-		E	N	G	I	N	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	3
---	---	---	---

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 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. (See extra page)

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

1. Goal met - SPDES construction site inventory was updated routinely throughout the reporting period. 2. Goal met - every SPDES site in Town was inspected at least once, most were inspected multiple times (up to 14 or more times for some sites). 3. - Goal met SWPPP reviewing staff received several trainings related to SWPPP review, NYS SWDM and NYS construction SPDES permit requirements. (See extra 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. Continue to provide educational info. to construction site operators regarding construction SPDES stormwater permit and Town E&SC SW code requirements. Continue to inform and train relevant Town staff regarding construction stormwater regulations, internal procedures, and inspection requirements. 2. Update SPDES construction site inventory in Town GIS and track important permit elements. 3. Ensure SWPPP reviewers have adequate stormwater training. (See extra page)

MS4 Annual Report Form

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

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

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.

5. Periodically send inclement weather notices to SPDES Permittees, their contractors, and SWPPP inspectors reminding each of required E/SC measures (at least 1x per year)

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

4. Goal met - preconstruction meetings were held ahead of any SPDES permitted construction activities. 5. Goal met - Multiple messages were sent throughout the year to remind contractors of SPDES E&SC requirements and DEC Winter stabilization E&SC requirements.

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).

4. Continue to conduct pre-construction meetings for all SPDES permitted Construction Activities. 5. Ensure inspectors maintain certifications required to conduct inspections. 6. Require proof of 4-hr. Certifications for trained contractors prior to allowing the commencement of construction on a SPDES permitted construction site. 7. Periodically send inclement weather notices to SPDES Permittees, their contractors, and SWPPP inspectors reminding each of required E/SC measures (at least 1x per year). 8. Continue to track and follow-up on complaints related to SPDES construction sites

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

Town of Bethlehem

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

Minimum Control Measure 5. Post-Construction Stormwater Management

- 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		
● Alternative Practices		2	0		2	0		1	2
● Filter Systems		5	1		4	1		3	4
● Infiltration Basins		1	2		1	0		1	0
● Open Channels		4	1		3	9		3	4
● Ponds		4	4		3	9		3	7
● Wetlands			1			1			1
● Other		5	8		5	7		5	6

☒ 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	3
---	---	---	---

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	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?

	1	8
--	---	---

 %

MS4 Annual Report Form

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

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

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 requirements. 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.

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

1. Goal met - the Town's PCSMP inventory was updated regularly throughout the reporting period. 2. Goal met - all Town PCSMPs were inspected for the reporting period. 3. Goal met - records request letters were sent to the owners of all privately-owned PCSMPs. Documents received were filed in the respective PCSMP folders. 4. Goal met - multiple SMP owners were provided info when requested.

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 PCSMP inventory in Town GIS as new practices are constructed and to update information for existing PCSMPs. 2. Inspect all Town-owned PCSMPs annually. 3. Continue to request and retain required O&M inspection and maintenance documentation annually from private PCSMP owners. 4 Provide educational information to private SMP owners when requested to assist in the proper inspection and maintenance in accordance with O&M requirements. (See extra page)

MS4 Annual Report Form

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

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

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.

See first page.

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

See first 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).

5. Continue to include required MCM5 reporting #'s in annual report.

MS4 Annual Report Form

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

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

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
--	--	---

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

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

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

		1	9	3
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		1	3	9
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			2	8
--	--	--	---	---
- 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?

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

4. What was the date of the last training?

	3	/		9	/	2	0	2	3
--	---	---	--	---	---	---	---	---	---

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

	9	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,

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

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, 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 (See extra page)

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

1. Goal met - self-audits for any facility or operation due within the reporting period were conducted. 2. Goal met - all relevant staff received relevant stormwater trainings. 3. Goal met - SW progr. coord. notified all relevant staff of many different training opportunities throughout the year. 4. Goal met - GIS and SharePoint inventory of MS4 facilities and operations were updated during the reporting period. (See extra 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. Conduct self-assessments of all municipal facilities and operations within the MS4 regulated area which have not been assessed since AR 2020-2021. 2. Continue to update GIS inventory of MS4 facilities and operations with relevant data. 3. Ensure all relevant staff receive at least one stormwater training during the reporting period. 4. SW progr. coord. will communicate stormwater training opportunities to relevant Town staff (email/other). (See extra page)

MS4 Annual Report Form

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

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

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.

5. SW program coordinator will continue to participate in the Integrated Pest Management Committee which oversees approval/denial of pesticide or herbicide applications on Town property.

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

5. Goal met - the SW Program Coordinator continued serving on the IPMC throughout the reporting period. All Town facilities are pesticide-free with exceptions allowed only when approved by the IPMC.

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).

5. Continue to obtain and maintain 3rd party certification records. 6. Stormwater program coordinator will continue to participate in the Integrated Pest Management Committee which oversees approval/denial of pesticide or herbicide applications on Town property.

MS4 Annual Report Form

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

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

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	3
---	---

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"/> Other: | <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
<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"/> 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	3
---	---	---	---

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

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

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

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

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

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

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

☒ Other:

B	r	o	c	h	u	r	e	s	-	T	o	C	o	a	l	M	S	4	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☒ 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	3
---	---	---	---

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.

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

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

2022/2023: 1. Website updated, content updated (edited, removed), links checked. 2. Status of draft MS4 Permit tracked (not released), no integration with mapping initiatives. 3. Curb markers purchased, distributed to members.

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).

2023/2024: 1. Coalition website updates. 2. Prepare, distribute stormwater brochures from stockpile. 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in website mgmt; b) develop/implement plan to either terminate the website or transfer website content/mgmt to others (individual MS4s, another institution); c) explain educational material to new Director; or d) clean out/distribute edu material (Proj Wet/brochures/maps/posters).

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

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

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 | 3

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 0 -

Phone (0) 0 -

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address	

City										Zip									
														-					

Phone (0) 0 -

☐ 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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

[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

s	w	c	o	a	l	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	3
---	---	---	---

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	4
---	---

 /

2	8
---	---

 /

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

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.

“Municipal/MS4” Name NA - Stormwater Coalition of Albany County, NY

“MS4” SPDES Permit ID No. NA - Stormwater Coalition of Albany County, NY

**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, 2022 to March 9, 2023**

**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 Yes

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 12, 2023, the citizen's group, SAVE Colonie - A Partnership in Planning submitted comments
pertaining to the DRAFT Joint Stormwater Coalition MS4 Permit Annual Report posted on the Coalition
website, April 28, 2023. This Annual Report covers the reporting period March 10, 2022 to March 9,
2023. These "SAVE Colonie" comments were forwarded to the Town of Colonie, Stormwater
Management Program Coordinator and both the comments and Town response are included in the
Town of Colonie portion of the FINAL Joint 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	3
---	---	---	---

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.

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.

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

2022/2023 Coalition Goals: 1. Joint SWMP Plan update (Annual Evaluation April, 2022) completed and posted on Coalition website. 2. Researched w/TCol & Alb Cnty, multiple WAVE sites; conducted 2 Shaker Crk WAVE monitor'g events on 9/10/2022 (Fox Crk Preserve, 7 participants & 59 Mill Rd, 9 participants); T/Col site support. 3. Co-sponsored w/Coalition community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/7/2022, 9 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).

2023/2024 Coalition Goals: 1. Prep/post Joint SWMP Annual Eval/Joint Annual Report (2023) for public comment. 2. Director w/member support organizes one or two WAVE volunteer stream monitor'g events (July 1 - Sept 30). 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in WAVE protocol; b) clean out WAVE eqpmt/forms, distribute to interested member community; c) organize w/MS4s & new Director, 1 non-WAVE event.

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

Name of MS4/Coalition	Stormwater Coalition of Albany County
-----------------------	---------------------------------------

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

How many MS4s contributed to this report?	1	3
---	---	---

--	--	--

[illegible][illegible]

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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

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

[illegible]

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

--	--	--

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

--	--	--

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

--	--	--

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

☐ Yes ☐ No

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

			%
--	--	--	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

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	:	/	/	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	-	h	u	b	-	s	i	t	e	-	s	w	c	o	a	l	a	r	c

URL

g	i	s	o	n	_	l	n	.	h	u	b	.	a	r	c	g	i	s	.	c	o	m	/							
C	o	a	l	i	t	i	o	n		M	S	4		A	r	c	G	I	S		O	n	l	i	n	e				
S	t	o	r	m	w	a	t	e	r		M	a	p	p	e	r	s		o	n		H	U	B		S	i	t	e	:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

8. URL(s) con't.:

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

URL

Albany County DPW

City of Cohoes

City of Watervliet

URL

Town of New Scotland

Village of Green Island

Village of Menands

URL

Village of Voorheesville

Coalition-wide SwIM Archive

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?

%

MS4 Annual Report Form

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

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

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.

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

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

2022/2023 Coalition Goals: 1. IMA-MOU updated, GIS services and dues clarified, some MS4 Pmt/ GIS map'g support for members (GIS Coor, consultant contract). 2. SwIM Mapper decommissioned. 3. Individual ArcGIS Online Stormwater Program Web Mappers designed/launched for seven members. 4. ORI kits restocked as needed.

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).

2023/2024 Coalition Goals: 1. Manage ORI kits-\$ water tests, restock. 2. Monitor/pay consultant svces (3 MS4s infra map'g/Sw Mappers). 3. Establish access (PW, permissions) to Tier 1 AGOL products developed/pend'g for MS4s. 4. Depend'g on status of Coalition succession plan/hiring of Director: a) Train new Director in ORI protocol; b) Clean out/distribute ORI kits to members; c) Secure GIS svces. d) Stop GIS svces; e) Transfer map data to members/others, with sharing protocol.

MS4 Annual Report Form

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

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

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.

Coalition 2022/2023 Goal: 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).

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

Coalition 2022/2023 Goal: 1. Not completed. Not pursued with ACSWCD, due to other priorities.

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).

Coalition 2023/2024 Goals: None

MS4 Annual Report Form

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

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

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?

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

4. What was the date of the last training?

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

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

	2	3
--	---	---

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

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.

Coalition Goals 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

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

Coalition Goals 2022/2023: 1. Coalition-wide training, not organized. Instead one-on-one trainings with MS4 staff new to the MS4 Permit. 2. Training dollars allocated to interested Coalition members for NYS SW Training Center programs (5 Courses, ZOOM, 12 registrations); 4 Hr E/SC Trainings (5 registrations, ZOOM); E/SC Training - RCSWCD and EJ Prescott (1 course, in person, 2 registrations).

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).

Coalition Goals 2023/2024: 1. Coalition Director and Working Group representatives identify in-house training needs for individuals, groups of MS4s, or Coalition-wide. Director organizes with Working Group support one or two events (ORI? Muni Fac Audits? Construction Inspections?). 2. Coalition Director identifies training opportunities for members, allocates train'g dollars for interested Coalition members, as needed & funds are available.

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

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

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 3

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

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

1 2 0 4 7 -

eMail

w k e e l e r @ c i . c o h o e s . n y . u s

Phone

(5 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 3

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

G a r r y

MI

Last Name

N a t h a n

Title

C i t y E n g i n e 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

g n a t h a n @ 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 3

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 3

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

S h a n e

MI

E

Last Name

L e w i s

Title

A s s i s t a n t C i t y E n g i n e 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

s l e w i s @ c i . c o h o e s . n y . u s

Phone

(5 1 8) 9 4 8 - 3 7 7 3

County

A l b a n y

MCC form for period ending March 9,

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

City of Cohoes

SPDES ID

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

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.)

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

$$\begin{pmatrix} 5 & 1 & 8 \end{pmatrix} \begin{bmatrix} 4 & 4 & 7 \end{bmatrix} - \begin{bmatrix} 5 & 6 & 4 & 5 \end{bmatrix}$$

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

☒ Yes ☐ No

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

● MM1 Website - SWInfo - Public Comments

● 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 M g m t - G I S W e b A p p s M S 4 O F S y s t

● MM4 E S C S i t e I s s u e s - W G I n p u t & G u i d a n c e

● MM5 A G O L W e b A p p s - P C S M P & S W P P P R e v L y r s

● MM6	M	S	4	S	t	a	f	f	T	r	a	i	n	g	-	T	u	i	t	i	o	n	-	I	n	h	o	u	s	e
-------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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 3

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


Last Name

K e e l e r

Title (Clearly print title of individual signing report)

M a y o r

Signature



Date

0 5 / 1 5 / 2 0 2 3

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

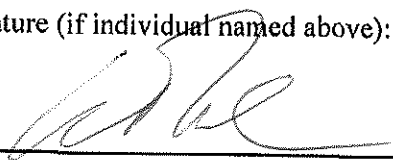
Permittee Name: City of Cohoes

SPDES NO. NYR20A 243

Date: May 15, 2023

Name of person described in paragraph (1): Joseph Seman-Graves	Title: City Planner
Signature of person described in paragraph (1): 	Date: May 15, 2023

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: William T. Keeler, Mayor	Phone: 518 233-2119		
Signature (if individual named above): 			
Mailing Address: 97 Mohawk Street	City: Cohoes	State: NY	Zip: 12047

* 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	3
---	---	---	---

SPDES ID _____

City of Cohoes

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 ☒ 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]

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

Name of MS4/Coalition

SPDES ID

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

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

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

--	--	--	--	--

☒ 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

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

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

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

C	i	t	y		H	a	l	l											

☒ Other:

S	t	o	r	m	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

h	t	t	p	s	:	/	/	w	w	w	.	c	i	.	c	o	h	o	e	s	.	n	y	.	u	s	/	2	8	6	/
E	n	g	i	n	e	e	r	i	n	g																					

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

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

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.

Backfilling vacant positions from retired and laid off personnel.

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. Number of followers is 434.

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 sending out stormwater information in mailings. Encourage residents to view the Stormwater Education FaceBook page and stormwater info on City website.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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 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 | 3 |
| ● Comments on SWMP Received | # Comments | 0 |
| ● Community Hotlines | Phone # (5 1 8) 4 4 7 - 5 6 4 5 | |
| Phone # () - | Phone # () - | |
| Phone # () - | Phone # () - | |
| Phone # () - | Phone # () - | |
| Phone # () - | Phone # () - | |
| Phone # () - | Phone # () - | |
| ● Community Meetings | # Attendees | 3 0 2 |
| ○ Plantings | Sq. Ft. | |
| ○ Storm Drain Markings | # Drains | |
| ○ Stakeholder Meetings | # Attendees | |
| ● Volunteer Monitoring | # Events | 2 |
| ● Other: C o m m o n C o u n c i l M e e t i n g | | |

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

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

☐ 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	3
---	---	---	---

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	.	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

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

City of Cohoes

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

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

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	C	o	h	o	e	s
---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

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

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	/	0	9	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

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	/	0	7	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

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

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.

Hosted spring cleanup and beautification days.

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

Public participation has been relatively strong.

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 current programs and try to implement new programs as staffing permits.

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	4	3
---	---	---	---	---	---	---	---	---

[illegible]

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

Name of MS4/Coalition

City of Cohoes

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

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

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

- | | | | |
|--|---|---|---|
| | 9 | 0 | % |
|--|---|---|---|

MS4 Annual Report Form

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

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

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. Track detected and illicit discharges.

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

Written procedures yielded greater organization and speed in tracking and documenting/eliminating 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).

Review procedures to insure they remain accurate. Continue to document illicit discharges and educate residents of the effects of illicit discharges. Review post construction O&M requirements. Continue training new personnel.

MS4 Annual Report Form

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

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

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 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?**

		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?

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

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

<input checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>5</td></tr></table>					5	<input type="radio"/> No Authority
				5				
<input 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	3
---	---	---	---

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?

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

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 inspections and enforce procedures.

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

Any deficiencies in a construction site's SWPPP was quickly brought to the City's attention. Our awareness of these issues ensured they were resolved quickly.

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 site inspections and insure that site issues are quickly resolved. Continue training new personnel.

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

Name of MS4/Coalition

City of Cohoes

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

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

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

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.

Columbia Street Phase 2 Sewer Separation Project includes green infrastructure practices which are to be installed April through May of 2023. The Mohawk-Hudson Bike Trail Green Infrastructure Project is currently under construction and the City expects to have the green infrastructure practices done by July 15, 2023.

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

In accordance with the City's use of green infrastructure, new practices are coming on line in 2023.

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).

The City is incorporating green infrastructure practices in the design for the Columbia Street Streetscape Project. Designs are underway for a streetscape project with green infrastructure for Saratoga Street spanning from Waterford bridge south to Bridge Avenue.

MS4 Annual Report Form

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

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

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 checked="" 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 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	3
---	---	---	---

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	1	2
--	--	---	---	---
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

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

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

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

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

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

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

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

4. What was the date of the last training?

0	3	/	0	7	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

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

		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,

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

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.

Building Code officers are renewing their 4-hour erosion control course certifications and new personnel are getting certified so the City can continue to conduct SWPPP inspections. Training was done on 03/23/2023 and 03/24/2023.

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

More developers are aware of the City's green infrastructure goals and are submitting projects that include more green infrastructure 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).

The City is still recovering from the COVID era and we are struggling to find student interns to help with ORI's and facilities.

MS4 Annual Report Form

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

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

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	3
---	---

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"/> Other: | <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
<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"/> 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	3
---	---	---	---

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

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

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

☒ Other:

B	r	o	c	h	u	r	e	s	-	T	o	C	o	a	l	M	S	4	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☒ 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	3
---	---	---	---

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.

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

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

2022/2023: 1. Website updated, content updated (edited, removed), links checked. 2. Status of draft MS4 Permit tracked (not released), no integration with mapping initiatives. 3. Curb markers purchased, distributed to members.

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).

2023/2024: 1. Coalition website updates. 2. Prepare, distribute stormwater brochures from stockpile. 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in website mgmt; b) develop/implement plan to either terminate the website or transfer website content/mgmt to others (individual MS4s, another institution); c) explain educational material to new Director; or d) clean out/distribute edu material (Proj Wet/brochures/maps/posters).

MS4 Annual Report Form

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

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

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

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

A l b a n y

N Y

Zip

1 2 2 0 2 -

Phone

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

☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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

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

J o i n t A n n u a l R e p o r t

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

s w c o a l i t i o n @ a l b a n y c o u n t y . c o m

MS4 Annual Report Form

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

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

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	4
---	---

 /

2	8
---	---

 /

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

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.

“Municipal/MS4” Name NA - Stormwater Coalition of Albany County, NY

“MS4” SPDES Permit ID No. NA - Stormwater Coalition of Albany County, NY

**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, 2022 to March 9, 2023**

**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 Yes

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 12, 2023, the citizen's group, SAVE Colonie - A Partnership in Planning submitted comments
pertaining to the DRAFT Joint Stormwater Coalition MS4 Permit Annual Report posted on the Coalition
website, April 28, 2023. This Annual Report covers the reporting period March 10, 2022 to March 9,
2023. These "SAVE Colonie" comments were forwarded to the Town of Colonie, Stormwater
Management Program Coordinator and both the comments and Town response are included in the
Town of Colonie portion of the FINAL Joint 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	3
---	---	---	---

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.

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.

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

2022/2023 Coalition Goals: 1. Joint SWMP Plan update (Annual Evaluation April, 2022) completed and posted on Coalition website. 2. Researched w/TCol & Alb Cnty, multiple WAVE sites; conducted 2 Shaker Crk WAVE monitor'g events on 9/10/2022 (Fox Crk Preserve, 7 participants & 59 Mill Rd, 9 participants); T/Col site support. 3. Co-sponsored w/Coalition community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/7/2022, 9 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).

2023/2024 Coalition Goals: 1. Prep/post Joint SWMP Annual Eval/Joint Annual Report (2023) for public comment. 2. Director w/member support organizes one or two WAVE volunteer stream monitor'g events (July 1 - Sept 30). 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in WAVE protocol; b) clean out WAVE eqpmt/forms, distribute to interested member community; c) organize w/MS4s & new Director, 1 non-WAVE event.

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

- On behalf of a coalition

How many MS4s contributed to this report?	1	3
---	---	---

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]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

8. URL(s) con't.:

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

URL

Albany County DPW

City of Cohoes

City of Watervliet

URL

Town of New Scotland

Village of Green Island

Village of Menands

URL

Village of Voorheesville

Coalition-wide SwIM Archive

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?

%

MS4 Annual Report Form

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

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

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.

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

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

2022/2023 Coalition Goals: 1. IMA-MOU updated, GIS services and dues clarified, some MS4 Pmt/ GIS map'g support for members (GIS Coor, consultant contract). 2. SwIM Mapper decommissioned. 3. Individual ArcGIS Online Stormwater Program Web Mappers designed/launched for seven members. 4. ORI kits restocked as needed.

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).

2023/2024 Coalition Goals: 1. Manage ORI kits-\$ water tests, restock. 2. Monitor/pay consultant svces (3 MS4s infra map'g/Sw Mappers). 3. Establish access (PW, permissions) to Tier 1 AGOL products developed/pend'g for MS4s. 4. Depend'g on status of Coalition succession plan/hiring of Director: a) Train new Director in ORI protocol; b) Clean out/distribute ORI kits to members; c) Secure GIS svces. d) Stop GIS svces; e) Transfer map data to members/others, with sharing protocol.

MS4 Annual Report Form

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

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

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.

Coalition 2022/2023 Goal: 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).

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

Coalition 2022/2023 Goal: 1. Not completed. Not pursued with ACSWCD, due to other priorities.

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).

Coalition 2023/2024 Goals: None

MS4 Annual Report Form

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

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

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?

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

4. What was the date of the last training?

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

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

	2	3
--	---	---

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

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.

Coalition Goals 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

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

Coalition Goals 2022/2023: 1. Coalition-wide training, not organized. Instead one-on-one trainings with MS4 staff new to the MS4 Permit. 2. Training dollars allocated to interested Coalition members for NYS SW Training Center programs (5 Courses, ZOOM, 12 registrations); 4 Hr E/SC Trainings (5 registrations, ZOOM); E/SC Training - RCSWCD and EJ Prescott (1 course, in person, 2 registrations).

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).

Coalition Goals 2023/2024: 1. Coalition Director and Working Group representatives identify in-house training needs for individuals, groups of MS4s, or Coalition-wide. Director organizes with Working Group support one or two events (ORI? Muni Fac Audits? Construction Inspections?). 2. Coalition Director identifies training opportunities for members, allocates train'g dollars for interested Coalition members, as needed & funds are available.

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

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

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

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 3

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

N E W T O N V I L L E

State

N Y

Zip

1 2 1 2 8 -

eMail

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 2 8

County

A L B A N Y

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 3

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 3

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 3

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 A N A G E R 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 3

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

MCC form for period ending March 9,

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

TOWN OF COLONIE

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

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

☒ Yes ☐ No

If No, proceed to Section 4 - Certification Statement.

[illegible][illegible]

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

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

[illegible]

N	Y
---	---

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

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

$$\begin{pmatrix} 5 & 1 & 8 \end{pmatrix} \begin{bmatrix} 4 & 4 & 7 \end{bmatrix} - \begin{bmatrix} 5 & 6 & 4 & 5 \end{bmatrix}$$

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G? ☒ Yes ☐ No

● MM1 Website - SwInfo - Public Comments

● 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 M g m t - G I S W e b A p p s M S 4 O F S y s t

● MM4	E	S	C	S	i	t	e	I	s	s	u	e	s	-	W	G	I	n	p	u	t	&	G	u	i	d	a	n	c	e
-------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

● MM5 A G O L W e b A p p s - P C S M P & S W P P P R e v L y r s

● MM6	M	S	4	S	t	a	f	f	T	r	a	i	n	g	-	T	u	i	t	i	o	n	-	I	n	h	o	u	s	e
-------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

- *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	3
-------------------------------------	---	---	---	---

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)

[illegible]

~~Signature~~

[Handwritten signature]

Date _____

OS / 23 / 2023

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

Name of MS4/Coalition

SPDES ID

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

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

☒ Construction Site Operators Trained

Trained

			4	9
--	--	--	---	---

☐ 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

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

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	A	:	/	/	S	T	O	R	W	M	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

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

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. 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. Add brochure rack at William K Sanford Town Library.

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

The Town Hall and Public Operations brochure kiosks were stocked and available for public access during this reporting period. The brochure rack was never installed at the Town Library.

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).

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

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 and distribute 100 door hangers.

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

The Town of Colonie stenciled 9 catch basins and distributed 66 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 and distribute door hangers

MS4 Annual Report Form

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

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

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.

Create dedicated Town of Colonie Stormwater web page

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

The Town of Colonie Stormwater web page was created but not published 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).

Publish the Town of Colonie Stormwater Webpage

MS4 Annual Report Form

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

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

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

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.

SPDES ID

2. URL(s) con't.:

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

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

(0)	0			-				
---	---	--	--	---	---	--	--	---	--	--	--	--

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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

City

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

Zip

--	--

					-						
--	--	--	--	--	---	--	--	--	--	--	--

Phone

(0)	0			-				
---	---	--	--	---	---	--	--	---	--	--	--	--

☒ 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	3
---	---	---	---

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	4
---	---

 /

2	8
---	---

 /

2	0	2	3
---	---	---	---

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.

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, 2022 to March 9, 2023**

**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 12, 2022.

-Response letter from the Town of Colonie Stormwater Management Office to the letter from Save Colonie.

Comments (if no Attachments):

On May 12, 2023, the citizens group, Save Colonie – A Partnership in Planning submitted comments pertaining to the DRAFT Joint Stormwater Coalition MS4 Permit Annual Report posted on the Coalition website, April 28, 2023. This Annual Report covers the reporting period from March 10, 2022 to March 9, 2023. These “Save Colonie” Comments were responded by the Town of Colonie Stormwater Management Office and included in the Town of Colonie portion of the FINAL joint Annual Report (MS4 Permit No.NYR20A190)

May 12, 2023

Town of Colonie Stormwater Office responses are below in red (May 19, 2023)

Albany Stormwater Coalition responses are below in blue (May 16, 2023)

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 2022-2023

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 since 2016. SAVE's members regularly attend and monitor 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>.

SAVE Colonie offers these comments on the Town of Colonie's Annual Report for 2022-2023. For the past three reporting periods, SAVE raised concerns regarding the Town's enforcement of its MS4 permit; however, the town has provided incomplete responses to many of them. We have selected and are again submitting several of those still relevant comments, with the hope that they will now receive the proper acknowledgement and responses that Colonie residents deserve.

1. Mohawk River Watershed

For this reporting period, the Town of Colonie and Stormwater Coalition reported that they were not engaged in any regional/watershed wide planning efforts. We believe the Town and the Stormwater Coalition should be engaging in regional watershed planning and protection. 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 questioned why the published Coalition Waterbody Inventory/Priority Waterbody list does not include several unassessed watersheds within the Town, including but not limited to the Vly Road, Delphus Kill and New Loudon Road Watersheds. Last year, SAVE asked for a time frame for when the Albany County Stormwater Coalition and the Town of Colonie would assess these unassessed watersheds and properly protect the Mohawk. The draft 2022/2023 report does not address whether this assessment was completed and whether it will become an action item for 2024.

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. During the project review, the Town of Colonie Stormwater Management Office assesses any impact the project may have on the watersheds. The Town of Colonie assessed all outfalls for every watershed within the requirements of the NYSDEC regulations.

In 2022, the NYSDEC Division of Water and the Mohawk River Basin program released a Mohawk River Basin Action Agenda to restore the Mohawk River and its tributaries to reduce pollution and keep the Mohawk and its watershed healthy for fish and people. Have there been any communications between the Albany County Stormwater Coalition and the Town's Stormwater office to NYSDEC regarding this plan? How does the Town of Colonie and the Stormwater Coalition plan to address the challenges and opportunities identified for communities in this plan for land use development reviews? What public outreach and education is planned?

A: There has not been any communication from NYSDEC or the Mohawk River Basin program to the Town of Colonie Stormwater Management office in regards to the Mohawk River Basin Action Agenda. Once contacted, the Stormwater Management Office will review and will determine if any changes to our standards are necessary.

A: The Stormwater Coalition is familiar with the Mohawk River Basin Action Agenda and has relied on other organizations, such as the Capital District Regional Planning Commission, the Albany County Soil and Water District, and regional NYSDEC staff to communicate ongoing work related to the Mohawk River.

As a group of public owned entities all regulated under the Clean Water Act SPDES program, we are particularly interested in Action Agenda recommendations pertaining to "Targeted Actions to Reduce Point and Non-Point Source Pollution" and MS4 Permit recommendations in particular. While there are many different ways to protect water quality, our own focus is the development and implementation of compliant municipal stormwater management programs.

These individual municipal programs often reside within shared watersheds and as long as each MS4 is diligent in their own implementation of MS4 Permit requirements, the end result is a collective effort to improve water quality. While not guided by a planning document per se, the end result are recognized Best Management Practices typically found in watershed plans.

In New York State, water body assessments are conducted following methodology described in the Consolidated Assessment Listing Methodology (CALM), <https://www.dec.ny.gov/chemical/31290.html>

The protocol is strict and MS4 municipal staff have neither the time, nor skills to conduct CALM compliant assessments. Instead, the Coalition participates in the NYSDEC WAVE Water Assessments by Volunteer Evaluators program, providing for NYSDEC preliminary water quality data which may prompt a more thorough assessment by water scientists.

2. Stormwater Webpage

For the past three reporting periods, SAVE advocated for the Town to create a dedicated stormwater program webpage where Town residents, developers and stakeholders can locate important information about the Town's stormwater management program. In late March 2023, the Town finally did so. We hope that this rudimentary webpage is just the beginning, and that it will serve as the Town's community outreach and information about the Stormwater program and SWPPP's for pending development projects. We also hope the Town changes its current policy that requires Town residents seeking project specific information and pending Town Code amendments to file a Freedom of Information Request. This is exactly the information that should be posted on the Town Stormwater management webpage or the Planning and Economic Development Department webpage, or both.

A: Comment noted and will be considered.

2. MSM3 Goal and Town Household Hazardous Waste Collection Webpage

The Town's response to our comment indicated that stormwater information has been posted on the Town's Household Hazardous Waste Collection webpage. However, there is currently no information pertaining to stormwater on this webpage. See [Environmental Services - Household Hazardous Waste | Town of Colonie - The Official Website of the Town of Colonie](#)

A: The stormwater information was eliminated off the Hazard Waste Collection Webpage in error. Our office has contacted the people in charge of the website to fix this.

4. MCM 5 Post-Construction Stormwater Management Green Infrastructure Practice Training

The Draft 2022/2023 annual report indicates that **NO** Town officials including MS4 staff attended Low Impact Development (LID), Better Site Design (BSD) or other green infrastructure training during the 2022/2023 reporting period. Training is an important component of the MS4 program. What are the Town's plans to require training for post-construction stormwater management green infrastructure practices going forward?

A: The Town of Colonie attends as many trainings as possible. The Albany Stormwater Coalition notifies our staff on any trainings that come forward.

A: State-wide there are course offerings pertaining to stormwater management and over the past several years, few if any trainings have focused exclusively on Low Impact Development, Better Site Design, or Green Infrastructure Principles. Instead these concepts might be referenced in passing within more technical, design oriented, course offerings. Consequently, the opportunity to receive training specific to these topics is currently limited.

5. Non-structural practices to Implement Low Impact Development/Better Site design/Green infrastructure Principles

The Town's response lists overlay districts, zoning, municipal comprehensive plans, and stream buffers as non-structural practices. We believe the Town can do much better.

Significantly, Colonie does not have a tree preservation plan or uniform standards for tree inventories on project sites. Instead, the Town Designated Engineering firms have suggested an ad hoc policy regarding tree inventories and tree preservation on a project-by-project basis. What are the Town's plans to establish a uniform policy and protocols for tree preservation and tree inventories for land use development reviews?

We have concerns regarding how the Town is implementing the Land Use Law's Conservation Overlay provisions. The Town has approved residential subdivisions as conservation subdivisions which have the practical effect of allowing a larger residential density but without requiring site design and layout to consider the conservation value of the entirety of the project site.

The Conservation Overlay District Law also requires that the proposed project must set aside a minimum of 40% of unconstrained land for open space. However, we have found that the Town planning staff and Town Designated Engineering firms in conducting their conservation analysis reviews have treated this 40% minimum as a maximum and they only require applicants to account for the number of steep slopes and federal and state regulated freshwater wetlands that

exist on the parcel as part of the open space calculation. The Land Use Law requires the conservation analysis to account for “land exhibiting present or potential recreational, historic, archeological, ecological, agricultural, water resource, scenic or other natural resource values.” See Section 190-30 of the Town Land Overlay District Law. Please clarify what supporting analysis and documentation applicants are required to provide regarding the site’s conservation analysis in addition to a site plan depicting steep slopes and federal and state regulated wetlands.

A: The Stormwater Management Office recommends contacting the Planning & Economic Development Department in regards to all these questions.

6. Post-Construction stormwater management practices

The Town reported that 18 infiltration basins were inventoried during the reporting period. What is the total number of infiltration basins located in the Town of Colonie? **A: 131**

How many of these infiltration basins are owned and maintained by the Town of Colonie? **A: 27**

How many of these infiltration basins are owned and maintained by private entities? **A: 104** Please provide the annual and long-term cost to the Town for the maintenance and inspection of these infiltration basins. Would there be a lower cost to town taxpayers if low impact development/better site design and green infrastructure principles were applied to development project SWPPP reviews and approvals, rather than utilizing infiltration basins to manage stormwater? **A: Possibly. However, the Stormwater Management Office does not design these projects and only reviews them to conformance with Town Standards and NYSDEC requirements.** Is fencing required for all infiltration basins, regardless of depth? **A: Town standard for new practices require a fence for anything 4ft in depth.** What entity is responsible for the erection of fencing and its maintenance and repair? **A: The property owner.** Is there a particular fencing contractor suggested or required? **A: No.**

7. Third Party SWPPP Certification

How does the Town ensure that the town designated engineering firms it utilizes for land use development reviews are properly certified and that they conduct stormwater reviews in compliance with the Town’s MS4 Permitting responsibilities?

A: The TDE and the Town of Colonie Stormwater Management Office review all stormwater reviews in accordance with the Town of Colonie Standards and NYSDEC requirements.

8. SWPPP Enforcement/Compliance

In 2022, in response to SAVE’s comment regarding Town stormwater enforcement, the Town staff provided the following response with no elaboration:

“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. “

Please provide the Town of Colonie construction site inspection protocols and documentation setting forth the stormwater enforcement procedures that are responsive to the USEPA’s 2021 compliance order.

A: The Town of Colonie Stormwater Management Office recommends submitting a FOIL request to the Town of Colonie Attorney’s office for this information.

9. Open Space Preservation and Protection Program

In the May 2022 response, Town officials confirmed that Colonie does not have an Open Space preservation program. In prior reporting years, however, Town officials certified that the Town has an open space preservation and protection program. Please clarify. The 2019 Comprehensive Plan update acknowledges the “need to further develop an Open Space plan to help guide future development patterns.” We see no evidence that the following action items have been initiated or completed within the 3–5-year mid-term time frames set forth in the 2019 Comprehensive Plan update:

“Conserve a Town-wide network of open lands including, but not limited to, viable farmland, wildlife habitat, special or unique environmental resources and potential trail corridors, river access, and recreation areas. Continue to support the preservation of existing, and the development of new wildlife corridors in Town. Update the Open Space Conservation Plan: Planning Department and the Town’s Conservation Advisory Committee (CAC) should take the lead in updating this plan and collaborating with regional conservation partners. Update open space maps on a continual basis. Based on the inventory mapping of existing open space and recreation resources and opportunities initiated during this process, develop a vision for a town-wide network of conservation lands through an open, community-based process. As part of this community-based process, provide information about conservation tools and techniques to large landowners and to interested members of the public.” Comprehensive Plan update at page 30.

What is the status of the Town’s current open space preservation effort? What is the status of the Town’s creation of an open space inventory, preservation program and dedicated open space preservation fund?

A: The Stormwater Management Office recommends contacting the Planning & Economic Development Department in regards to all Open Space preservation programs.

The Albany County Stormwater Coalition is in a unique position to prioritize the establishment of open space preservation plans and include this as an annual action item for all of the 13 stormwater coalition member municipalities. Why do only three Coalition members have open space preservation plans -Town of Bethlehem, Town of Guilderland, and Town of New Scotland? We urge that the Town of Colonie and other Coalition members include the establishment of open space preservation plans as part of their 2023/2024 MS4 program plans.

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	3
---	---	---	---

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 locations 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 comments. 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 locations of the SWMP. Check that the Town website links to the Coalition website Annual Report and SWMP Update postings.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

Support recruitment of volunteers for Canal Day Clean Up Sweep site located at Colonie Town Park trail head

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Volunteers recruited via town-wide email chain; event coordinated by third party

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).

N/A

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
---	---	---	---	---	---	---	---	---

How many MS4s contributed to this report?		
---	--	--

1	7	4
---	---	---

[illegible]

L

2	0	2	3
---	---	---	---

N	Y	R	2	0	A	1	9	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]

		8
--	--	---

		8
--	--	---

		8
--	--	---

☒ Yes ☐ No

1	0	0	%
---	---	---	---

☒ Yes ☐ No

☐ Yes ☒ No

☐ Yes ☒ No

URL

[illegible][illegible][illegible][illegible][illegible][illegible]

2 0 2 3

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	3
---	---	---	---

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.

Update IDDE procedures as needed

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The IDDE procedures were updated this year.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Update IDDE procedures as needed

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

Post stormwater information on Household Hazardous Waste Collection web page.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The town posted stormwater information on the Household Hazardous Waste Collection web 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 to update the stormwater information on the Household Waste Collection web page.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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). Include tracking as part of Cityworks update.

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. However these have not been included in the Cityworks update yet.

C. How many times was this observation measured or evaluated in this reporting period?

			8
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to track "Hotline" complaints from whatever source. 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	3
---	---	---	---

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 ORI's for 20% of outfalls (approximately 129 outfalls)

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town completed ORI's for all 174 outfalls within the Dry River, Gas House Creek, Kromma Kill watersheds.

C. How many times was this observation measured or evaluated in this reporting period?

	1	7	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).

Complete ORI's for 20% of outfalls (approximately 129 outfalls) Salt Kill, Delphus Kill, and Others

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

Review status of ORI Inspection data storage (Town or Coalition ArcGIS Online Cloud). Coalition to transfer data to Town if necessary.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All ORI Inspection data storage is currently still being maintained by Coalition ArcGIS Online Cloud.

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 Coalition 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	3
---	---	---	---

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?

--	--	--

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?

	1	4
--	---	---

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>3</td></tr></table>					3	<input type="radio"/> No Authority
				3				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>2</td></tr></table>					2	<input type="radio"/> No Authority
				2				
<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 checked="" type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>5</td></tr></table>					5	
				5				
<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	3
---	---	---	---

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?

		9
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

	3	6
--	---	---

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	3
---	---	---	---

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.

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?

	1	8	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).

Continue to maintain inventory of active construction sites with NYSDEC Permit coverage.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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 reviews SWPPPs and prepares comments. (Goal: all SWPPPs and SWPP 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?

		1	4
--	--	---	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Town Stormwater staff reviews SWPPPs and prepares comments. (Goal: all SWPPPs and SWPP modifications, if possible)

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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?

		4	6
--	--	---	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this 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	3
---	---	---	---

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?

			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 researched and reviewed all open SWPPPs. Worked with O-O to have NOTs executed where appropriate.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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)

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

Update MCM 4 procedures as needed

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The MCM procedures were updated

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to update MCM 4 procedures as needed

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
---	---	---	---	---	---	---	---	---

The information in this section is being reported (check one):

- | | | |
|---|--|--|
| How many MS4s contributed to this report? | | |
|---|--|--|

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
● Alternative Practices	5	5	5
● Filter Systems	5	5	3
● Infiltration Basins	1 8	4 0	1 1
● Open Channels	6	1 4	5
● Ponds	1	1 0	1
○ Wetlands			
○ Other			

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	3
---	---	---	---

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?

	3	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?

		0
--	--	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

Update MCM 5 procedures as needed.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

MCM 5 procedures were updated this year

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to update MCM 5 procedures as needed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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).

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	3
---	---	---	---

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.

Inventory of all private practices is maintained and the spreadsheet update is ongoing.

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	3
---	---	---	---

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.

N/A

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

N/A

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).

Create standardized letter for owner-operators for PCSMP maintenance inspection letters.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

N/A

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

N/A

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 spreadsheet inventory and send annual letter to owner-operator regarding maintenance inspections, follow up as needed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

N/A

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

N/A

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).

Consult with Town MIS for integration of Post Construction Inspection follow up using City Works.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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, 2023

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>Self-Assessment</u>					
	<u>Operation/Activity/Facility</u>			<u>performed within the past 3</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 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	3
---	---	---	---

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	1	5
--	--	---	---	---
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

		4	0	0
--	--	---	---	---
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

		1	1	5
--	--	---	---	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

		2	0	0
--	--	---	---	---
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

	9	9	3	4
--	---	---	---	---
- ☐ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

0	5	0	7	.	7
---	---	---	---	---	---

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				5
--	--	--	--	---

4. What was the date of the last training?

0	2	/	0	1	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

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	3
---	---	---	---

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	3
---	---	---	---

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	3
---	---	---	---

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 100% 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 eight (8) facilities.

C. How many times was this observation measured or evaluated in this reporting period?

			8
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☐ Yes ☒ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

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	3
---	---	---	---

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 Elected-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 Elected-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	3
---	---	---	---

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.

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).

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Catch basin cleaning and inspection program was completed. Catching 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).

Continue the catch basin cleaning program and track information.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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	3
---	---	---	---

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.

N/A

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

N/A

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).

Research different storm water training videos with Town MIS, distribution and to include a better tracking of participation. Implementation is dependent on the research.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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	3
---	---

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"/> Other: | <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
<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"/> 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	3
---	---	---	---

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	5
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

Locations (e.g. libraries, town offices, kiosks)

☒ Other:

B	r	o	c	h	u	r	e	s	-	T	o	C	o	a	l	M	S	4	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☒ 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	3
---	---	---	---

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.

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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023: 1. Website updated, content updated (edited, removed), links checked. 2. Status of draft MS4 Permit tracked (not released), no integration with mapping initiatives. 3. Curb markers purchased, distributed to members.

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).

2023/2024: 1. Coalition website updates. 2. Prepare, distribute stormwater brochures from stockpile. 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in website mgmt; b) develop/implement plan to either terminate the website or transfer website content/mgmt to others (individual MS4s, another institution); c) explain educational material to new Director; or d) clean out/distribute edu material (Proj Wet/brochures/maps/posters).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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 | 3

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

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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

[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

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	3
---	---	---	---

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	4
---	---

 /

2	8
---	---

 /

2	0	2	3
---	---	---	---

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.

“Municipal/MS4” Name NA - Stormwater Coalition of Albany County, NY

“MS4” SPDES Permit ID No. NA - Stormwater Coalition of Albany County, NY

**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, 2022 to March 9, 2023**

**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 Yes

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 12, 2023, the citizen's group, SAVE Colonie - A Partnership in Planning submitted comments
pertaining to the DRAFT Joint Stormwater Coalition MS4 Permit Annual Report posted on the Coalition
website, April 28, 2023. This Annual Report covers the reporting period March 10, 2022 to March 9,
2023. These "SAVE Colonie" comments were forwarded to the Town of Colonie, Stormwater
Management Program Coordinator and both the comments and Town response are included in the
Town of Colonie portion of the FINAL Joint 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	3
---	---	---	---

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.

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.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023 Coalition Goals: 1. Joint SWMP Plan update (Annual Evaluation April, 2022) completed and posted on Coalition website. 2. Researched w/TCol & Alb Cnty, multiple WAVE sites; conducted 2 Shaker Crk WAVE monitor'g events on 9/10/2022 (Fox Crk Preserve, 7 participants & 59 Mill Rd, 9 participants); T/Col site support. 3. Co-sponsored w/Coalition community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/7/2022, 9 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).

2023/2024 Coalition Goals: 1. Prep/post Joint SWMP Annual Eval/Joint Annual Report (2023) for public comment. 2. Director w/member support organizes one or two WAVE volunteer stream monitor'g events (July 1 - Sept 30). 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in WAVE protocol; b) clean out WAVE eqpmt/forms, distribute to interested member community; c) organize w/MS4s & new Director, 1 non-WAVE event.

L

2	0	2	3
---	---	---	---



N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

	1	3
--	---	---

--	--	--	--	--

--	--	--

☐ None

[illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

Albany County DPW

City of Cohoes

City of Watervliet

URL

Town of New Scotland

Village of Green Island

Village of Menands

URL

Village of Voorheesville

Coalition-wide SwIM Archive

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?

%

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023 Coalition Goals: 1. IMA-MOU updated, GIS services and dues clarified, some MS4 Pmt/ GIS map'g support for members (GIS Coor, consultant contract). 2. SwIM Mapper decommissioned. 3. Individual ArcGIS Online Stormwater Program Web Mappers designed/launched for seven members. 4. ORI kits restocked as needed.

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).

2023/2024 Coalition Goals: 1. Manage ORI kits-\$ water tests, restock. 2. Monitor/pay consultant svces (3 MS4s infra map'g/Sw Mappers). 3. Establish access (PW, permissions) to Tier 1 AGOL products developed/pend'g for MS4s. 4. Depend'g on status of Coalition succession plan/hiring of Director: a) Train new Director in ORI protocol; b) Clean out/distribute ORI kits to members; c) Secure GIS svces. d) Stop GIS svces; e) Transfer map data to members/others, with sharing protocol.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

Coalition 2022/2023 Goal: 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).

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Coalition 2022/2023 Goal: 1. Not completed. Not pursued with ACSWCD, due to other priorities.

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).

Coalition 2023/2024 Goals: None

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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?

			1	2
--	--	--	---	---

4. What was the date of the last training?

0	2	/	2	2	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	3
--	---	---

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	3
---	---	---	---

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.

Coalition Goals 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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Coalition Goals 2022/2023: 1. Coalition-wide training, not organized. Instead one-on-one trainings with MS4 staff new to the MS4 Permit. 2. Training dollars allocated to interested Coalition members for NYS SW Training Center programs (5 Courses, ZOOM, 12 registrations); 4 Hr E/SC Trainings (5 registrations, ZOOM); E/SC Training - RCSWCD and EJ Prescott (1 course, in person, 2 registrations).

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).

Coalition Goals 2023/2024: 1. Coalition Director and Working Group representatives identify in-house training needs for individuals, groups of MS4s, or Coalition-wide. Director organizes with Working Group support one or two events (ORI? Muni Fac Audits? Construction Inspections?). 2. Coalition Director identifies training opportunities for members, allocates train'g dollars for interested Coalition members, as needed & funds are available.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
---	---	---	---

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,

2 0 2 3

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

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	2	3
---	---	---	---

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

M	a	g	g	i	e														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

A

Last Name

A	l	i	x																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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	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														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

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 W e b s i t e - S w I n f o - P u b l i c C o m m e n t 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 M g m t - G I S W e b A p p s M S 4 O F S y s t

● MM4 E S C S i t e I s s u e s - W G I n p u t & G u i d a n c e

● MM5 A G O L W e b A p p s - P C S M P & S W P P P R e v L y r s

● MM6 M S 4 S t a f f T r a i n g - T u i t i o n - I n h o u s e

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	3
---	---	---	---

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

<i>Ellen M. McNulty-Ryan</i>

Date

0	5	/	2	6	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

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	3
---	---	---	---

N	Y	R	2	0	A	3	7	7
---	---	---	---	---	---	---	---	---

--	--	--

☐ Yes ☒ No

[illegible][illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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 1. Public Education and Outreach

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- | | |
|--|---|
| <input checked="" type="radio"/> Construction Sites
<input checked="" type="radio"/> 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 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 checked="" 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	-	W	h	a	t		Y	o	u		C	a	n		D	o
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	--	---	---	---	--	---	---

Other

2. Specific audiences targeted during this reporting period:

- | | |
|---|--|
| <input checked="" type="radio"/> Public Employees
<input checked="" type="radio"/> Residential
<input checked="" type="radio"/> Businesses
<input 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	3
---	---	---	---

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			

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N	Y	R	2	0	A	3	7	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	3
---	---	---	---

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?

			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).

We will continue to evaluate our program and implement MCM 1 goals in 2023-2024.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

SPDES ID

2. URL(s) con't.:

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	3
---	---	---	---

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	1
---	---

 /

2	0	2	3
---	---	---	---

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	6
---	---

 /

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	3
---	---	---	---

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 15, 2023.

The Village participated in the Coalition's WAVE activities when possible. The Village hosted a

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 Village had 9 volunteers participant in the Riverkeeper Sweep event. The volunteers removed approximately 300lbs debris from the Hudson River shoreline.

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.

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N	Y	R	2	0	A	3	7	7
---	---	---	---	---	---	---	---	---

- On behalf of a coalition

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped:

			2	3	#
--	--	--	---	---	---

	9	6	%
--	---	---	---

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

		4
--	--	---

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 checked="" 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 checked="" 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 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, 2 0 2 3

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.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer ☐ Industrial Connections
☐ Cross Connections ☐ Inflow/Infiltration
☐ Failing Septic Systems ☐ Pump Station Failure
☐ Floor Drains Connected To Storm Sewers ☐ Sanitary Sewer Overflows
☐ Illegal Dumping ☐ Straight Pipe Sewer Discharges
☐ Other: ☒ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		0
--	--	---

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?

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

P	A	S	S	W	O	R	D		P	R	O	T	E	C	T	E	D																
V	-	G	r	e	e	n		I	s	l	a	n	d		S	t	o	r	m	w	a	t	e	r		M	a	p	p	e	r		
S	e	e		S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		p	a	g	e	s				

URL

M	C	M	3		P	g	2	o	f	4		a	n	d		P	g	3	o	f	4									
A	r	c	G	I	S	O	n	l	i	n	e		H	U	B		s	i	t	e		U	R	L						

2	0	2	3
---	---	---	---

Name of MS4/Coalition	Village of Green Island
-----------------------	-------------------------

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	3
---	---	---	---

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?

			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).

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	3
---	---	---	---

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?

		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 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 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>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Termination of Contracts	#	<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"/> 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 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 type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	
				0				
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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?

		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	3
---	---	---	---

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. All open SWPPPs are inspected on a weekly basis.

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 storm water experience to help improve the Village's review and inspection process. The Village also hired a full time and an additional part-time CEO to provide more inspection coverage of projects.

2	0	2	3
---	---	---	---

N	Y	R	2	0	A	3	7	7
---	---	---	---	---	---	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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	3
---	---	---	---

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 SWPPS 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. The Village schedules annual inspections with the private owners.

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 plans to maintain current staffing levels. The Village hired a PT Engineer with storm water experience to assist Village staff with requirements. The full-time CEO and part-time CEO, along, with the DPW contribute to meeting the MCM goals.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.**

<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 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	3
---	---	---	---

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

				5
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

			1	8
--	--	--	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

				0
--	--	--	--	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				3
--	--	--	--	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

				.	
--	--	--	--	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				3
--	--	--	--	---

4. What was the date of the last training?

0	9	/	0	1	/	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?

	8	0	%
--	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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. The department estimates approximately 15-20 yards of debris were removed through parking lot sweeping. 6-10 Village does not own occupied facilities in MS4 area 6-12 completed as required.

DPW relies on the use of equipment for catch basin clean outs which haven't been readily available

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, and the City of Cohoes. The Village will look into another avenues for inspection and maintenance of the storm water infrastructure.

h

All remaining storm water infrastructure has been mapped. The mapping is to be inputted into

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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	3
---	---

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"/> Other: | <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
<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"/> 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	3
---	---	---	---

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	5
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

Locations (e.g. libraries, town offices, kiosks)

☒ Other:

B	r	o	c	h	u	r	e	s	-	T	o	C	o	a	l	M	S	4	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☒ 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	3
---	---	---	---

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.

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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023: 1. Website updated, content updated (edited, removed), links checked. 2. Status of draft MS4 Permit tracked (not released), no integration with mapping initiatives. 3. Curb markers purchased, distributed to members.

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).

2023/2024: 1. Coalition website updates. 2. Prepare, distribute stormwater brochures from stockpile. 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in website mgmt; b) develop/implement plan to either terminate the website or transfer website content/mgmt to others (individual MS4s, another institution); c) explain educational material to new Director; or d) clean out/distribute edu material (Proj Wet/brochures/maps/posters).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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	3
---	---	---	---

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 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

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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

[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

s	w	c	o	a	l	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	3
---	---	---	---

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	4
---	---

 /

2	8
---	---

 /

2	0	2	3
---	---	---	---

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.

“Municipal/MS4” Name NA - Stormwater Coalition of Albany County, NY

“MS4” SPDES Permit ID No. NA - Stormwater Coalition of Albany County, NY

**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, 2022 to March 9, 2023**

**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 Yes

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 12, 2023, the citizen's group, SAVE Colonie - A Partnership in Planning submitted comments
pertaining to the DRAFT Joint Stormwater Coalition MS4 Permit Annual Report posted on the Coalition
website, April 28, 2023. This Annual Report covers the reporting period March 10, 2022 to March 9,
2023. These "SAVE Colonie" comments were forwarded to the Town of Colonie, Stormwater
Management Program Coordinator and both the comments and Town response are included in the
Town of Colonie portion of the FINAL Joint 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	3
---	---	---	---

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.

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.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023 Coalition Goals: 1. Joint SWMP Plan update (Annual Evaluation April, 2022) completed and posted on Coalition website. 2. Researched w/TCol & Alb Cnty, multiple WAVE sites; conducted 2 Shaker Crk WAVE monitor'g events on 9/10/2022 (Fox Crk Preserve, 7 participants & 59 Mill Rd, 9 participants); T/Col site support. 3. Co-sponsored w/Coalition community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/7/2022, 9 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).

2023/2024 Coalition Goals: 1. Prep/post Joint SWMP Annual Eval/Joint Annual Report (2023) for public comment. 2. Director w/member support organizes one or two WAVE volunteer stream monitor'g events (July 1 - Sept 30). 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in WAVE protocol; b) clean out WAVE eqpmt/forms, distribute to interested member community; c) organize w/MS4s & new Director, 1 non-WAVE event.

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				
---	---	---	---	---	--	--	--	--

- On behalf of a coalition

How many MS4s contributed to this report?	1	3
---	---	---

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]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

Albany County DPW

City of Cohoes

City of Watervliet

URL

Town of New Scotland

Village of Green Island

Village of Menands

URL

Village of Voorheesville

Coalition-wide SwIM Archive

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?

%

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023 Coalition Goals: 1. IMA-MOU updated, GIS services and dues clarified, some MS4 Pmt/ GIS map'g support for members (GIS Coor, consultant contract). 2. SwIM Mapper decommissioned. 3. Individual ArcGIS Online Stormwater Program Web Mappers designed/launched for seven members. 4. ORI kits restocked as needed.

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).

2023/2024 Coalition Goals: 1. Manage ORI kits-\$ water tests, restock. 2. Monitor/pay consultant svces (3 MS4s infra map'g/Sw Mappers). 3. Establish access (PW, permissions) to Tier 1 AGOL products developed/pend'g for MS4s. 4. Depend'g on status of Coalition succession plan/hiring of Director: a) Train new Director in ORI protocol; b) Clean out/distribute ORI kits to members; c) Secure GIS svces. d) Stop GIS svces; e) Transfer map data to members/others, with sharing protocol.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

Coalition 2022/2023 Goal: 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).

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Coalition 2022/2023 Goal: 1. Not completed. Not pursued with ACSWCD, due to other priorities.

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).

Coalition 2023/2024 Goals: None

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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?

			1	2
--	--	--	---	---

4. What was the date of the last training?

0	2
---	---

 /

2	2
---	---

 /

2	0	2	3
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	3
--	---	---

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	3
---	---	---	---

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.

Coalition Goals 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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Coalition Goals 2022/2023: 1. Coalition-wide training, not organized. Instead one-on-one trainings with MS4 staff new to the MS4 Permit. 2. Training dollars allocated to interested Coalition members for NYS SW Training Center programs (5 Courses, ZOOM, 12 registrations); 4 Hr E/SC Trainings (5 registrations, ZOOM); E/SC Training - RCSWCD and EJ Prescott (1 course, in person, 2 registrations).

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).

Coalition Goals 2023/2024: 1. Coalition Director and Working Group representatives identify in-house training needs for individuals, groups of MS4s, or Coalition-wide. Director organizes with Working Group support one or two events (ORI? Muni Fac Audits? Construction Inspections?). 2. Coalition Director identifies training opportunities for members, allocates train'g dollars for interested Coalition members, as needed & funds are available.

MCC form for period ending March 9,

2	0	2	3
---	---	---	---

TOWN OF GUILDERLAND

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

[illegible]

MCC form for period ending March 9,

2	0	2	3
---	---	---	---

Town of Guilderland

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

P	e	t	e	r									
---	---	---	---	---	--	--	--	--	--	--	--	--	--

1

B	a	r	b	e	r									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

[illegible][illegible]

G	u	i	l	d	e	r	l	a	n	d									
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

N	Y
---	---

1	2	0	8	4	-			
---	---	---	---	---	---	--	--	--

[illegible]
$$\begin{pmatrix} 5 & 1 & 8 \end{pmatrix} \begin{pmatrix} 3 & 5 & 6 \end{pmatrix} - \begin{pmatrix} 1 & 9 & 8 & 0 \end{pmatrix}$$

A	l	b	a	n	y									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	2	3
---	---	---	---

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

T	I	M	O	T	H	Y										
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

MI

J

Last Name

M	C	I	N	T	Y	R	E									
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

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

A	L	T	A	M	O	N	T												
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	2	0	0	9	-				
---	---	---	---	---	---	--	--	--	--

eMail

M	C	I	N	T	Y	R	E	T	I	M	J	R	@	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	3
---	---	---	---

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/CoalitionName

[illegible]

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

A	b	a	n	y	C	o	u	n	t	y								
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

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

State

Zip

A	l	b	a	n	y	N	Y	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

☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 Website - SWInfo - Public Comments

● 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 M g m t - G I S W e b A p p s M S 4 O F S y s t

● MM4 E S C S i t e I s s u e s - W G I n p u t & G u i d a n c e

● MM5 A G O L W e b A p p s - P C S M P & S W P P P R e v L y r s

● MM6	M	S	4	S	t	a	f	f	T	r	a	i	n	g	-	T	u	i	t	i	o	n	-	I	n	h	o	u	s	e
-------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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	3
---	---	---	---

Name of MS4	TOWN OF GUILDERLAND
-------------	---------------------

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

[illegible]

Title (Clearly print title of individual signing report)																				
T	O	W	N		S	U	P	E	R	V	I	S	O	R						

Signature



Date

0	5	/	2	4	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

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	3
---	---	---	---

TOWN OF GUILDERLAND

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

		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 | 3

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. 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
-------------	--	--	--	--	---

④ 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					
------------	--	--	--	--	--

✓ Printed Materials:

Total # Distributed			1	1	4
---------------------	--	--	---	---	---

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]

2	0	2	3
---	---	---	---

Name of MS4/Coalition

TOWN OF GUILDERLAND

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 and Update Town Website with New Information Regularly. Changed out old/stale reading material with new, color pamphlets with updated rules/regs. Trained building department clerks on stormwater requirements so things aren't missed when people apply for building permits. Applied Stormdrain markers in areas with increased walking activity. Hung "No dumping" door knob hangers with educational info on houses not close to a storm system with catch basins.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Kiosk has lots of traffic, in a well lit location near the building department counter. Received no calls about any learning material. Received 1 call about storm drain markers and how there should be more. Noticed more people calling about stormwater regulations in their area and what they can/cant do on their property when building something.

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).

Majority of people who live in town seem to know that stormwater pollution is an issue. Plan to continue distributing as much material as I can and educating people whenever small issues are spotted. May incorporate the town tv as another educational resource and put some flyers in other departments. Will educate more town employees this year such as town hall staff, parks department, and transfer station staff.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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 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

				3
--	--	--	--	---

☒ Comments on SWMP Received

Comments

				0
--	--	--	--	---

☒ Community Hotlines

Phone #

(5 1 8)

3 5 6

- 1 9 8 0

Phone # (5 1 8) 4 4 7 - 5 4 6 5

Phone # (0) 0 -

Phone # (0) 0 -

Phone # (0) 0 -

Phone # (0) 0 -

Phone # (0) 0 -

Phone # (0) 0 -

Phone # (0) 0 -

Phone # (0) 0 -

Phone # (0) 0 -

☐ Community Meetings

Attendees

--	--	--	--	--

☐ Plantings

Sq. Ft.

--	--	--	--	--

☒ Storm Drain Markings

Drains

			6	4
--	--	--	---	---

☐ Stakeholder Meetings

Attendees

--	--	--	--	--

☐ Volunteer Monitoring

Events

--	--	--	--	--

☒ Other:

P	U	B	L	I	C		C	O	M	M	E	N	T	S		O	N		P	E	R	M	I	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	2
--	--	--	---	---

☐ Newspaper Advertising

Days Run

--	--	--	--	--

☐ TV/Radio Notices

Days Run

--	--	--	--	--

☒ 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			
---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--

☒ 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	3
---	---	---	---

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
/	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		

URL

URL

URL

URL

URL

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

2. URL(s) con't.:

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	3
---	---	---	---

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		G	U	I	L	D	E	R	L	A	N	D		B	U	I	L	D	I	N	G		D	E	P	T	
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	--

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		G	U	I	L	D	E	R	L	A	N	D		B	U	I	L	D	I	N	G		D	E	P	T	
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	--

Address

5	2	0	9		W	E	S	T	E	R	N		T	U	R	N	P	I	K	E										
---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

City

A	L	T	A	M	O	N	T																							
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

N	Y
---	---

Zip

1	2	0	0	9	-																									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

(5	1	8)		3	5	6	-	1	9	8	0
---	---	---	---	---	--	---	---	---	---	---	---	---	---

☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

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	-	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

M	C	I	N	T	Y	R	E	T	I	M	J	R	@	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	3
---	---	---	---

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
---	---	---	---	---	---	---	---	---

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	5
---	---

 /

0	1
---	---

 /

2	0	2	3
---	---	---	---

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,

2	0	2	3
---	---	---	---

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.

Kept all information updated on website, included all staffing changes to our organizational chart and SWMP plan. Provided more reading material and drafting FAQ section. Started using a software for logging all complaints and responses. Actively looking for volunteers for roadside cleanups (boy scouts)

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Public and Town Employees are well aware to send any water quality, erosion, and other applicable stormwater issues to me. Word has also spread on staffing changes with new hires. More employees being trained also helps occasional phone call to the wrong location make it to my phone. Most people are aware of implications of littering, dumping into drains, and problems erosion can cause.

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).

Revising SWMP plan for the year. Will be revising town permits and fee schedule to cover more disturbance activities. Will be working with coalition to ensure goals are met. Posting public events to town website when applicable.

L

2 0 2 3



TOWN OF GUILDERLAND

N	Y	R	2	0	A	2	1	1
---	---	---	---	---	---	---	---	---

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 | 0 | 2 | 3

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?

		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?

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]

h	t	t	p	s	:	/	/	t	o	g	n	y	.	m	a	p	s	.	a	r	c	g	i	s	.	c	o	m			
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--

[illegible]

URL

[illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 | 0 | 2 | 3

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

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

	3	5	%
--	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

Revised Recordkeeping 3 Ring Binder with updated info. Improved printed brochure for Restaurants, Automotive Shops and Commercial Establishments. Complete ORIs. Map new Infrastructure/Outfalls.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No response from any distributed materials. ORI testing is intermittent, lacking manpower to complete 1/5th of them for the year. Infrastructure mapping continues to become better. Identified high risk outfalls and low risk 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).

More effective ORI testing and reporting. Some outfalls seem to be redundant, could be improved to lower amount of ORI testing. Get higher quality No Dumping stickers for drain markings so they last longer.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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?**

		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?

		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 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	3
---	---	---	---

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?

		5
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

	1	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	3
---	---	---	---

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

A	L	T	A	M	O	N	T																						
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

N	Y
---	---

Zip

1	2	0	0	9	-																								
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

(5	1	8)	3	5	6	-	1	9	8	0
---	---	---	---	---	---	---	---	---	---	---	---	---

○ Library

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Zip

0					-																								
---	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

(0)	0			-																					
---	---	--	--	---	---	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

● 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	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	3
---	---	---	---

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 construction sites are monitored in accordance to the Construction Stormwater Inspection Manual at required intervals. Work together with Town Engineer and Code Enforcement to maintain compliance. Use GIS and IPS for inspection recordkeeping. All SWPPPs and related permits are kept together as hard copies and in software.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Compliance is easier to achieve with Town Engineer Guidance. Computer system allows records and photos to be shared and viewed with stakeholders. Reports can be generated at will when needed.

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).

Train more people with DEC 4-hour course so we can find more problems before they occur. Distribute a copy of construction inspection manual to all departments. Get more copies of DEC blue book for distribution. Improve recordkeeping and reporting.

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	3
---	---	---	---

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 Impact Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

	2	0
--	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

Green infrastructure, and improvements to stormwater systems get a lot of attention during the planning phase of projects. Open space and natural/riparian areas are preserved with some of the larger projects this reporting period. Higher amount of developers using rain gardens and porous pavement.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Have more people ask me about rain gardens and their impacts. Receive more calls about what plant types to use in certain areas and their significance. Highway department is more receptive to proper maintenance 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).

Continue looking for ways to improve water quality. Town engineer will start receiving reports on our PCSMPs and ways to improve and repair them. Failed PCSMPs will be repaired. Increase in street sweeping to prevent sediment from washing into PCSMPs.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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 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 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	3
---	---	---	---

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

		5	0	4
--	--	---	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

		1	0	1
--	--	---	---	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			2	7
--	--	--	---	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- ☒ Nitrogen Applied In Chemical Fertilizer # Lbs.

	2	5	0	0
--	---	---	---	---
- ☐ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

0	2	8	5	.	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	3	/	1	7	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	4	2
--	---	---

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	3
---	---	---	---

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.

Sweep roads immediately in spring, check ponds and other pcsmps for sediment and drainage problems. A quick survey of each development helps pick where we will start cleaning catch basins. Clean until we need manpower in other areas as ground dries out. Do leaf pickup in the fall and sweep again.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Streets were swept better than usual with the new sweeper and spoils piles were refreshed and labeled. Catch basin cleaning crew got the usual amount done, ponds seem to be in good shape as indicated by outfall conditions.

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).

Facility audits will be completed at their yearly intervals. Streets will be swept better than normal, and many drainage upgrades will allow us to look over our storm system for issues. Better recordkeeping of facility maintenance and operations.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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	3
---	---

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"/> Other: | <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
<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"/> 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	3
---	---	---	---

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	5
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

Locations (e.g. libraries, town offices, kiosks)

☒ Other:

B	r	o	c	h	u	r	e	s	-	T	o	C	o	a	l	M	S	4	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☒ 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	3
---	---	---	---

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.

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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023: 1. Website updated, content updated (edited, removed), links checked. 2. Status of draft MS4 Permit tracked (not released), no integration with mapping initiatives. 3. Curb markers purchased, distributed to members.

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).

2023/2024: 1. Coalition website updates. 2. Prepare, distribute stormwater brochures from stockpile. 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in website mgmt; b) develop/implement plan to either terminate the website or transfer website content/mgmt to others (individual MS4s, another institution); c) explain educational material to new Director; or d) clean out/distribute edu material (Proj Wet/brochures/maps/posters).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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	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 | 3

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 0 -

Phone (0) 0 -

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address	

City										Zip									
														-					

Phone (0) 0 -

☐ 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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

[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

s	w	c	o	a	l	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	3
---	---	---	---

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	4
---	---

 /

2	8
---	---

 /

2	0	2	3
---	---	---	---

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.

“Municipal/MS4” Name NA - Stormwater Coalition of Albany County, NY

“MS4” SPDES Permit ID No. NA - Stormwater Coalition of Albany County, NY

**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, 2022 to March 9, 2023**

**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 Yes

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 12, 2023, the citizen's group, SAVE Colonie - A Partnership in Planning submitted comments
pertaining to the DRAFT Joint Stormwater Coalition MS4 Permit Annual Report posted on the Coalition
website, April 28, 2023. This Annual Report covers the reporting period March 10, 2022 to March 9,
2023. These "SAVE Colonie" comments were forwarded to the Town of Colonie, Stormwater
Management Program Coordinator and both the comments and Town response are included in the
Town of Colonie portion of the FINAL Joint 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	3
---	---	---	---

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.

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.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023 Coalition Goals: 1. Joint SWMP Plan update (Annual Evaluation April, 2022) completed and posted on Coalition website. 2. Researched w/TCol & Alb Cnty, multiple WAVE sites; conducted 2 Shaker Crk WAVE monitor'g events on 9/10/2022 (Fox Crk Preserve, 7 participants & 59 Mill Rd, 9 participants); T/Col site support. 3. Co-sponsored w/Coalition community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/7/2022, 9 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).

2023/2024 Coalition Goals: 1. Prep/post Joint SWMP Annual Eval/Joint Annual Report (2023) for public comment. 2. Director w/member support organizes one or two WAVE volunteer stream monitor'g events (July 1 - Sept 30). 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in WAVE protocol; b) clean out WAVE eqpmt/forms, distribute to interested member community; c) organize w/MS4s & new Director, 1 non-WAVE event.

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				
---	---	---	---	---	--	--	--	--

- On behalf of a coalition

How many MS4s contributed to this report?	1	3
---	---	---

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]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

Albany County DPW

City of Cohoes

City of Watervliet

URL

Town of New Scotland

Village of Green Island

Village of Menands

URL

Village of Voorheesville

Coalition-wide SwIM Archive

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?

%

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023 Coalition Goals: 1. IMA-MOU updated, GIS services and dues clarified, some MS4 Pmt/ GIS map'g support for members (GIS Coor, consultant contract). 2. SwIM Mapper decommissioned. 3. Individual ArcGIS Online Stormwater Program Web Mappers designed/launched for seven members. 4. ORI kits restocked as needed.

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).

2023/2024 Coalition Goals: 1. Manage ORI kits-\$ water tests, restock. 2. Monitor/pay consultant svces (3 MS4s infra map'g/Sw Mappers). 3. Establish access (PW, permissions) to Tier 1 AGOL products developed/pend'g for MS4s. 4. Depend'g on status of Coalition succession plan/hiring of Director: a) Train new Director in ORI protocol; b) Clean out/distribute ORI kits to members; c) Secure GIS svces. d) Stop GIS svces; e) Transfer map data to members/others, with sharing protocol.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

Coalition 2022/2023 Goal: 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).

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Coalition 2022/2023 Goal: 1. Not completed. Not pursued with ACSWCD, due to other priorities.

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).

Coalition 2023/2024 Goals: None

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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?

			1	2
--	--	--	---	---

4. What was the date of the last training?

0	2
---	---

 /

2	2
---	---

 /

2	0	2	3
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	3
--	---	---

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	3
---	---	---	---

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.

Coalition Goals 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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Coalition Goals 2022/2023: 1. Coalition-wide training, not organized. Instead one-on-one trainings with MS4 staff new to the MS4 Permit. 2. Training dollars allocated to interested Coalition members for NYS SW Training Center programs (5 Courses, ZOOM, 12 registrations); 4 Hr E/SC Trainings (5 registrations, ZOOM); E/SC Training - RCSWCD and EJ Prescott (1 course, in person, 2 registrations).

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).

Coalition Goals 2023/2024: 1. Coalition Director and Working Group representatives identify in-house training needs for individuals, groups of MS4s, or Coalition-wide. Director organizes with Working Group support one or two events (ORI? Muni Fac Audits? Construction Inspections?). 2. Coalition Director identifies training opportunities for members, allocates train'g dollars for interested Coalition members, as needed & funds are available.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
---	---	---	---

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	3
---	---	---	---

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

M	e	g	a	n															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

M

Last Name

G	r	e	n	i	e	r													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

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

g	r	e	n	i	e	r	m	@	v	i	l	l	a	g	e	o	f	m	e	n	a	n	d	s	.	c	o	m						
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Phone

(5	1	8)	4	3	4	-	2	9	2	2
---	---	---	---	---	---	---	---	---	---	---	---	---

County

A	l	b	a	n	y														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 3

Name of MS4 Village of Menands

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

N i c o l e

MI

S

Last Name

O g n a n

Title

D e p u t y C l e r k / T r e a s u r e 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

o g n a n n @ v i l l a g e o f m e n a n d s . c o m

Phone

(5 1 8) 4 3 4 - 2 9 2 2

County

A l b a n y

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

Village of Menands

SPDES ID

N Y R 2 0 A 1 4 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 W e b s i t e - S w I n f o - P u b l i c C o m m e n t 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 M g m t - G I S W e b A p p s M S 4 O F S y s t

● MM4 E S C S i t e I s s u e s - W G I n p u t & G u i d a n c e

● MM5 A G O L W e b A p p s - P C S M P & S W P P P R e v L y r s

● MM6 M S 4 S t a f f T r a i n g - T u i t i o n - I n h o u s e

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	3
---	---	---	---

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	/	1	5	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

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	3
---	---	---	---

Village of Menands

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

		1
--	--	---

☐ Yes ☒ No

[illegible][illegible][illegible][illegible]

2	0	2	3
---	---	---	---

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	1	4	4
---	---	---	---	---	---	---	---	---

0	0	1
---	---	---

[illegible][illegible]

L

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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	1	9	8
--	---	---	---	---

☐ 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	8	0		B	r	o	a	d	w	a	y	-		K	i	o	s	k	
---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--

a	t		V	i	l	l	a	g	e		H	a	l	l					
---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--

2	5	0		B	r	o	a	d	w	a	y		-		K	i	o	s	k
---	---	---	--	---	---	---	---	---	---	---	---	--	---	--	---	---	---	---	---

a	t		P	u	b	l	i	c	S	a	f	e	t	y		B	l	d	g
---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---

☒ Other:

V	e	r	b	a	l		w	a	r	n	i	n	g						
---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

h	t	t	p	s	:	/	/	v	i	l	l	a	g	e	o	f	m	e	n	a	n	d	s	.	c	o	m	/	d	e	p
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

a	r	t	m	e	n	t	s	/	s	t	o	r	m	w	a	t	e	r	-	m	a	n	a	g	e	m	e	n	t	/	
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

h	t	t	p	s	:	/	/	v	i	l	l	a	g	e	o	f	m	e	n	a	n	d	s	.	c	o	m	/	c	a	t
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

e	g	o	r	y	/	m	e	n	a	n	d	s	-	a	c	t	i	v	i	t	i	e	s	/						
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2	0	2	3
---	---	---	---

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	3
---	---	---	---

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.

Continue to maintain kiosk's at 250 & 280 Broadway. Include 3 mentions of stormwater program activities in the Menands Activities newsletter (hard copy). Topics: water quality message in household hazardous waste days; general stormwater information, litter along Broadway corridor.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Brochure racks continue to be utilized. As the new MS4, I cannot say that I have observed the 3 aforementioned topics in the Menands Activities 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).

Continue to maintain kiosk's at 250 & 280 Broadway. Research and set up brochure rack at Library if possible. Include 3 mentions of stormwater program activities in the Menands Activities newsletter (hard copy) - topics; residential lawn care; general stormwater information; water quality message in activities for household haz waste promo; general stormwater information.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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:

- | | | | | | |
|---|---------------------|--|--|--|---|
| <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 # () - | | | | |
| Phone # () - | Phone # () - | | | | |
| <input checked="" type="radio"/> Community Meetings | # Attendees | | | | 9 |
| <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: V i l l a g e P r e s e n t a t i o n - A n n u a l R e p | | | | | |

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ☐ Yes

- | | | | | | |
|---|------------|--|--|--|--|
| <input type="radio"/> List-Serve | # In List | | | | |
| <input type="radio"/> Newspaper Advertising | # Days Run | | | | |
| <input type="radio"/> TV/Radio Notices | # Days Run | | | | |
| <input type="radio"/> Other: | | | | | |

● Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

h	t	t	p	s	:	/	/	v	i	l	l	a	g	e	o	f	m	e	n	a	n	d	s	.	c	o	m	/	d	e	p
a	r	t	m	e	n	t	s	/	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.

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 3

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. 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

V	i	l	l	a	g	e		o	f		M	e	n	a	n	d	s		C	l	e	r	k	s	O	f	f	i	c	e
---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---

Address		

[illegible]

City

M	e	n	a	n	d	s								N	Y	E	P					-				
---	---	---	---	---	---	---	--	--	--	--	--	--	--	---	---	---	---	--	--	--	--	---	--	--	--	--

Phone

$$\begin{pmatrix} 5 & 1 & 8 \end{pmatrix} \begin{bmatrix} 4 & 3 & 4 \end{bmatrix} - \begin{bmatrix} 2 & 9 & 2 & 2 \end{bmatrix}$$

○ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

[illegible]

City

[illegible]

Phone

$$(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}$$

☐ Other

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

[illegible]

City

[illegible]

Phone

$$\left(\begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array}$$

○ Web Page URL:

☐ Annual Report ☐ SWMP Plan ☐ Comments

[illegible][illegible][illegible]

Please provide specific address of page where report can be accessed - not home page.

● eMail

○ Comments

o g n a n n @ v i l l a g e o f m e n a n d s . c o m

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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	4
---	---

 /

2	8
---	---

 /

2	0	2	3
---	---	---	---

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	3
---	---	---	---

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.

The Annual Report has been posted on the Coalition website which is linked through our Village website for public access and comment.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

I refreshed the village's Stormwater Management section of the website, also making sure that the links worked and made the report easy to find.

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 Annual Report will continue to be posted on the Stormwater Coalition of Albany website which is linked through our Village website for public access and comment. Research tree planting opportunities within the Village.

L

2	0	2	3
---	---	---	---



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	%
---	---	---	---

--	--	--

☐ None

[illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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
---	---	---	---	---	---	---	---	---

8. URL(s) con't.:

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															
V	/	M	e	n	a	n	d	s	S	t	o	r	m	w	a	t	e	r	M	a	p	p	e	r							
S	e	e		S	t	o	r	m	w	a	t	e	r	C	o	a	l	i	t	i	o	n	p	a	g	e	s				

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? | 0 | % |
|---|---|---|

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

Provide training for Village staff in outfall inspections (purpose, use of ARCGIS Online ORI inspection forms, tablet, and follow up), pending IMA-MOU decision.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The previous MS4 did not do training for village staff members, and did not have access to ArcGIS.

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).

Review status of outfall inspections using ArcGIS Online Mapping Software. Receive training in outfall inspection protocol, use of Coalition kits, and conduct outfall inspections as needed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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?**

		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 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 checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td><td></td></tr></table>					1		<input checked="" type="radio"/> No Authority
				1					
<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	3
---	---	---	---

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?

		1
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		2
--	--	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?

☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?

☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?

☐ Yes ☒ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

No projects were pending at the time the previous years report was submitted. Since then, there have been 3 SWPPP required projects happening within the Village of Menands

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No projects were pending at the time the previous years report was submitted.

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).

Read and implement existing Construction Permit Oversight procedures; seek additional information as needed. Communicate procedures to relevant village staff, municipal officials, and developer community. Update procedures as needed.

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	<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 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 checked="" type="radio"/> Ponds	<div><div></div><div></div><div>1</div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input checked="" type="radio"/> Wetlands	<div><div></div><div></div><div>2</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>1</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

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	3
---	---	---	---

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	3
---	---	---	---

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.

Review PCMP inventory, contact owners for inspection reports - if unsuccessful, Village to arrange for inspections and reports.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Not completed. However, the Village is working to reduce impervious surfaces at 90 Broadway (Midcity Plaza) supporting their grant submission for improvements along the Broadway corridor.

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. Goal is to become trained in NYS DEC Erosion and Sediment Control.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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 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 checked="" 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 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	3
---	---	---	---

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

				2
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

			4	4
--	--	--	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

		1	0	0
--	--	---	---	---
- ☐ 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

				.	
--	--	--	--	---	--

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	1	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		1
--	--	---

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	3
---	---	---	---

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 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.

Document # of catch basins inspected and cleaned, continue documentation of street sweeping (private vendor) and parking lot sweeping. Continue to training as the new MS4 officer (as of 1/1/2023) and training for our DPW as we have a few new hires, coordinated with the Coalition.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

I can only speak to what I witnessed working in the office as the previous MS4 left no documentation on identified goals. I spoke with the DPW Foreman and he indicated the catch basins were all cleaned. The streets and a few village parking lots were swept. Continue to training for new MS4 officer that took over 1/1/2023.

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 document # of catch basins inspected and cleaned, continue documentation of street sweeping (private vendor) and parking lot sweeping. Monitor status of DPW salt shed, location, financing, and construction. Incorporate salt storage needs into budget decision. Continue training for new MS4 officer and training for our DPW as we have a few new hires - coordinated with the Coalition.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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	3
---	---

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	3
---	---	---	---

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	5
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

Locations (e.g. libraries, town offices, kiosks)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Other:

B	r	o	c	h	u	r	e	s	-	T	o	C	o	a	l	M	S	4	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☒ 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	3
---	---	---	---

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.

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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023: 1. Website updated, content updated (edited, removed), links checked. 2. Status of draft MS4 Permit tracked (not released), no integration with mapping initiatives. 3. Curb markers purchased, distributed to members.

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).

2023/2024: 1. Coalition website updates. 2. Prepare, distribute stormwater brochures from stockpile. 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in website mgmt; b) develop/implement plan to either terminate the website or transfer website content/mgmt to others (individual MS4s, another institution); c) explain educational material to new Director; or d) clean out/distribute edu material (Proj Wet/brochures/maps/posters).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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 | 3

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									
														-					

Phone (0) 0 -

☐ 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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

[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

s	w	c	o	a	l	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	3
---	---	---	---

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	4
---	---

 /

2	8
---	---

 /

2	0	2	3
---	---	---	---

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.

“Municipal/MS4” Name NA - Stormwater Coalition of Albany County, NY

“MS4” SPDES Permit ID No. NA - Stormwater Coalition of Albany County, NY

**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, 2022 to March 9, 2023**

**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 Yes

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 12, 2023, the citizen's group, SAVE Colonie - A Partnership in Planning submitted comments
pertaining to the DRAFT Joint Stormwater Coalition MS4 Permit Annual Report posted on the Coalition
website, April 28, 2023. This Annual Report covers the reporting period March 10, 2022 to March 9,
2023. These "SAVE Colonie" comments were forwarded to the Town of Colonie, Stormwater
Management Program Coordinator and both the comments and Town response are included in the
Town of Colonie portion of the FINAL Joint 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	3
---	---	---	---

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.

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.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023 Coalition Goals: 1. Joint SWMP Plan update (Annual Evaluation April, 2022) completed and posted on Coalition website. 2. Researched w/TCol & Alb Cnty, multiple WAVE sites; conducted 2 Shaker Crk WAVE monitor'g events on 9/10/2022 (Fox Crk Preserve, 7 participants & 59 Mill Rd, 9 participants); T/Col site support. 3. Co-sponsored w/Coalition community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/7/2022, 9 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).

2023/2024 Coalition Goals: 1. Prep/post Joint SWMP Annual Eval/Joint Annual Report (2023) for public comment. 2. Director w/member support organizes one or two WAVE volunteer stream monitor'g events (July 1 - Sept 30). 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in WAVE protocol; b) clean out WAVE eqpmt/forms, distribute to interested member community; c) organize w/MS4s & new Director, 1 non-WAVE event.

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				
---	---	---	---	---	--	--	--	--

- On behalf of a coalition

How many MS4s contributed to this report?	1	3
---	---	---

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]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

Albany County DPW

City of Cohoes

City of Watervliet

URL

Town of New Scotland

Village of Green Island

Village of Menands

URL

Village of Voorheesville

Coalition-wide SwIM Archive

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?

%

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023 Coalition Goals: 1. IMA-MOU updated, GIS services and dues clarified, some MS4 Pmt/ GIS map'g support for members (GIS Coor, consultant contract). 2. SwIM Mapper decommissioned. 3. Individual ArcGIS Online Stormwater Program Web Mappers designed/launched for seven members. 4. ORI kits restocked as needed.

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).

2023/2024 Coalition Goals: 1. Manage ORI kits-\$ water tests, restock. 2. Monitor/pay consultant svces (3 MS4s infra map'g/Sw Mappers). 3. Establish access (PW, permissions) to Tier 1 AGOL products developed/pend'g for MS4s. 4. Depend'g on status of Coalition succession plan/hiring of Director: a) Train new Director in ORI protocol; b) Clean out/distribute ORI kits to members; c) Secure GIS svces. d) Stop GIS svces; e) Transfer map data to members/others, with sharing protocol.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

Coalition 2022/2023 Goal: 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).

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Coalition 2022/2023 Goal: 1. Not completed. Not pursued with ACSWCD, due to other priorities.

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).

Coalition 2023/2024 Goals: None

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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?

			1	2
--	--	--	---	---

4. What was the date of the last training?

0	2	/	2	2	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	3
--	---	---

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	3
---	---	---	---

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.

Coalition Goals 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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Coalition Goals 2022/2023: 1. Coalition-wide training, not organized. Instead one-on-one trainings with MS4 staff new to the MS4 Permit. 2. Training dollars allocated to interested Coalition members for NYS SW Training Center programs (5 Courses, ZOOM, 12 registrations); 4 Hr E/SC Trainings (5 registrations, ZOOM); E/SC Training - RCSWCD and EJ Prescott (1 course, in person, 2 registrations).

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).

Coalition Goals 2023/2024: 1. Coalition Director and Working Group representatives identify in-house training needs for individuals, groups of MS4s, or Coalition-wide. Director organizes with Working Group support one or two events (ORI? Muni Fac Audits? Construction Inspections?). 2. Coalition Director identifies training opportunities for members, allocates train'g dollars for interested Coalition members, as needed & funds are available.

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	2	3
---	---	---	---

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	3
--	---	---	---	---

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

8

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

$$\begin{pmatrix} 5 & 1 & 8 \end{pmatrix} \begin{bmatrix} 4 & 3 & 9 \end{bmatrix} - \begin{bmatrix} 4 & 8 & 8 & 9 \end{bmatrix}$$

County

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	2	0	2	3
--	----------	----------	----------	----------

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	MI	Last Name
J e r e m y		C r a m e r

Title																	
B	u	i	l	d	i	n	g		I	n	s	p	e	c	t	o	r

[illegible]

City	State	Zip
S l i n g e r l a n d s	N Y	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 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> (5 1 8) 4 3 9 - 9 1 5 3 </div>	County <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Albany </div>
--	--

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

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 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 W e b s i t e - S w I n f o - P u b l i c C o m m e n t 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 M g m t - G I S W e b A p p s M S 4 O F S y s t

● MM4 E S C S i t e I s s u e s - W G I n p u t & G u i d e n c e

● MM5 A G O L W e b A p p s - P C S M P & S W P P P R e v L y r s

● MM6 M S 4 S t a f f T r a i n g - T u i t i o n - I n h o u s e

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 3

Name of MS4 Town of New Scotland

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 / 24 / 2023

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, 2023

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
---	---	---	---	---	---	---	---	---

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, 2023

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
--	--	---

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,

2	0	2	3
---	---	---	---

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

				1
--	--	--	--	---

☒ 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	5
--	--	--	---	---

Locations (e.g. libraries, town offices, kiosks)

B	l	d	g		D	e	p	t		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	:	/	/	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

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																			

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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 con't.: Provide specific web addresses - 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	.	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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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 webpage. 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, bulliten board, and add to facebook page for this year's event.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1)Town SW Page is ongoing and updated as needed. 2) 16-New PCP signs have been installed during this reporting Cycle. 3) All stormwater related documents related to new projects requesting approvals from PB and ZBA are uploaded in the agenda center on town website. Notification send when documents are uploaded to subscribed residents. 4) Brochure rack replaced in bldg dept to display brochures. #15 distributed. 5)HHWD has page on website and posted on bulliten board in

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 prior to issuing N.O.T. 3) Contine to utilize Twon Website to promote SW related info. 4) Continue to display, distribute, and document SW literature. 5) Next HHWD is not scheduled for TONS until May of 2024. Web page on town website for HHWD will be maintained.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

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	1
<input type="radio"/> Comments on SWMP Received	# Comments	0
<input type="radio"/> Community Hotlines	Phone # () -	
Phone # () -	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 checked="" type="radio"/> Other:	Public Comments Joint Draft MS4 pmt	

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	36
<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, 2023

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

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, 2023

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,

2	0	2	3
---	---	---	---

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. 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	N	e	w	S	c	o	t	l	a	n	d	-	B	l	d	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

☐ 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	:	/	/	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					
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please provide specific address of page where report can be accessed - not home page.

☒ eMail

☒ Comments

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		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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	4	/	2	8	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

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	3
---	---	---	---

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 will update public contact info in 2022 A.R. 2)Provide Town Board with electronic copy of TONS draft SW A.R. 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 bulliton board.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1)SWMO/Public Contact updated in 22 A.R. 2) draft A.R. and SWMP was sent electronically to TONS town board members. 0 comments. Joint draft A.R. was posted to Coalition website and Town Website. Final A.R. posted to Coalition and Town Website. 3) 2-Wave recruitment info/flyer for 9/10/22 posted on town bulliten board. 1-Community Cares clean up day flyer posted to Town Facebook Page.4) posted SW related info on TONS agenda center of website for new apps seeking

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) TONS SWMO will updated public contact info in '23 A.R. 2) Provide TONS town board with electronic copy of TONS draft annual report and TONS SWMP. Post joint annual report on Coalition and TONS website, solicit comment, post final A.R. on Coalition and TONS website. 3) Continue to promote coalition organized volunteer public participation events on TONS bulliten board. 4) continue to upload SW application materials for PB&ZBA application seeking approval.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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)?

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 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 |

○ Other:

[illegible]

○ Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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
---	---	---	---	---	---	---	---	---

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?

		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

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	:	/	/	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	-	h	u	b	-	s	i	t	e	-	s	w	c	o	a	l	a	r	c	

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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?**

	7	5	%
--	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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 failing 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 21 utilizing SW tablet & 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.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- 1) 1 Failing septic system reported and confirmed. Consent order issued requiring monthly then updated to bi-weekly pumping of tanks until connection to sewer district is completed.
- 2) No new outfalls mapped or inspections conducted until after reporting period
- 3) No ORI inspections 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).

- 1) Continue to monitor for failing septic systems and cross connections utilizing ACDOH as needed.
- 2) Review status of completed ORIs and potentially new mapped outfalls due to Kensington Woods phase to be dedicated this reporting cycle. Conduct inspections as needed.
- 3) Update TONS mapper to include recently mapped storm sewershed infrastructure with help from Coalition.
- 4) Continue to educate property owners about IDDE requirements, target audience: septic system owners.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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?

		6
--	--	---
4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ☒ Yes ☐ No ☐ NT
- If Yes, how many public comments were received during this reporting period?

		4
--	--	---
5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

<input type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table>					1	<input type="radio"/> No Authority
				1				
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input 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>2</td></tr></table>					2	<input type="radio"/> No Authority
				2				

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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?

		3
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

	1	1
--	---	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

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 complaints of 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 inventory ongoing. 3) 16 new PCP signage installed during reporting period. 4) 2 major subdivisions completed during reporting period. N.O.T's will be issued after 80% growth coverage. 2 Complaints documented regarding drainage after temporary stabilization on construction sites. Drainage redone and re-stabilized.

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 training on Town Bulliten Board. 2) Update Construction Activity Permit inventory. 3) Continue to monitor status of PCSMP signage, particularly as active construction sites move towards terminating Construction General Permit coverage. 4) Continue to document public complaints regarding construction sites.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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									
● Alternative Practices	<table><tr><td></td><td></td><td>1</td></tr></table>			1	<table><tr><td></td><td></td><td>1</td></tr></table>			1	<table><tr><td></td><td></td><td></td></tr></table>			
		1										
		1										
● Filter Systems	<table><tr><td></td><td></td><td>1</td></tr></table>			1	<table><tr><td></td><td></td><td>1</td></tr></table>			1	<table><tr><td></td><td></td><td>1</td></tr></table>			1
		1										
		1										
		1										
● Infiltration Basins	<table><tr><td></td><td>2</td><td>1</td></tr></table>		2	1	<table><tr><td></td><td>2</td><td>1</td></tr></table>		2	1	<table><tr><td></td><td></td><td>9</td></tr></table>			9
	2	1										
	2	1										
		9										
● Open Channels	<table><tr><td></td><td>1</td><td>0</td></tr></table>		1	0	<table><tr><td></td><td>1</td><td>0</td></tr></table>		1	0	<table><tr><td></td><td>1</td><td>0</td></tr></table>		1	0
	1	0										
	1	0										
	1	0										
● Ponds	<table><tr><td></td><td></td><td>6</td></tr></table>			6	<table><tr><td></td><td></td><td>6</td></tr></table>			6	<table><tr><td></td><td></td><td>6</td></tr></table>			6
		6										
		6										
		6										
○ 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>			
○ Other	<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>			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes

☐ 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	3
---	---	---	---

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?

	1	2
--	---	---

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?

	7	5
--	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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 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 law update with Green Infrastructure Concepts.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1) Inventory and inspections with help from Coalition staff of public and private PCP's updated. Working with Coalition to include upload on Mapper. 2) Practices inspected on site, need to update contact information. 3) Comments from SWMO submitted to Town Planner for Subdivision Law update. Planner working with Town Board to update law prior to introducing at town meeting in April 23.

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 PCSMP Inventory, review items tracked, revise as needed. 2) Review inventory of privately owned PCSMPs, update contact information, review status of operations and maintenance of practices, secure and file inspection reports (Level 1). 3) Finalize and adopt sub-division law update to include green Infrastructure concepts (open space protection, conservation sub-division, natural resource protection)

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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</u>	
			<u>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	3
---	---	---	---

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 #

			6	4
--	--	--	---	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			2	6
--	--	--	---	---
- ☐ 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?

				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?

	8	5	%
--	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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 A.R. related documentation. 2) Post HHWD Flyer with water quality message on Bulletin board and website. Collect data. 3) Continue to work on finalize NYDEC modified Spedes permit. Install Oil/Water project at H.W. garage. 4) Work with Coalition staff to conduct facility self audits and municipal trainings.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1) Data collected for road and parking lot sweeping and HHWD held in August. Catch basins inspected- cleaned with help from Town of Guilderland and Canaday. 2) TONS H.W. dept. continue to sweep after loading salt at H.W. garage. 3) Oil/Water Seperator project waiting to be installed until after Modified SPEDES permit is approved by NYSDEC. 4) Due to Coalition staff limitations, No Municipal trainings or facility self audits were conducted this permit cycle.

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) HHWD has been postponed until May 2024 notification on H.W. web page. 3) Continue to work with NYSDEC for modified SPEDES permit for Oil/Water project. Install when approved. 4) Conduct municipal facility self audits (Highway garage, Town Hall-not in urbanized area, but priorities). 5) Conduct Municipal employee training. 6) Monitor Construction Activity Permit SWPPP submission and implementation for Town park near Rail Trail.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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	3
---	---

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"/> Other: | <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
<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"/> 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	3
---	---	---	---

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	5
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

Locations (e.g. libraries, town offices, kiosks)

☒ Other:

B	r	o	c	h	u	r	e	s	-	T	o	C	o	a	l	M	S	4	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☒ 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	3
---	---	---	---

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.

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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023: 1. Website updated, content updated (edited, removed), links checked. 2. Status of draft MS4 Permit tracked (not released), no integration with mapping initiatives. 3. Curb markers purchased, distributed to members.

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).

2023/2024: 1. Coalition website updates. 2. Prepare, distribute stormwater brochures from stockpile. 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in website mgmt; b) develop/implement plan to either terminate the website or transfer website content/mgmt to others (individual MS4s, another institution); c) explain educational material to new Director; or d) clean out/distribute edu material (Proj Wet/brochures/maps/posters).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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	3
---	---	---	---

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	4
---	---

 /

2	8
---	---

 /

2	0	2	3
---	---	---	---

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.

“Municipal/MS4” Name NA - Stormwater Coalition of Albany County, NY

“MS4” SPDES Permit ID No. NA - Stormwater Coalition of Albany County, NY

**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, 2022 to March 9, 2023**

**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 Yes

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 12, 2023, the citizen's group, SAVE Colonie - A Partnership in Planning submitted comments
pertaining to the DRAFT Joint Stormwater Coalition MS4 Permit Annual Report posted on the Coalition
website, April 28, 2023. This Annual Report covers the reporting period March 10, 2022 to March 9,
2023. These "SAVE Colonie" comments were forwarded to the Town of Colonie, Stormwater
Management Program Coordinator and both the comments and Town response are included in the
Town of Colonie portion of the FINAL Joint 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	3
---	---	---	---

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.

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.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023 Coalition Goals: 1. Joint SWMP Plan update (Annual Evaluation April, 2022) completed and posted on Coalition website. 2. Researched w/TCol & Alb Cnty, multiple WAVE sites; conducted 2 Shaker Crk WAVE monitor'g events on 9/10/2022 (Fox Crk Preserve, 7 participants & 59 Mill Rd, 9 participants); T/Col site support. 3. Co-sponsored w/Coalition community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/7/2022, 9 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).

2023/2024 Coalition Goals: 1. Prep/post Joint SWMP Annual Eval/Joint Annual Report (2023) for public comment. 2. Director w/member support organizes one or two WAVE volunteer stream monitor'g events (July 1 - Sept 30). 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in WAVE protocol; b) clean out WAVE eqpmt/forms, distribute to interested member community; c) organize w/MS4s & new Director, 1 non-WAVE event.

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				
---	---	---	---	---	--	--	--	--

- On behalf of a coalition

How many MS4s contributed to this report?	1	3
---	---	---

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]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

Albany County DPW

City of Cohoes

City of Watervliet

URL

Town of New Scotland

Village of Green Island

Village of Menands

URL

Village of Voorheesville

Coalition-wide SwIM Archive

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?

%

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023 Coalition Goals: 1. IMA-MOU updated, GIS services and dues clarified, some MS4 Pmt/ GIS map'g support for members (GIS Coor, consultant contract). 2. SwIM Mapper decommissioned. 3. Individual ArcGIS Online Stormwater Program Web Mappers designed/launched for seven members. 4. ORI kits restocked as needed.

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).

2023/2024 Coalition Goals: 1. Manage ORI kits-\$ water tests, restock. 2. Monitor/pay consultant svces (3 MS4s infra map'g/Sw Mappers). 3. Establish access (PW, permissions) to Tier 1 AGOL products developed/pend'g for MS4s. 4. Depend'g on status of Coalition succession plan/hiring of Director: a) Train new Director in ORI protocol; b) Clean out/distribute ORI kits to members; c) Secure GIS svces. d) Stop GIS svces; e) Transfer map data to members/others, with sharing protocol.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

Coalition 2022/2023 Goal: 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).

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Coalition 2022/2023 Goal: 1. Not completed. Not pursued with ACSWCD, due to other priorities.

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).

Coalition 2023/2024 Goals: None

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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?

			1	2
--	--	--	---	---

4. What was the date of the last training?

0	2	/	2	2	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	3
--	---	---

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	3
---	---	---	---

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.

Coalition Goals 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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Coalition Goals 2022/2023: 1. Coalition-wide training, not organized. Instead one-on-one trainings with MS4 staff new to the MS4 Permit. 2. Training dollars allocated to interested Coalition members for NYS SW Training Center programs (5 Courses, ZOOM, 12 registrations); 4 Hr E/SC Trainings (5 registrations, ZOOM); E/SC Training - RCSWCD and EJ Prescott (1 course, in person, 2 registrations).

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).

Coalition Goals 2023/2024: 1. Coalition Director and Working Group representatives identify in-house training needs for individuals, groups of MS4s, or Coalition-wide. Director organizes with Working Group support one or two events (ORI? Muni Fac Audits? Construction Inspections?). 2. Coalition Director identifies training opportunities for members, allocates train'g dollars for interested Coalition members, as needed & funds are available.

MCC form for period ending March 9,	2	0	2	3
--	---	---	---	---

Village of Voorheesville

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 3

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

R i c h a r d

MI

Last Name

S t r a u t

Title

M a y o 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

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

MCC form for period ending March 9,

2	0	2	3
---	---	---	---

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
---	---	---

Title

[illegible]

Address

[illegible]

City

V	o	o	r	h	e	e	s	v	i	l	l	e							
---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1

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

$$\left(\begin{array}{|c|c|c|} \hline 5 & 1 & 8 \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline 7 & 6 & 5 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 2 & 6 & 9 & 2 \\ \hline \end{array}$$

County

A	1
---	---

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

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 W e b s i t e - S w I n f o P u b l i c C o m m e n t s

● MM2 S W M P E v a l A R R e p o r t - W a v e - C l r a n U p

● MM3 O R I K i t M g m t - G I S W e b A p p s M S 4 O F S y s t

● MM4 E S C S i t e I s s u e s - W G I n p u t & G u i d a n c e

● MM5 A G O L W e b A p p s - P C S M P & S W P P P R e v L y r s

● MM6 M S 4 S t a f f T r a i n i n g - T u i t i o n - I n h o u

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 3

Name of MS4 Village of Voorheesville

SPDES ID

N Y R 2 0 A 2 1 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

R i c h a r d

MI

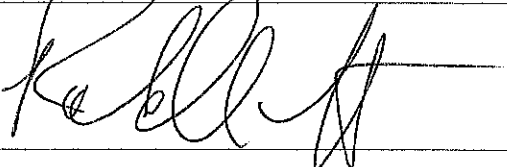
Last Name

S t r a u t

Title (Clearly print title of individual signing report)

M a y o r

Signature



Date

0 5 / 2 5 / 2 0 2 3

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	3
---	---	---	---

Name of MS4/Coalition	Village of Voorheesville
-----------------------	--------------------------

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

How many MS4s are contributed to this report?

--	--	--

☐ Yes ☒ No

Please provide specific address of page where report(s) can be accessed - not home page.

[illegible][illegible][illegible][illegible]

2	0	2	3
---	---	---	---

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	3
---	---	---	---

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	2
--	---	---	---	---

☐ Kiosks or Other Displays

Locations

--	--	--	--	--

☒ List-Serves

In List

		2	1	0
--	--	---	---	---

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

--	--	--	--	--

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

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. Web Page cont'.: Provide specific web addresses - not home page.

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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 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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- 1) Cleanup was performed
- 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 herbicides, pesticides, keeping yard material from catch basins, and facility 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).

- 1) The Village will continue 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	3
---	---	---	---

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.

Village of Voorheesville

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	3
---	---	---	---

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	4
---	---

 /

2	8
---	---

 /

2	0	2	3
---	---	---	---

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	3
---	---	---	---

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 Hazardous Household Waste Day.
- 2) Continue with roadway litter cleanup.
- 3) 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 and 2 were attained.
Goal 3 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.
- 4) Participate in WAVE program if Voorheesville used as a monitoring site.
- 5) Post final Annual Report on Village website.

L

2	0	2	3
---	---	---	---

N	Y	R	2	0	A	2	1	0
---	---	---	---	---	---	---	---	---

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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) 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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- 1) No changes in ORI program or schedule.
- 2) No illicit discharges were reported.
- 3) No changes to IDDE procedures
- 4) No changes in complaint procedures.

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 GIS mapping.
- 2) Monitor for illicit discharges and take action when necessary.
- 3) Review IDDE procedures and update when necessary.
- 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	3
---	---	---	---

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?**

		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?

--	--	--
- 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	3
---	---	---	---

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	3
---	---	---	---

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.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- 1) Construction projects that are active were examined for conformance with the General Permit.
- 2) There is one construction project that is examined once a week.

C. How many times was this observation measured or evaluated in this reporting period?

			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).

- 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) Prepare and maintain list of projects under construction that are monitored and if less than or more than 1 acre.

2	0	2	3
---	---	---	---

Name of MS4/Coalition

SPDES ID

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>1</div></div>	<div><div></div><div></div><div>1</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 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

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	3
---	---	---	---

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	3
---	---	---	---

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) 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.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- 1) No updates needed on post construction inventory map.
- 2) Post construction practices have been inspected.
- 3) No violatons of local laws.

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	3
---	---	---	---

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 checked="" 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 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 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	3
---	---	---	---

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	5
--	--	--	---	---
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				1
--	--	--	--	---
- ☐ 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	2	/	2	8	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

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	3
---	---	---	---

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) 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.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- 1) Self assessments were completed.
- 2) Procedures for CB's discussed and to be finalized when GIS mapping completed.
- 3) Post construction practices were inspected.
- 4) BMP's were utilized for municipal operations.

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) 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) Monitor BMP at municipal facilities. 5) Prepare program for training of public works employees.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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	3
---	---

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	3
---	---	---	---

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	5
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

Locations (e.g. libraries, town offices, kiosks)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Other:

B	r	o	c	h	u	r	e	s	-	T	o	C	o	a	l	M	S	4	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☒ 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	3
---	---	---	---

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.

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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023: 1. Website updated, content updated (edited, removed), links checked. 2. Status of draft MS4 Permit tracked (not released), no integration with mapping initiatives. 3. Curb markers purchased, distributed to members.

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).

2023/2024: 1. Coalition website updates. 2. Prepare, distribute stormwater brochures from stockpile. 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in website mgmt; b) develop/implement plan to either terminate the website or transfer website content/mgmt to others (individual MS4s, another institution); c) explain educational material to new Director; or d) clean out/distribute edu material (Proj Wet/brochures/maps/posters).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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 | 3

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

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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

[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

s	w	c	o	a	l	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	3
---	---	---	---

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	4
---	---

 /

2	8
---	---

 /

2	0	2	3
---	---	---	---

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.

“Municipal/MS4” Name NA - Stormwater Coalition of Albany County, NY

“MS4” SPDES Permit ID No. NA - Stormwater Coalition of Albany County, NY

**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, 2022 to March 9, 2023**

**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 Yes

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 12, 2023, the citizen's group, SAVE Colonie - A Partnership in Planning submitted comments
pertaining to the DRAFT Joint Stormwater Coalition MS4 Permit Annual Report posted on the Coalition
website, April 28, 2023. This Annual Report covers the reporting period March 10, 2022 to March 9,
2023. These "SAVE Colonie" comments were forwarded to the Town of Colonie, Stormwater
Management Program Coordinator and both the comments and Town response are included in the
Town of Colonie portion of the FINAL Joint 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	3
---	---	---	---

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.

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.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023 Coalition Goals: 1. Joint SWMP Plan update (Annual Evaluation April, 2022) completed and posted on Coalition website. 2. Researched w/TCol & Alb Cnty, multiple WAVE sites; conducted 2 Shaker Crk WAVE monitor'g events on 9/10/2022 (Fox Crk Preserve, 7 participants & 59 Mill Rd, 9 participants); T/Col site support. 3. Co-sponsored w/Coalition community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/7/2022, 9 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).

2023/2024 Coalition Goals: 1. Prep/post Joint SWMP Annual Eval/Joint Annual Report (2023) for public comment. 2. Director w/member support organizes one or two WAVE volunteer stream monitor'g events (July 1 - Sept 30). 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in WAVE protocol; b) clean out WAVE eqpmt/forms, distribute to interested member community; c) organize w/MS4s & new Director, 1 non-WAVE event.

L

2 0 2 3

Stormwater Coalition of Albany County

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

How many MS4s contributed to this report?	1	3
---	---	---

--	--	--

[illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer
 - ☐ Cross Connections
 - ☐ Failing Septic Systems
 - ☐ Floor Drains Connected To Storm Sewers
 - ☐ Illegal Dumping
 - ☐ Other:
 - ☐ Industrial Connections
 - ☐ Inflow/Infiltration
 - ☐ Pump Station Failure
 - ☐ Sanitary Sewer Overflows
 - ☐ Straight Pipe Sewer Discharges
 - ☐ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

--	--	--

5. How many illicit discharges have been confirmed during this reporting period?

--	--	--

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

--	--	--

7. Has the storm sewershed mapping been completed in this reporting period?

☐ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

				%
--	--	--	--	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

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	:	/	/	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	-	h	u	b	-	s	i	t	e	-	s	w	c	o	a	l	a	r	c

URL

g	i	s	o	n	l	n	.	h	u	b	.	a	r	c	g	i	s	.	c	o	m	/											
C	o	a	a	i	t	i	o	n		M	S	4		A	r	c	G	I	S		O	n	l	i	n	e							
S	t	o	r	m	w	a	t	e	r		M	a	p	p	e	r	s		o	n		H	U	B		S	i	t	e	:			

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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					
---	---	---	---	---	--	--	--	--	--

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

Albany County DPW																			
-------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City of Cohoes																			
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City of Watervliet																			
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

Town of New Scotland																			
----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Village of Green Island																			
-------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Village of Menands																			
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

URL

Village of Voorheesville																			
--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Coalition-wide SwIM Archive																			
-----------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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?

--	--	--

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023 Coalition Goals: 1. IMA-MOU updated, GIS services and dues clarified, some MS4 Pmt/ GIS map'g support for members (GIS Coor, consultant contract). 2. SwIM Mapper decommissioned. 3. Individual ArcGIS Online Stormwater Program Web Mappers designed/launched for seven members. 4. ORI kits restocked as needed.

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).

2023/2024 Coalition Goals: 1. Manage ORI kits-\$ water tests, restock. 2. Monitor/pay consultant svces (3 MS4s infra map'g/Sw Mappers). 3. Establish access (PW, permissions) to Tier 1 AGOL products developed/pend'g for MS4s. 4. Depend'g on status of Coalition succession plan/hiring of Director: a) Train new Director in ORI protocol; b) Clean out/distribute ORI kits to members; c) Secure GIS svces. d) Stop GIS svces; e) Transfer map data to members/others, with sharing protocol.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

Coalition 2022/2023 Goal: 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).

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Coalition 2022/2023 Goal: 1. Not completed. Not pursued with ACSWCD, due to other priorities.

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).

Coalition 2023/2024 Goals: None

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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?

			1	2
--	--	--	---	---

4. What was the date of the last training?

0	2	/	2	2	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	3
--	---	---

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	3
---	---	---	---

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.

Coalition Goals 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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Coalition Goals 2022/2023: 1. Coalition-wide training, not organized. Instead one-on-one trainings with MS4 staff new to the MS4 Permit. 2. Training dollars allocated to interested Coalition members for NYS SW Training Center programs (5 Courses, ZOOM, 12 registrations); 4 Hr E/SC Trainings (5 registrations, ZOOM); E/SC Training - RCSWCD and EJ Prescott (1 course, in person, 2 registrations).

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).

Coalition Goals 2023/2024: 1. Coalition Director and Working Group representatives identify in-house training needs for individuals, groups of MS4s, or Coalition-wide. Director organizes with Working Group support one or two events (ORI? Muni Fac Audits? Construction Inspections?). 2. Coalition Director identifies training opportunities for members, allocates train'g dollars for interested Coalition members, as needed & funds are available.

MS4 Municipal Compliance Certification(MCC) Form**MCC form for period ending March 9,**

2	0	2	3
---	---	---	---

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 3

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 3

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

D a v i d

MI

Last Name

D r e s s e l

Title

C h i e f W a t e r P l a n t O p e r a t 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

d d r e s s e l @ w a t e r v l i e t . c o m

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, 2 0 2 3

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

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

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 W e b s i t e - S W I n f o - P u b l i c C o m m e n t 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 m g m t - G I S W e b a p p s m s 4 o f s y s t

● MM4 E s c s i t e i s s u e s - W G I n p u t & G u i d a n c e

● MM5 A G O L W e b A p p s - P C S M P & S W P P P R e v L y r s

● MM6 M S 4 S t a f f t r a i n g - T u i u t i o n - I n h o u s

Additional tasks/responsibilities

- ☐ Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 3

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

05 / 18 / 2023

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	3
---	---	---	---

SPDES ID _____

City off Watervliet

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

Water Quality Trends

The information in this section is being reported (check one):

- | | |
|---|---|
| How many MS4s are contributed to this report? | 1 |
|---|---|

		1
--	--	---

☐ Yes ☒ No

If Yes, choose one of the following

- ☐ Web Page(s) where report(s) is/are provided below

Please provide specific address of page where report(s) can be accessed - not home page.

[illegible][illegible][illegible][illegible]

2	0	2	3
---	---	---	---

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

		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	3
---	---	---	---

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

		2	7	3
--	--	---	---	---

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		a	n	d		B	u	l	k	D	r	o	p	o	f	f

☒ Other:

E	P	A		T	V		S	p	o	t	s		C	h	1	3	0	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

2	0	2	3
---	---	---	---

Name of MS4/Coalition

City of Watervliet

N	Y	R	2	0	A	0	8	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	3
---	---	---	---

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 the public through direct handouts at the city wide bulk/electronic recycling events and also at the "Keep Vliet Neat Day" cleanup event. City also has a brochure rack at city hall and mails a city wide newsletter to all of its residents that has a stormwater message with it. City also has a dedicated TV channel that has various messages about stormwater throughout its programming.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

City's "Keep Vliet Neat Day" gave the city a chance to educate the volunteers on various stormwater related materials. 53 packets of material were handed out at this event. City did a bulk/elect. recycling day in which 220 packets of stormwater material were handed out. City mails out 2600 newsletters to its residents and on it has a stormwater message.

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).

The city will continue with bulk/electronics recycling day and "Keep Vliet Neat Day" events that provides an opportunity to educate the public. Code Enforcement will start bringing stormwater related materials for when they do inspections of various properties both residential and commercial.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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. 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	3
---	---	---	---

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	4	/	2	8	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

4.b. For how many days was/will this report be posted?

	1	6
--	---	---

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	/	0	4	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

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	3
---	---	---	---

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.

City had it's annual "Keep Vliet Neat Day" in which volunteers that helped clean up the parks and city owned areas. City planted trees throughout the city's properties. City had no comments on the annual report.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

53 volunteers were at the "Keep Vliet Neat Day". 46 Trees were planted throughout the city.

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).

City will continue to hold it's "keep Vliet Neat Day" and do tree plantings. City will post Draft and final annual reports on the website and support coalition's WAVE programs.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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)?

		0
--	--	---

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

C	o	n	s	t	r	u	c	t	i	o	n	s	i	t	e	s															
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Sewersheds:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2	0	2	3
---	---	---	---

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

[illegible]

- | | | | |
|--|---|---|---|
| | 7 | 5 | % |
|--|---|---|---|

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

The city did not have any IDDE's in their system for this reporting year.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

City did not do any ORI's in 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).

City will look to complete the rest of the ORI's this reporting cycle. City has recently hired some new employees that will look to train during this reporting period.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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	3
---	---	---	---

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 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

--	--	--

 %

4. What percent of active construction sites were inspected more than once? ☒ NT

--	--	--

 %

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	3
---	---	---	---

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 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.

There is currently no new construction going on in the city.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The city has no new construction therefore nothing can be measured for 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).

If 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.

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	0	8	7
---	---	---	---	---	---	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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 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	3
---	---	---	---

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 43 PCMPs twice in 2022.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

City maintained 43 PCMP twice in 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).

Continue to maintain City owned PCMPs. Continue to get inspections and documentation on private PCMPs as they are being maintained.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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	3
---	---	---	---

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	5
--	--	--	---	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

	1	7	6	0
--	---	---	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

				3
--	--	--	--	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			8	6
--	--	--	---	---
- ☐ 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?

				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?

	7	5	%
--	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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 will continue street sweeping streets and municipal owned parking lots and clean catch basins as needed. City held a bulk/electronic recycling day in which a stormwater packet was handed out to each resident.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

City cleaned 4 floatable control systems, swept 35 acres of parking lots, 1760 miles of roads and cleaned 42 PCMP twice in 2022.

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 continue there street/parking lots sweeping program, catch basin and PCMP cleaning and will train new employees that have recently been hired in building dept, water dept, and DPW.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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	3
---	---

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	3
---	---	---	---

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	5
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

--	--	--	--	--

Locations (e.g. libraries, town offices, kiosks)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☒ Other:

B	r	o	c	h	u	r	e	s	-	T	o	C	o	a	l	M	S	4	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☒ 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	3
---	---	---	---

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.

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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023: 1. Website updated, content updated (edited, removed), links checked. 2. Status of draft MS4 Permit tracked (not released), no integration with mapping initiatives. 3. Curb markers purchased, distributed to members.

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).

2023/2024: 1. Coalition website updates. 2. Prepare, distribute stormwater brochures from stockpile. 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in website mgmt; b) develop/implement plan to either terminate the website or transfer website content/mgmt to others (individual MS4s, another institution); c) explain educational material to new Director; or d) clean out/distribute edu material (Proj Wet/brochures/maps/posters).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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 | 3

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							
										0			-				

Phone (0) 0 -

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address	

City										Zip									
														-					

Phone (0) 0 -

☐ 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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

[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

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	3
---	---	---	---

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	4
---	---

 /

2	8
---	---

 /

2	0	2	3
---	---	---	---

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.

“Municipal/MS4” Name NA - Stormwater Coalition of Albany County, NY

“MS4” SPDES Permit ID No. NA - Stormwater Coalition of Albany County, NY

**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, 2022 to March 9, 2023**

**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 Yes

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 12, 2023, the citizen's group, SAVE Colonie - A Partnership in Planning submitted comments
pertaining to the DRAFT Joint Stormwater Coalition MS4 Permit Annual Report posted on the Coalition
website, April 28, 2023. This Annual Report covers the reporting period March 10, 2022 to March 9,
2023. These "SAVE Colonie" comments were forwarded to the Town of Colonie, Stormwater
Management Program Coordinator and both the comments and Town response are included in the
Town of Colonie portion of the FINAL Joint 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	3
---	---	---	---

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.

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.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023 Coalition Goals: 1. Joint SWMP Plan update (Annual Evaluation April, 2022) completed and posted on Coalition website. 2. Researched w/TCol & Alb Cnty, multiple WAVE sites; conducted 2 Shaker Crk WAVE monitor'g events on 9/10/2022 (Fox Crk Preserve, 7 participants & 59 Mill Rd, 9 participants); T/Col site support. 3. Co-sponsored w/Coalition community, V/Green Island, Riverkeeper Sweep Clean Up site (Green Island Hudson River Park, 5/7/2022, 9 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).

2023/2024 Coalition Goals: 1. Prep/post Joint SWMP Annual Eval/Joint Annual Report (2023) for public comment. 2. Director w/member support organizes one or two WAVE volunteer stream monitor'g events (July 1 - Sept 30). 3. Depending on status of Coalition succession plan/hiring of Director: a) train new Director in WAVE protocol; b) clean out WAVE eqpmt/forms, distribute to interested member community; c) organize w/MS4s & new Director, 1 non-WAVE event.

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				
---	---	---	---	---	--	--	--	--

- On behalf of a coalition

How many MS4s contributed to this report?	1	3
---	---	---

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]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer
 - ☐ Cross Connections
 - ☐ Failing Septic Systems
 - ☐ Floor Drains Connected To Storm Sewers
 - ☐ Illegal Dumping
 - ☐ Other:
 - ☐ Industrial Connections
 - ☐ Inflow/Infiltration
 - ☐ Pump Station Failure
 - ☐ Sanitary Sewer Overflows
 - ☐ Straight Pipe Sewer Discharges
 - ☐ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

--	--	--

5. How many illicit discharges have been confirmed during this reporting period?

--	--	--

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

--	--	--

7. Has the storm sewershed mapping been completed in this reporting period?

☐ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

			%
--	--	--	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

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	:	/	/	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	-	h	u	b	-	s	i	t	e	-	s	w	c	o	a	l	a	r	c	

URL

g	i	s	o	n	l	n	.	h	u	b	.	a	r	c	g	i	s	.	c	o	m	/									
C	o	a	a	i	t	i	o	n		M	S	4		A	r	c	G	I	S		O	n	l	i	n	e					
S	t	o	r	m	w	a	t	e	r		M	a	p	p	e	r	s		o	n		H	U	B		S	i	t	e	:	

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

Albany County DPW

City of Cohoes

City of Watervliet

URL

Town of New Scotland

Village of Green Island

Village of Menands

URL

Village of Voorheesville

Coalition-wide SwIM Archive

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?

%

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

2022/2023 Coalition Goals: 1. IMA-MOU updated, GIS services and dues clarified, some MS4 Pmt/ GIS map'g support for members (GIS Coor, consultant contract). 2. SwIM Mapper decommissioned. 3. Individual ArcGIS Online Stormwater Program Web Mappers designed/launched for seven members. 4. ORI kits restocked as needed.

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).

2023/2024 Coalition Goals: 1. Manage ORI kits-\$ water tests, restock. 2. Monitor/pay consultant svces (3 MS4s infra map'g/Sw Mappers). 3. Establish access (PW, permissions) to Tier 1 AGOL products developed/pend'g for MS4s. 4. Depend'g on status of Coalition succession plan/hiring of Director: a) Train new Director in ORI protocol; b) Clean out/distribute ORI kits to members; c) Secure GIS svces. d) Stop GIS svces; e) Transfer map data to members/others, with sharing protocol.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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.

Coalition 2022/2023 Goal: 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).

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Coalition 2022/2023 Goal: 1. Not completed. Not pursued with ACSWCD, due to other priorities.

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).

Coalition 2023/2024 Goals: None

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	2	3
---	---	---	---

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?

			1	2
--	--	--	---	---

4. What was the date of the last training?

0	2	/	2	2	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	3
--	---	---

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	3
---	---	---	---

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.

Coalition Goals 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

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Coalition Goals 2022/2023: 1. Coalition-wide training, not organized. Instead one-on-one trainings with MS4 staff new to the MS4 Permit. 2. Training dollars allocated to interested Coalition members for NYS SW Training Center programs (5 Courses, ZOOM, 12 registrations); 4 Hr E/SC Trainings (5 registrations, ZOOM); E/SC Training - RCSWCD and EJ Prescott (1 course, in person, 2 registrations).

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).

Coalition Goals 2023/2024: 1. Coalition Director and Working Group representatives identify in-house training needs for individuals, groups of MS4s, or Coalition-wide. Director organizes with Working Group support one or two events (ORI? Muni Fac Audits? Construction Inspections?). 2. Coalition Director identifies training opportunities for members, allocates train'g dollars for interested Coalition members, as needed & funds are available.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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	3
---	---

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	3
---	---	---	---

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	3
---	---	---	---

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